



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically Delivered

September 26, 2023

Licensee  
Silver Bay Carefree Living  
36 Bell Circle  
Silver Bay, MN 55614

RE: Project Number(s) SL27604015

Dear Licensee:

On September 19, 2023, the Minnesota Department of Health (MDH) completed a follow-up survey of your facility to determine correction of orders found on the survey completed on January 10, 2023. This follow-up survey determined your facility had corrected all of the state correction orders issued pursuant to the January 19, 2023 survey.

The Department of Health concludes the licensee is in substantial compliance. State law requires the facility must take action to correct the state correction orders and document the actions taken to comply in the facility's records. The Department reserves the right to return to the facility at any time should the Department receive a complaint or deem it necessary to ensure the health, safety, and welfare of residents in your care.

Also, at the time of this follow-up survey completed on September 19, 2023, we identified the following violation(s):

**1350-Temporary Staff-144g.60 Subd. 5**

The details of the violation(s) noted at the time of this follow-up survey are delineated on the attached State Form. Only the ID Prefix Tag in the left hand column without brackets will identify these state correction orders. It is not necessary to develop a plan of correction.

In accordance with Minn. Stat. § 144G.31 Subd. 4, MDH may assess fines and enforcement actions based on the level and scope of the violations; **however, no immediate fines are assessed for this survey of your facility.**

**DOCUMENTATION OF ACTION TO COMPLY**

In accordance with Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document actions taken to comply with the correction orders within the time period outlined on the state form; however, plans of correction are not required to be submitted for approval.

**IMPOSITION OF FINES:**

Level 1: no fines or enforcement.

Level 2: a fine of \$500 per violation, in addition to any enforcement mechanism authorized in §144G.20 for widespread violations;

Level 3: a fine of \$3,000 per violation per incident, in addition to any enforcement mechanism authorized in §144G.20.

Level 4: a fine of \$5,000 per incident, in addition to any enforcement mechanism authorized in §144G.20.



### **CORRECTION ORDER RECONSIDERATION PROCESS**

In accordance with Minn. Stat. § 144G.32, Subd. 2, you may challenge the correction order(s) issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by the MDH within 15 calendar days of the correction order receipt date.

A state correction order under Minn. Stat. § 144G.91, Subd. 8, Free from Maltreatment is associated with a maltreatment determination by the Office of Health Facility Complaints. If maltreatment is substantiated, you will receive a separate letter with the reconsideration process under Minn. Stat. § 626.557.

Please email reconsideration requests to: **Health.HRD.Appeals@state.mn.us**. Please attach this letter as part of your reconsideration request. Please clearly indicate which tag(s) you are contesting and submit information supporting your position(s).

Please address your cover letter for reconsideration requests to:

Reconsideration Unit  
Health Regulation Division  
Minnesota Department of Health  
P.O. Box 64970  
85 East Seventh Place  
St. Paul, MN 55164-0970

We urge you to review these orders carefully. If you have questions, please contact Jessie Chenze at 218-332-5175.

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in the letter and/or state form with your organization's Governing Body.

Sincerely,



Jessie Chenze, Supervisor  
State Evaluation Team  
Email: jessie.chenze@state.mn.us  
Telephone: 218-332-5175 Fax: 651-281-9796

HHH



Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>27604 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    | (X3) DATE SURVEY COMPLETED<br><br>R<br>09/19/2023 |
| NAME OF PROVIDER OR SUPPLIER<br><br>SILVER BAY CAREFREE LIVING |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br>36 BELL CIRCLE<br>SILVER BAY, MN 55614                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                                                   |
| (X4) ID PREFIX TAG                                             | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ID PREFIX TAG                                                   | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (X5) COMPLETE DATE |                                                   |
| {0 000}                                                        | <p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95 this correction order(s) has been issued pursuant to a survey.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p>INITIAL COMMENTS:<br/>Project SL27604015-1</p> <p>On September 19, 2023, the Minnesota Department of Health conducted a revisit at the above provider to follow-up on orders issued pursuant to a survey completed on January 19, 2023. At the time of the survey, there were 25 receiving services under the Assisted Living with Dementia Care license. As a result of the revisit, the following orders were reissued and/or issued.</p> | {0 000}                                                         | <p>Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3.</p> |                    |                                                   |
| {0 430}<br>SS=C                                                | <p>144G.40 Subd. 2 Uniform checklist disclosure of services</p> <p>(a) All assisted living facilities must provide to</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | {0 430}                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                                                   |

Minnesota Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SILVER BAY CAREFREE LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>36 BELL CIRCLE</b><br><b>SILVER BAY, MN 55614</b>                            |  |                                                                 |
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| {0 430}                                                               | Continued From page 1<br><br>prospective residents:<br>(1) a disclosure of the categories of assisted living licenses available and the category of license held by the facility;<br>(2) a written checklist listing all services permitted under the facility's license, identifying all services the facility offers to provide under the assisted living facility contract, and identifying all services allowed under the license that the facility does not provide; and<br>(3) an oral explanation of the services offered under the contract.<br>(b) The requirements of paragraph (a) must be completed prior to the execution of the assisted living contract.<br>(c) The commissioner must, in consultation with all interested stakeholders, design the uniform checklist disclosure form for use as provided under paragraph (a).<br><br>This MN Requirement is not met as evidenced by:<br>No further action required. | {0 430}                                                                |                                                                                                                          |  |                                                                 |
| {0 470}<br>SS=F                                                       | 144G.41 Subdivision 1 Minimum requirements<br><br>(11) develop and implement a staffing plan for determining its staffing level that:<br>(i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility;<br>(ii) ensures sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; and<br>(iii) ensures that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster                                                                                                                                                                                                                                                                      | {0 470}                                                                |                                                                                                                          |  |                                                                 |



Minnesota Department of Health

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| {0 470}                                                               | <b>Continued From page 2</b><br><br>situations affecting staff or residents in the facility;<br>(12) ensure that one or more persons are available 24 hours per day, seven days per week, who are responsible for responding to the requests of residents for assistance with health or safety needs. Such persons must be:<br>(i) awake;<br>(ii) located in the same building, in an attached building, or on a contiguous campus with the facility in order to respond within a reasonable amount of time;<br>(iii) capable of communicating with residents;<br>(iv) capable of providing or summoning the appropriate assistance; and<br>(v) capable of following directions;<br><br>This MN Requirement is not met as evidenced by:<br>No further action required. | {0 470}                                                                |                                                                                                                          |  |                                                                 |
| {0 480}<br>SS=F                                                       | <b>144G.41 Subd 1 (13) (i) (B) Minimum requirements</b><br><br>(13) offer to provide or make available at least the following services to residents:<br>(B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and<br><br>This MN Requirement is not met as evidenced by:<br>No further action required.                                                                                                                                                                                                                                                                                                                                                                                                            | {0 480}                                                                |                                                                                                                          |  |                                                                 |
| {0 680}<br>SS=F                                                       | <b>144G.42 Subd. 10 Disaster planning and emergency preparedness</b><br><br>(a) The facility must meet the following requirements:<br>(1) have a written emergency disaster plan that                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | {0 680}                                                                |                                                                                                                          |  |                                                                 |



Minnesota Department of Health

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| {0 680}                                                        | Continued From page 3<br><br>contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency;<br>(2) post an emergency disaster plan prominently;<br>(3) provide building emergency exit diagrams to all residents;<br>(4) post emergency exit diagrams on each floor; and<br>(5) have a written policy and procedure regarding missing residents.<br>(b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site.<br>(c) The facility must meet any additional requirements adopted in rule.<br><br>This MN Requirement is not met as evidenced by:<br>No further action required. | {0 680}                                                                         |                                                                                                                          |  |                                                   |
| {0 780}<br>SS=F                                                | 144G.45 Subd. 2 (a) (1) Fire protection and physical environment<br><br>(a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:<br><br>(1) for dwellings or sleeping units, as defined in the State Fire Code:<br>(i) provide smoke alarms in each room used for sleeping purposes;<br>(ii) provide smoke alarms outside each                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | {0 780}                                                                         |                                                                                                                          |  |                                                   |



Minnesota Department of Health

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| {0 780}                                                               | Continued From page 4<br><br>separate sleeping area in the immediate vicinity<br>of bedrooms;<br>(iii) provide smoke alarms on each story<br>within a dwelling unit, including basements, but<br>not including crawl spaces and unoccupied attics;<br>(iv) where more than one smoke alarm is<br>required within an individual dwelling unit or<br>sleeping unit, interconnect all smoke alarms so<br>that actuation of one alarm causes all alarms in<br>the individual dwelling unit or sleeping unit to<br>operate; and<br>(v) ensure the power supply for existing<br>smoke alarms complies with the State Fire Code,<br>except that newly introduced smoke alarms in<br>existing buildings may be battery operated;<br><br>This MN Requirement is not met as evidenced<br>by:<br>No further action required. | {0 780}                                                                                       |                                                                                                                          |  |                                                                    |
| {0 800}<br>SS=F                                                       | 144G.45 Subd. 2 (a) (4) Fire protection and<br>physical environment<br><br>(4) keep the physical environment, including<br>walls, floors, ceiling, all furnishings, grounds,<br>systems, and equipment in a continuous state of<br>good repair and operation with regard to the<br>health, safety, comfort, and well-being of the<br>residents in accordance with a maintenance and<br>repair program.<br><br>This MN Requirement is not met as evidenced<br>by:<br>No further action required.                                                                                                                                                                                                                                                                                                                   | {0 800}                                                                                       |                                                                                                                          |  |                                                                    |
| {0 810}<br>SS=F                                                       | 144G.45 Subd. 2 (b)-(f) Fire protection and<br>physical environment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | {0 810}                                                                                       |                                                                                                                          |  |                                                                    |



Minnesota Department of Health

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| {0 810}                                                        | Continued From page 5<br><br>(b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to:<br>(1) location and number of resident sleeping rooms;<br>(2) employee actions to be taken in the event of a fire or similar emergency;<br>(3) fire protection procedures necessary for residents; and<br>(4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation.<br>(c) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter.<br>(d) Fire safety and evacuation plans shall be readily available at all times within the facility.<br>(e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year.<br>(f) Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill.<br><br>This MN Requirement is not met as evidenced by:<br>No further action required. | {0 810}                                                                         |                                                                                                                          |  |                                                   |



Minnesota Department of Health

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| {0 900}                                                        | Continued From page 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | {0 900}                                                         |                                                                                                                          |                          |                                                   |
| {0 900}<br>SS=D                                                | 144G.50 Subdivision 1 Contract required<br><br>(a) An assisted living facility may not offer or provide housing or assisted living services to any individual unless it has executed a written contract with the resident.<br>(b) The contract must contain all the terms concerning the provision of:<br>(1) housing;<br>(2) assisted living services, whether provided directly by the facility or by management agreement or other agreement; and<br>(3) the resident's service plan, if applicable.<br>(c) A facility must:<br>(1) offer to prospective residents and provide to the Office of Ombudsman for Long-Term Care a complete unsigned copy of its contract; and<br>(2) give a complete copy of any signed contract and any addendums, and all supporting documents and attachments, to the resident promptly after a contract and any addendum has been signed.<br>(d) A contract under this section is a consumer contract under sections 325G.29 to 325G.37.<br>(e) Before or at the time of execution of the contract, the facility must offer the resident the opportunity to identify a designated representative according to subdivision 3.<br>(f) The resident must agree in writing to any additions or amendments to the contract. Upon agreement between the resident and the facility, a new contract or an addendum to the existing contract must be executed and signed.<br><br>This MN Requirement is not met as evidenced by:<br>No further action required. | {0 900}                                                         |                                                                                                                          |                          |                                                   |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SILVER BAY CAREFREE LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>36 BELL CIRCLE</b><br><b>SILVER BAY, MN 55614</b> |                                                                                                                          |  |                                                                    |
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| {0 930}                                                               | Continued From page 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | {0 930}                                                                                       |                                                                                                                          |  |                                                                    |
| {0 930}<br>SS=C                                                       | <p><b>144G.50 Subd. 2 (d-e; 1-4) Contract information</b></p> <p>(d) The contract must include a description of the facility's complaint resolution process available to residents, including the name and contact information of the person representing the facility who is designated to handle and resolve complaints.</p> <p>(e) The contract must include a clear and conspicuous notice of:</p> <p>(1) the right under section 144G.54 to appeal the termination of an assisted living contract;</p> <p>(2) the facility's policy regarding transfer of residents within the facility, under what circumstances a transfer may occur, and the circumstances under which resident consent is required for a transfer;</p> <p>(3) contact information for the Office of Ombudsman for Long-Term Care, the Ombudsman for Mental Health and Developmental Disabilities, and the Office of Health Facility Complaints;</p> <p>(4) the resident's right to obtain services from an unaffiliated service provider;</p> <p>This MN Requirement is not met as evidenced by:<br/>No further action required.</p> | {0 930}                                                                                       |                                                                                                                          |  |                                                                    |
| {01060}<br>SS=D                                                       | <p><b>144G.52 Subd. 9 Emergency relocation</b></p> <p>(a) A facility may remove a resident from the facility in an emergency if necessary due to a resident's urgent medical needs or an imminent risk the resident poses to the health or safety of another facility resident or facility staff member. An emergency relocation is not a termination.</p> <p>(b) In the event of an emergency relocation, the facility must provide a written notice that contains,</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | {01060}                                                                                       |                                                                                                                          |  |                                                                    |



Minnesota Department of Health

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| {01060}                                                               | <p>Continued From page 8</p> <p>at a minimum:</p> <p>(1) the reason for the relocation;</p> <p>(2) the name and contact information for the location to which the resident has been relocated and any new service provider;</p> <p>(3) contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities;</p> <p>(4) if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and</p> <p>(5) a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal.</p> <p>(c) The notice required under paragraph (b) must be delivered as soon as practicable to:</p> <p>(1) the resident, legal representative, and designated representative;</p> <p>(2) for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the resident's case manager; and</p> <p>(3) the Office of Ombudsman for Long-Term Care if the resident has been relocated and has not returned to the facility within four days.</p> <p>(d) Following an emergency relocation, a facility's refusal to provide housing or services constitutes a termination and triggers the termination process in this section.</p> <p>currently known; and</p> <p>This MN Requirement is not met as evidenced by:<br/>No further action required.</p> | {01060}                                                                                       |                                                                                                                          |  |                                                                    |



Minnesota Department of Health

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| {01290}                                                               | Continued From page 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | {01290}                                                                                       |                                                                                                                          |  |                                                                    |
| {01290}<br>SS=D                                                       | <p><b>144G.60 Subdivision 1 Background studies required</b></p> <p>(a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information.</p> <p>(b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12.</p> <p>(c) Termination of an employee in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits.</p> <p>This MN Requirement is not met as evidenced by:<br/>No further action required.</p> | {01290}                                                                                       |                                                                                                                          |  |                                                                    |
| 01350<br>SS=D                                                         | <p><b>144G.60 Subd. 5 Temporary staff</b></p> <p>When a facility contracts with a temporary staffing agency, those individuals must meet the same requirements required by this section for personnel employed by the facility and shall be treated as if they are staff of the facility.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to ensure contracted staff met all requirements for training and competency evaluation, as identified in 144G.60, Subd. 4 and 144G.61 Subd 1. and 2, for one of one unlicensed personnel (ULP-L). This had the</p>                                                                                                                                                                                                                                                                         | 01350                                                                                         |                                                                                                                          |  |                                                                    |



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| 01350                                                                 | <p>Continued From page 10</p> <p>potential to affect all residents receiving medication and treatment services.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>ULP-L was contracted with the company December 27, 2022, to provide direct care services to the residents. ULP-L transferred to the licensee on August 8, 2023, to provide direct care services to the licensee's residents.</p> <p>ULP-L's employee record indicated ULP-L received medication and skill training and completed competency evaluations at another facility; however, ULP-L's record lacked evidence ULP-L received competency evaluations by the registered nurse at the current facility ULP-L was providing services.</p> <p>The licensee's weekly schedule dated September 17, 2023, through September 30, 2023, indicated ULP-L was scheduled to provide directed care services on September 17, 19, 20, 21, 24, 25, 26, 29, and September 30, 2023.</p> <p>R3<br/>R3's August 2023, Medication Administration Record, (MAR) indicated on August 12, 17, 21, 27, ULP-L administered R3's medications, insulin and checked R3's blood glucose (sugar).</p> | 01350                                                                  |                                                                                                                          |  |                                                                 |



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| 01350                                                                 | <p>Continued From page 11</p> <p>R3's September 2023, MAR indicated on September 11, 2023, ULP-L administer R3's medications, insulin and checked R3's blood glucose.</p> <p>R5<br/>R5's August 2023, MAR indicated on August 18, 19, 20, 28, ULP-L administered R5's medications, insulin and checked R5's blood glucose.</p> <p>R5's September 2023, MAR indicated on September 1, 6, 8, 9, 12, ULP-L administered R5's medications, insulin and checked R5's blood glucose.</p> <p>On September 29, 2023, at 1:30 p.m., clinical nurse supervisor (CNS)-B stated ULP-L was a contracted employee originally hired by the company for another facility and had been contracted with the company for about a year. CNS-B stated ULP-L was no longer needed at the other facility, so ULP-L started working for licensee August 8, 2023, to provide direct care services to the licensee's residents. CNS-B stated ULP-L received all his training and competency evaluations by another registered nurse (RN) at the previous facility and CNS-B had not completed competency evaluations for ULP-L before ULP-L provided services to the licensee's residents. CNS-B stated she was unaware competency evaluations were not transferrable from facility to facility.</p> <p>The licensee's Training and Competency Evaluation of Unlicensed Staff dated January 16, 2023, indicated training and competency evaluations of ULPs must be conducted by a RN or other instructor in conjunction with the RN. Other Licensed Health Professionals may train</p> | 01350                                                                     |                                                                                                                          |  |                                                                    |



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| 01350                                                                 | Continued From page 12<br><br>and conduct competency evaluations of ULPs for<br>task that can be delegated by the Licensed<br>Health Professional within his/her professional<br>scope of practice (e.g., assigned therapy tasks).<br>For Temporary staff, the RN and Administrative<br>personnel would implement systems to assure<br>that the contracted staff or staff from a temporary<br>agency meets the same required orientation,<br>screening, training and competency<br>requirements.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one<br>(21) days                                                                                                                                                                                                                                                                                                                                                             | 01350                                                                                         |                                                                                                                          |  |                                                                    |
| {01650}<br>SS=F                                                       | 144G.70 Subd. 4 (f) Service plan, implementation<br>and revisions to<br><br>(f) The service plan must include:<br>(1) a description of the services to be provided,<br>the fees for services, and the frequency of each<br>service, according to the resident's current<br>assessment and resident preferences;<br>(2) the identification of staff or categories of staff<br>who will provide the services;<br>(3) the schedule and methods of monitoring<br>assessments of the resident;<br>(4) the schedule and methods of monitoring staff<br>providing services; and<br>(5) a contingency plan that includes:<br>(i) the action to be taken if the scheduled service<br>cannot be provided;<br>(ii) information and a method to contact the<br>facility;<br>(iii) the names and contact information of persons<br>the resident wishes to have notified in an<br>emergency or if there is a significant adverse<br>change in the resident's condition, including | {01650}                                                                                       |                                                                                                                          |  |                                                                    |



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| {01650}                                                               | Continued From page 13<br><br>identification of and information as to who has<br>authority to sign for the resident in an emergency;<br>and<br>(iv) the circumstances in which emergency<br>medical services are not to be summoned<br>consistent with chapters 145B and 145C, and<br>declarations made by the resident under those<br>chapters.<br><br>This MN Requirement is not met as evidenced<br>by:<br>No further action required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | {01650}                                                                                       |                                                                                                                          |  |                                                                    |
| {01730}<br>SS=F                                                       | 144G.71 Subd. 5 Individualized medication<br>management plan<br><br>(a) For each resident receiving medication<br>management services, the assisted living facility<br>must prepare and include in the service plan a<br>written statement of the medication management<br>services that will be provided to the resident. The<br>facility must develop and maintain a current<br>individualized medication management record for<br>each resident based on the resident's<br>assessment that must contain the following:<br>(1) a statement describing the medication<br>management services that will be provided;<br>(2) a description of storage of medications based<br>on the resident's needs and preferences, risk of<br>diversion, and consistent with the manufacturer's<br>directions;<br>(3) documentation of specific resident instructions<br>relating to the administration of medications;<br>(4) identification of persons responsible for<br>monitoring medication supplies and ensuring that<br>medication refills are ordered on a timely basis;<br>(5) identification of medication management<br>tasks that may be delegated to unlicensed<br>personnel; | {01730}                                                                                       |                                                                                                                          |  |                                                                    |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SILVER BAY CAREFREE LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>36 BELL CIRCLE</b><br><b>SILVER BAY, MN 55614</b> |                                                                                                                          |  |                                                                    |
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| {01730}                                                               | Continued From page 14<br><br>(6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and<br>(7) any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions.<br>(b) The medication management record must be current and updated when there are any changes.<br>(c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management.<br><br>This MN Requirement is not met as evidenced by:<br>No further action required. | {01730}                                                                                       |                                                                                                                          |  |                                                                    |
| {01760}<br>SS=D                                                       | <b>144G.71 Subd. 8 Documentation of administration of medication</b><br><br>Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan.                                                                      | {01760}                                                                                       |                                                                                                                          |  |                                                                    |



Minnesota Department of Health

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| {01760}                                                               | Continued From page 15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | {01760}                                                                                       |                                                                                                                          |  |                                                                    |
|                                                                       | This MN Requirement is not met as evidenced<br>by:<br>No further action required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                               |                                                                                                                          |  |                                                                    |
| {01880}<br>SS=F                                                       | 144G.71 Subd. 19 Storage of medications<br><br>An assisted living facility must store all<br>prescription medications in securely locked and<br>substantially constructed compartments<br>according to the manufacturer's directions and<br>permit only authorized personnel to have access.<br><br>This MN Requirement is not met as evidenced<br>by:<br>No further action required.                                                                                                                                                                                                                                                                                                                                     | {01880}                                                                                       |                                                                                                                          |  |                                                                    |
| {02040}<br>SS=F                                                       | 144G.81 Subdivision 1 Fire protection and<br>physical environment<br><br>An assisted living facility with dementia care that<br>has a secured dementia care unit must meet the<br>requirements of section 144G.45 and the<br>following additional requirements:<br>(1) a hazard vulnerability assessment or safety<br>risk must be performed on and around the<br>property. The hazards indicated on the<br>assessment must be assessed and mitigated to<br>protect the residents from harm; and<br>(2) the facility shall be protected throughout by an<br>approved supervised automatic sprinkler system<br>by August 1, 2029.<br><br>This MN Requirement is not met as evidenced<br>by:<br>No further action required. | {02040}                                                                                       |                                                                                                                          |  |                                                                    |
| {02110}<br>SS=F                                                       | 144G.82 Subd. 3 Policies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | {02110}                                                                                       |                                                                                                                          |  |                                                                    |



Minnesota Department of Health

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| {02110}                                                               | <p>Continued From page 16</p> <p>(a) In addition to the policies and procedures required in the licensing of all facilities, the assisted living facility with dementia care licensee must develop and implement policies and procedures that address the:</p> <p>(1) philosophy of how services are provided based upon the assisted living facility licensee's values, mission, and promotion of person-centered care and how the philosophy shall be implemented;</p> <p>(2) evaluation of behavioral symptoms and design of supports for intervention plans, including nonpharmacological practices that are person-centered and evidence-informed;</p> <p>(3) wandering and egress prevention that provides detailed instructions to staff in the event a resident elopes;</p> <p>(4) medication management, including an assessment of residents for the use and effects of medications, including psychotropic medications;</p> <p>(5) staff training specific to dementia care;</p> <p>(6) description of life enrichment programs and how activities are implemented;</p> <p>(7) description of family support programs and efforts to keep the family engaged;</p> <p>(8) limiting the use of public address and intercom systems for emergencies and evacuation drills only;</p> <p>(9) transportation coordination and assistance to and from outside medical appointments; and</p> <p>(10) safekeeping of residents' possessions.</p> <p>(b) The policies and procedures must be provided to residents and the residents' legal and designated representatives at the time of move-in.</p> <p>This MN Requirement is not met as evidenced by:</p> | {02110}                                                                                       |                                                                                                                          |  |                                                                    |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SILVER BAY CAREFREE LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                           | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>36 BELL CIRCLE</b><br><b>SILVER BAY, MN 55614</b>                            |  |                                                                    |
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| {02110}                                                               | Continued From page 17<br><br>No further action required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | {02110}                                                                   |                                                                                                                          |  |                                                                    |
| {02140}<br>SS=F                                                       | <b>144G.83 Subd. 3 Supervising staff training</b><br><br>Persons providing or overseeing staff training must have experience and knowledge in the care of individuals with dementia, including:<br>(1) two years of work experience related to Alzheimer's disease or other dementias, or in health care, gerontology, or another related field; and(2) completion of training equivalent to the requirements in this section and successfully passing a skills competency or knowledge test required by the commissioner.<br><br>This MN Requirement is not met as evidenced by:<br>No further action required. | {02140}                                                                   |                                                                                                                          |  |                                                                    |





*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically Delivered

February 8, 2023

Licensee  
Silver Bay Carefree Living  
36 Bell Circle  
Silver Bay, MN 55614

RE: Project Number(s) SL27604015

Dear Licensee:

The Minnesota Department of Health completed an evaluation on January 19, 2023, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the evaluation, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

#### **LICENSING ORDERS**

The enclosed State Form documents the state licensing orders. The Department of Health documents state licensing correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Assisted Living Facilities. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute number and the corresponding text of the state statute out of compliance are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by . . ."

#### **IMPOSITION OF FINES**

In accordance with Minn. Stat. § 144G.31, Subd. 4, fines and enforcement actions may be imposed based on the level and scope of the violations and imposed immediately with no opportunity to correct the violation first as follows:

Level 1: no fines or enforcement.

Level 2: a fine of \$500 per violation, in addition to any enforcement mechanism authorized in § 144G.20 for widespread violations;

Level 3: a fine of \$3,000 per violation per incident, in addition to any enforcement mechanism authorized in § 144G.20.

Level 4: a fine of \$5,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20.

In accordance with Minn. Stat. § 144G.20, Subd. 4 (a)(5), the Department of Health imposes fine amounts of either \$1,000 or \$5,000 to licensees who are found to be responsible for maltreatment.



The Department of Health imposes a fine of \$1,000 for each substantiated maltreatment violation that consists of abuse, neglect, or financial exploitation according to Minn. Stat. § 626.5572, Subds. 2, 9, 17. The Department of Health also may impose a fine of \$5,000 for each substantiated maltreatment violation consisting of sexual assault, death, or abuse resulting in serious injury.

In accordance with Minn. Stat. § 144G.31, Subd. 4 (a)(5)(b), when a fine is assessed against a facility for substantiated maltreatment, the commissioner shall not also impose an immediate fine under this chapter for the same circumstance.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, the following fines are assessed pursuant to this evaluation:

**St - 0 - 0340 - 144g.30 Subd. 5 - Correction Orders = \$3,000**

**St - 0 - 1750 - 144g.71 Subd. 7 - Delegation Of Medication Administration = \$3,000**

**St - 0 - 1950 - 144g.72 Subd. 4 - Administration Of Treatments And Therapy = \$3,000**

**The total amount you are assessed is \$9,000.** You will be invoiced after 15 days of the receipt of this notice, subject to appeal.

#### **DOCUMENTATION OF ACTION TO COMPLY**

Per Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document any action taken to comply with the correction order by the correction order date. A copy of the provider's records documenting those actions may be requested for follow-up evaluations. The licensee is not required to submit a plan of correction for approval.

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the resident(s)/employee(s) identified in the correction order.
- Identify how the area(s) of noncompliance was corrected for all of the provider's resident(s)/employees that may be affected by the noncompliance.
- Identify what changes to your systems and practices were made to ensure compliance with the specific statute(s).

#### **CORRECTION ORDER RECONSIDERATION PROCESS**

In accordance with Minn. Stat. § 144G.32, Subd. 2, you may challenge the correction order issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by the Department of Health within 15 calendar days of the correction order receipt date.

A state licensing order under Minn. Stat. § 144G.91, Subd. 8, Free from Maltreatment is associated with a maltreatment determination by the Office of Health Facility Complaints. If maltreatment is substantiated, you will receive a separate letter with the reconsideration process under Minn. Stat. § 626.557. Please email general reconsideration requests to: **Health.HRD.Appeals@state.mn.us**.



Please address your cover letter for general  
reconsideration requests to:

Reconsideration Unit  
Health Regulation Division  
Minnesota Department of Health  
P.O. Box 64970  
85 East Seventh Place  
St. Paul, MN 55164-0970

Free from Maltreatment reconsideration  
requests should be addressed to:

Reconsideration Unit  
Health Regulation Division  
Minnesota Department of Health  
P.O. Box 64970  
85 East Seventh Place  
St. Paul, MN 55164-0970

### **REQUESTING A HEARING**

Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the Department of Health within 15 business days of the correction order receipt date. Requests for hearing may be emailed to **Health.HRD.Appeals@state.mn.us**.

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration **or** a hearing, but not both.

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in this letter and the results of this visit with the President of your organization's Governing Body. If you have any questions, please contact me.

Sincerely,

A handwritten signature in black ink that reads "Jessica Chenze". The signature is written in a cursive, flowing style.

Jessie Chenze, RN, BSN  
Supervisor 1 | State Evaluations Team  
Health Regulation Division  
85 East Seventh Place, Suite 220  
P.O. Box 3879  
St. Paul, MN 55101-3879  
Office: 218-332-5175 | Fax: 218-332-5196

PMB



Minnesota Department of Health

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| 0 000                                                                 | <p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.</p> <p>Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p>INITIAL COMMENTS:<br/>SL27604015</p> <p>On January 17, 2023, through January 19, 2023, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were 28 active residents receiving services under the Assisted Living with Dementia Care license.</p> <p>Immediate correction orders were identified on January 18, 2023, issued for SL37604015, tag identification 1750 and 1950.</p> <p>Immediacy was not removed as of the time of exit on January 19, 2023. Immediacy remains for both tags 1750 and 1950 at a scope and level of I.</p> | 0 000                                                                                   | <p>Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3.</p> |  |                                                     |
| 0 340<br>SS=I                                                         | <p>144G.30 Subd. 5 Correction orders</p> <p>(a) A correction order may be issued whenever the commissioner finds upon survey or during a</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 0 340                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                     |

Minnesota Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SILVER BAY CAREFREE LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>36 BELL CIRCLE<br/>SILVER BAY, MN 55614</b>                                  |  |                                                     |
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| 0 340                                                                 | <p>Continued From page 1</p> <p>complaint investigation that a facility, a managerial official, or an employee of the facility is not in compliance with this chapter. The correction order shall cite the specific statute and document areas of noncompliance and the time allowed for correction.</p> <p>(b) The commissioner shall mail or e-mail copies of any correction order to the facility within 30 calendar days after the survey exit date. A copy of each correction order and copies of any documentation supplied to the commissioner shall be kept on file by the facility and public documents shall be made available for viewing by any person upon request. Copies may be kept electronically.</p> <p>(c) By the correction order date, the facility must document in the facility's records any action taken to comply with the correction order. The commissioner may request a copy of this documentation and the facility's action to respond to the correction order in future surveys, upon a complaint investigation, and as otherwise needed.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to have sufficient documentation with actions taken to comply with the immediate order, tag identification 1750 and 1950, during a survey completed on January 19, 2023.</p> <p>This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large</p> | 0 340                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SILVER BAY CAREFREE LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>36 BELL CIRCLE<br/>SILVER BAY, MN 55614</b> |                                                                                                                          |  |                                                        |
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| 0 340                                                                 | <p>Continued From page 2</p> <p>portion or all of the residents).</p> <p>The findings include:</p> <p>On January 19, 2023, the Minnesota Department of Health (MDH) completed a survey resulting in 20 correction orders issued and immediate orders 1750 and 1950 issued on January 18, 2023.</p> <p>On January 18, 2023, at 3:26 p.m., resident assisted living director (RALD)-A and director of nursing/registered nurse (DON/RN)-B were notified via e-mail by MDH of immediate correction orders for tags 1750 and 1950.</p> <p>On January 18, 2023, at 5:47 p.m., DON/RN-B responded via e-mail an acknowledgement of the immediate correction orders and informed ULP-D had been pulled from the floor and would be trained and tested by the RN the following day.</p> <p>On January 19, 2023, at 8:30 a.m., RALD-A and DON/RN-B were notified via e-mail by MDH and requested additional information regarding employee training, audit tools and policies and procedures for new employee training/competency testing.</p> <p>On January 19, 2023., at 9:28 a.m., DON/RN-B responded via e-mail indicating employee training/competency tests, policies, procedures, and audit tool would be sent when completed.</p> <p>On January 19, 2023, at 3:45 p.m., the immediacy of the two (2) immediate orders identified remained as the survey was exited.</p> <p>On January 20, 2023, at 4:08 p.m., DON/RN-B responded via e-mail with two (2) attachments which included ULP-D's training and competency</p> | 0 340                                                                                   |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| 0 340                                                                 | Continued From page 3<br><br>tests completed by DON/RN-B, an audit and a plan for employee training moving forward.<br><br>On January 23, 2023, at 10:25 a.m., RALD-A and DON/RN-B were notified via email by MDH the information submitted was insufficient to remove the immediacy for both tags 1650 and 1750. Further, since the survey window has closed, the immediacy of the orders would remain.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days                                                                                                                                                                                                                                                                                                                                                                                                                              | 0 340                                                                                   |                                                                                                                          |  |                                                     |
| 0 430<br>SS=C                                                         | 144G.40 Subd. 2 Uniform checklist disclosure of services<br><br>(a) All assisted living facilities must provide to prospective residents:<br>(1) a disclosure of the categories of assisted living licenses available and the category of license held by the facility;<br>(2) a written checklist listing all services permitted under the facility's license, identifying all services the facility offers to provide under the assisted living facility contract, and identifying all services allowed under the license that the facility does not provide; and<br>(3) an oral explanation of the services offered under the contract.<br>(b) The requirements of paragraph (a) must be completed prior to the execution of the assisted living contract.<br>(c) The commissioner must, in consultation with all interested stakeholders, design the uniform checklist disclosure form for use as provided under paragraph (a). | 0 430                                                                                   |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 430                                                                 | <p>Continued From page 4</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to provide a copy of the uniform checklist disclosure of services (UDALSA) with the required content for three of three residents (R2, R3, R4). This had to potential to affect all residents.</p> <p>This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>R2<br/>R2's diagnoses included atrial fibrillation (irregular heartbeat) osteoporosis (weak and brittle bones), hypothyroidism (underactive thyroid), and stage three (3) chronic kidney disease.</p> <p>R2's Service Plan dated February 23, 2023, indicated R2 received services which included medication management, dressing, grooming, bathing, transferring, housekeeping, and laundry.</p> <p>R3<br/>R3's diagnoses included diabetes type two, hypertension (high blood pressure), and stage four (4) chronic kidney disease.</p> <p>R3's Service Plan dated April 11, 2022, indicated R3 received services which included medication management, blood glucose monitoring, assistance with compression stockings,</p> | 0 430                                                                                   |                                                                                                                          |  |                                                     |



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| 0 430                                                                 | <p>Continued From page 5</p> <p>housekeeping, and laundry.</p> <p>R4<br/>R4's diagnoses included Alzheimer's disease, hypothyroidism (low thyroid level), hypertension, and glaucoma (condition of the eye that can cause blindness).</p> <p>R4's Service Plan dated November 2, 2022, indicated R4 received services which included medication management, dressing, toileting, supervision with bathing, compression stocking, housekeeping, and laundry.</p> <p>R2, R3 and R4's records contained a Resident Acknowledgment Form indicating R2, R3, and R4 received the Consumer Information Guide, and lacked acknowledgement of receiving a uniform checklist disclosure of services to include:</p> <ul style="list-style-type: none"><li>- a disclosure of the categories of assisted living licenses available and the category of license held by the facility;</li><li>- a written checklist listing all services permitted under the facility's license, identifying all services the facility offers to provide under the assisted living facility contract, and identifying all services allowed under the license that the facility does not provide; and</li><li>- an oral explanation of all services offered under the contract.</li></ul> <p>On January 19, 2023, at 12:41 p.m., assistant executive director (AED)-C confirmed she was responsible for completing non-nursing resident admission paperwork to include providing the residents with the licensee's UDALSA and obtaining a written acknowledgement of receiving the UDALSA. AED-C confirmed the current Resident Acknowledgement Form being used indicted resident's received a the Consumer</p> | 0 430                                                                  |                                                                                                                          |  |                                                     |



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| 0 430                                                                 | Continued From page 6<br><br>Information Guide and further stated she was unable to find documentation in the resident records the licensee's residents received a copy of the UDALSA.<br><br>The licensee's Uniform Disclosure of Assisted Living Services and Amenities (UDALSA) dated August 1, 2021, indicated the licensee would provide a UDALSA to prospective residents prior to signing an Assisted Living contract.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-One (21) days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0 430                                                                  |                                                                                                                          |  |                                                     |
| 0 470<br>SS=F                                                         | 144G.41 Subdivision 1 Minimum requirements<br><br>(11) develop and implement a staffing plan for determining its staffing level that:<br>(i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility;<br>(ii) ensures sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; and<br>(iii) ensures that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility;<br>(12) ensure that one or more persons are available 24 hours per day, seven days per week, who are responsible for responding to the requests of residents for assistance with health or safety needs. Such persons must be:<br>(i) awake;<br>(ii) located in the same building, in an attached | 0 470                                                                  |                                                                                                                          |  |                                                     |



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| 0 470                                                                 | <p>Continued From page 7</p> <p>building, or on a contiguous campus with the facility in order to respond within a reasonable amount of time;<br/>(iii) capable of communicating with residents;<br/>(iv) capable of providing or summoning the appropriate assistance; and<br/>(v) capable of following directions;</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to ensure the required staffing plan was developed, implemented, and evaluated for appropriateness of staffing levels as required. This had the potential to affect all current residents, staff, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents</p> <p>The findings include:</p> <p>The licensee held an assisted living facility licensed for a capacity of 34 residents and had a current census of 28 residents.</p> <p>During entrance conference on January 17, 2023, at 10:14 a.m., director of nursing/registered nurse (DON/RN)-B confirmed she was responsible for developing and reviewing the staffing plan. The evaluator requested a copy of the licensee's staffing plan to review.</p> <p>On January 17, 2023, at 2:50 p.m., DON/RN-B</p> | 0 470                                                                                   |                                                                                                                          |  |                                                        |



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| 0 470                                                                 | <p>Continued From page 8</p> <p>stated the current staffing plan was two (2) staff on each unit per shift. DON/RN-B stated she had not developed a written staffing plan and would further look into it.</p> <p>On January 17, 2023, at 3:26 p.m., DON/RN-B provided the evaluator with the licensee's Staffing Plan Evaluation signed and dated January 17, 2023. DON/RN-B confirmed the licensee had not previously developed or implemented a written staffing plan that determined staffing hours based on resident care needs that was reviewed twice a year.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p> | 0 470                                                                  |                                                                                                                          |  |                                                     |
| 0 480<br>SS=F                                                         | <p>144G.41 Subd 1 (13) (i) (B) Minimum requirements</p> <p>(13) offer to provide or make available at least the following services to residents:</p> <p>(i) at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The following apply:</p> <p>(B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and</p>                                                                                                          | 0 480                                                                  |                                                                                                                          |  |                                                     |



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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>27604</b>                  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                    |  | (X3) DATE SURVEY COMPLETED<br><br><b>01/19/2023</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SILVER BAY CAREFREE LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>36 BELL CIRCLE<br/>SILVER BAY, MN 55614</b> |                                                                                                                          |  |                                                     |
| (X4) ID<br>PREFIX<br>TAG                                              | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ID<br>PREFIX<br>TAG                                                                     | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                            |
| 0 480                                                                 | <p>Continued From page 9</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview and record review, the licensee failed to ensure food was prepared according to the Minnesota Food Code. This had the potential to affect all 28 residents.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents).</p> <p>The findings include:</p> <p>Please refer to the included document titled, Food and Beverage Establishment Inspection Report dated January 17, 2023, for the specific Minnesota Food Code deficiencies.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p> | 0 480                                                                                   |                                                                                                                          |  |                                                     |
| 0 680<br>SS=F                                                         | <p>144G.42 Subd. 10 Disaster planning and emergency preparedness</p> <p>(a) The facility must meet the following requirements:<br/>(1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency;</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 0 680                                                                                   |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SILVER BAY CAREFREE LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>36 BELL CIRCLE<br/>SILVER BAY, MN 55614</b> |                                                                                                                          |  |                                                        |
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| 0 680                                                                 | <p>Continued From page 10</p> <p>(2) post an emergency disaster plan prominently;<br/>(3) provide building emergency exit diagrams to all residents;<br/>(4) post emergency exit diagrams on each floor; and<br/>(5) have a written policy and procedure regarding missing tenant residents.<br/>(b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site.<br/>(c) The facility must meet any additional requirements adopted in rule.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to have a written emergency preparedness plan with all the required content. This had the potential to affect all 28 residents, staff and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>During the facility tour on January 17, 2023, at 11:18 a.m., conducted with director of</p> | 0 680                                                                                   |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SILVER BAY CAREFREE LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>36 BELL CIRCLE<br/>SILVER BAY, MN 55614</b>                                  |  |                                                     |
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| 0 680                                                                 | <p>Continued From page 11</p> <p>nursing/registered nurse (DON/RN)-B, the emergency disaster plan binder was observed at the front desk. Assistant executive director (AED)-C stated the emergency disaster plan was also located on the memory care unit and was in working progress.</p> <p>The licensee's emergency preparedness plan included emergency plans for a fire, severe weather procedure, and a procedure for tornado.</p> <p>The licensee's plan lacked the following content and/or policies and procedures to address:</p> <ul style="list-style-type: none"><li>- a risk assessment to include hazards like care related emergencies, interruptions in communications/cyber-attacks, loss of all or portion of a facility, interruption to normal supply of essential resources and medical supplies, infectious diseases, and pandemics</li><li>- identify at risk population needs like maintaining independence, communication, transportation, supervision, and medical care</li><li>- process for emergency preparedness (EP) cooperation with state and local EP officials/organizations</li><li>- arrangements with other facilities/providers to receive residents in the event of limitations/cessation of operations to maintain the continuity of services to residents</li><li>- EP testing/annual testing requirements.</li></ul> <p>In addition, the licensee lacked a communication plan that included:</p> <ul style="list-style-type: none"><li>- contact information for federal, state, tribal, local EP staff, ombudsman, state licensing and certification agencies</li><li>- communication plan to include primary and alternate means of communicating with facility staff and Federal, State, tribal, regional &amp; local emergency management agencies.</li></ul> | 0 680                                                                  |                                                                                                                          |  |                                                     |



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| NAME OF PROVIDER OR SUPPLIER<br><br>SILVER BAY CAREFREE LIVING |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br>36 BELL CIRCLE<br>SILVER BAY, MN 55614 |                                                                                                                          |  |                                              |
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| 0 680                                                          | Continued From page 12<br><br>On January 18, 2023, 3:02 p.m., resident assisted living director (RALD)-A confirmed the licensee's emergency plan had not been fully developed and was in process of completion.<br><br>The licensee's Disaster Planning and Emergency Preparedness policy dated August 1, 2021, indicated the licensee would have in place a general emergency preparedness plan, that would alignment with facility's requirement to also comply with CMS Appendix (A written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or emergency). All elements would be incorporated into the Appendix Z requirements.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-One (21) days | 0 680                                                                           |                                                                                                                          |  |                                              |
| 0 780<br>SS=F                                                  | 144G.45 Subd. 2 (a) (1) Fire protection and physical environment<br><br>(a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:<br><br>(1) for dwellings or sleeping units, as defined in the State Fire Code:<br>(i) provide smoke alarms in each room used for sleeping purposes;<br>(ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms;                                                                                                                                                                                                                                                                                                                                                                                                                                              | 0 780                                                                           |                                                                                                                          |  |                                              |



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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SILVER BAY CAREFREE LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>36 BELL CIRCLE<br/>SILVER BAY, MN 55614</b> |                                                                                                                          |  |                                                        |
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| 0 780                                                                 | <p>Continued From page 13</p> <p>(iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics;</p> <p>(iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and</p> <p>(v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated;</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation and interview, the licensee failed to provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms. This deficient condition had the potential to affect all staff, residents, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>Findings include:</p> <p>On January 18, 2023, between 11:00 a.m. and 12:00 p.m., survey staff toured the facility with maintenance (M)-F. During the facility tour, survey staff observed that smoke alarms were not installed outside sleeping rooms in the immediate vicinity of bedrooms in resident</p> | 0 780                                                                                   |                                                                                                                          |  |                                                        |



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| 0 780                                                                 | Continued From page 14<br><br>apartments 11 and 32.<br><br>This deficient condition was verified by M-F<br>accompanying on the facility tour.<br><br>TIME PERIOD FOR CORRECTION: Seven (7)<br>days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 0 780                                                                                   |                                                                                                                          |  |                                                     |
| 0 800<br>SS=F                                                         | 144G.45 Subd. 2 (a) (4) Fire protection and<br>physical environment<br><br>(4) keep the physical environment, including<br>walls, floors, ceiling, all furnishings, grounds,<br>systems, and equipment in a continuous state of<br>good repair and operation with regard to the<br>health, safety, comfort, and well-being of the<br>residents in accordance with a maintenance and<br>repair program.<br><br>This MN Requirement is not met as evidenced<br>by:<br>Based on observation and interview, the licensee<br>failed to maintain the physical environment,<br>including walls, floors, ceiling, all furnishings,<br>grounds, systems, and equipment in a continuous<br>state of good repair and operation with regard to<br>the health, safety, comfort, and well-being of the<br>residents. This deficient condition had the<br>potential to affect all staff, residents, and visitors.<br><br>This practice resulted in a level two violation (a<br>violation that did not harm a resident's health or<br>safety but had the potential to have harmed a<br>resident's health or safety) and was issued at a<br>widespread scope (when problems are pervasive<br>or represent a systemic failure that has affected<br>or has the potential to affect a large portion or all<br>of the residents). | 0 800                                                                                   |                                                                                                                          |  |                                                     |



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| 0 800                                                                 | Continued From page 15<br><br>Findings include:<br><br>On January 18, 2023, between 11:00 a.m. and 12:00 p.m., survey staff toured the facility with maintenance (M)-F. During the facility tour, survey staff observed the following:<br>1. A key was not available to unlock the padlock on the gate for the outdoor space enclosed by a fence for the dementia care unit. A marked exit door was used to access this outdoor space.<br>2. A marked exit door was obstructed by snow and ice, which prevented this door from opening fully.<br>3. All-weather walks outside two marked exits were covered with snow and there was an accumulation of ice and snow on the parking lot surface.<br><br>These deficient conditions were verified by M-F accompanying on the facility tour.<br><br>TIME PERIOD FOR CORRECTION: Two (2) days | 0 800                                                                  |                                                                                                                          |  |                                                     |
| 0 810<br>SS=F                                                         | 144G.45 Subd. 2 (b)-(f) Fire protection and physical environment<br><br>(b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to:<br>(1) location and number of resident sleeping rooms;<br>(2) employee actions to be taken in the event of a fire or similar emergency;<br>(3) fire protection procedures necessary for residents; and<br>(4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique                                                                                                                                                                                                                                                                | 0 810                                                                  |                                                                                                                          |  |                                                     |



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| 0 810                                                                 | <p>Continued From page 16</p> <p>or unusual resident needs for movement or evacuation.</p> <p>(c) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter.</p> <p>(d) Fire safety and evacuation plans shall be readily available at all times within the facility.</p> <p>(e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year.</p> <p>(f) Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on record review and interview, the licensee failed to provide fire safety and evacuation plans with the required elements; failed to provide the required frequency for employee and resident training on fire safety and evacuation; and failed to document the required employee evacuation drills. This deficient condition had the potential to affect all staff, residents, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all</p> | 0 810                                                                                   |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SILVER BAY CAREFREE LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>36 BELL CIRCLE<br/>SILVER BAY, MN 55614</b>                                  |  |                                                     |
| (X4) ID<br>PREFIX<br>TAG                                              | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ID<br>PREFIX<br>TAG                                                    | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                            |
| 0 810                                                                 | <p>Continued From page 17</p> <p>of the residents).</p> <p>Findings include:</p> <p>On January 18, 2023, between 11:00 a.m. and 12:00 p.m., survey staff toured the facility with maintenance (M)-F. During the facility tour, survey staff observed that the location of resident sleeping rooms was not legible on the evacuation plans posted in the facility.</p> <p>On January 18, 2023, at approximately 12:00 p.m., records were provided for review. Records were reviewed by survey staff on January 18, 2023, between 12:00 p.m. and 12:45 p.m.</p> <p>Record review of available documentation indicated that the licensee did not provide employee training on the fire safety and evacuation plans upon hire and at least twice per year thereafter as required by statute. Records were requested by survey staff but not provided to support that the required employee training frequency had been met.</p> <p>Record review of the available documentation indicated that the licensee did not provide annual training to residents who can assist in their own evacuation on the proper actions to take in the event of a fire to include movement, evacuation, or relocation as required by statute. Documentation was requested by survey staff but not provided to support that annual resident training had been completed.</p> <p>Record review of documented safety drills indicated that evacuation drills for employees had been conducted in March, April, May, and October of 2022. The evacuation drill frequency requirement of twice per year per shift with at</p> | 0 810                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br>SILVER BAY CAREFREE LIVING |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>36 BELL CIRCLE<br>SILVER BAY, MN 55614 |                                                                                                                          |  |                                              |
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| 0 810                                                          | Continued From page 18<br><br>least one evacuation drill every other month was not met.<br><br>On January 18, 2023, at approximately 1:05 p.m., M-F verified these deficient conditions.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 0 810                                                                           |                                                                                                                          |  |                                              |
| 0 900<br>SS=D                                                  | 144G.50 Subdivision 1 Contract required<br><br>(a) An assisted living facility may not offer or provide housing or assisted living services to any individual unless it has executed a written contract with the resident.<br><br>(b) The contract must contain all the terms concerning the provision of:<br>(1) housing;<br>(2) assisted living services, whether provided directly by the facility or by management agreement or other agreement; and<br>(3) the resident's service plan, if applicable.<br><br>(c) A facility must:<br>(1) offer to prospective residents and provide to the Office of Ombudsman for Long-Term Care a complete unsigned copy of its contract; and<br>(2) give a complete copy of any signed contract and any addendums, and all supporting documents and attachments, to the resident promptly after a contract and any addendum has been signed.<br><br>(d) A contract under this section is a consumer contract under sections 325G.29 to 325G.37.<br><br>(e) Before or at the time of execution of the contract, the facility must offer the resident the | 0 900                                                                           |                                                                                                                          |  |                                              |



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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SILVER BAY CAREFREE LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>36 BELL CIRCLE<br/>SILVER BAY, MN 55614</b> |                                                                                                                          |  |                                                        |
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| 0 900                                                                 | <p>Continued From page 19</p> <p>opportunity to identify a designated representative according to subdivision 3.</p> <p>(f) The resident must agree in writing to any additions or amendments to the contract. Upon agreement between the resident and the facility, a new contract or an addendum to the existing contract must be executed and signed.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview and record review, the licensee failed to develop and execute a written assisted living contract/rental agreement with the required content for one of one contracted staff, unlicensed personnel (ULP)-J, who obtained temporarily housing by the licensee. This had the potential to affect all residents.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>On January 17, 2023, at 11:26 a.m., during the facility tour on the memory care unit, director of nursing/registered nurse (DON/RN)-B stated room 41 was being occupied by contracted staff ULP-J. DON/RN stated to get supplemental staffing from the contracted agency, it was a requirement the licensee provided housing for the contracted staff. DON/RN-B stated ULP-J worked</p> | 0 900                                                                                   |                                                                                                                          |  |                                                        |



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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SILVER BAY CAREFREE LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>36 BELL CIRCLE<br/>SILVER BAY, MN 55614</b> |                                                                                                                          |  |                                                     |
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| 0 900                                                                 | Continued From page 20<br><br>6 p.m., to 6 a.m., and had been working for the licensee for about a month<br><br>On January 19, 2023, at 11:18 a.m., DON/RN-B stated the licensee planned to continue using the contracted staff and provide housing until the licensee could hire their own staff. DON/RN-B stated she was unsure if the licensee had a rental agreement with ULP-J.<br><br>ULP-J's employee file lacked evidence a written contract/rental agreement by the licensee for housing was implemented.<br><br>On January 19, 2023, at 1:02 p.m., assistant executive director (AED)-C stated ULP-J started with the licensee on December 22, 2022, and confirmed the licensee did not have a rental agreement for ULP-J.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-One (21) days | 0 900                                                                                   |                                                                                                                          |  |                                                     |
| 0 930<br>SS=C                                                         | 144G.50 Subd. 2 (d-e; 1-4) Contract information<br><br>(d) The contract must include a description of the facility's complaint resolution process available to residents, including the name and contact information of the person representing the facility who is designated to handle and resolve complaints.<br>(e) The contract must include a clear and conspicuous notice of:<br>(1) the right under section 144G.54 to appeal the termination of an assisted living contract;<br>(2) the facility's policy regarding transfer of residents within the facility, under what                                                                                                                                                                                                                                                       | 0 930                                                                                   |                                                                                                                          |  |                                                     |



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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SILVER BAY CAREFREE LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>36 BELL CIRCLE<br/>SILVER BAY, MN 55614</b> |                                                                                                                          |  |                                                        |
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| 0 930                                                                 | <p>Continued From page 21</p> <p>circumstances a transfer may occur, and the circumstances under which resident consent is required for a transfer;</p> <p>(3) contact information for the Office of Ombudsman for Long-Term Care, the Ombudsman for Mental Health and Developmental Disabilities, and the Office of Health Facility Complaints;</p> <p>(4) the resident's right to obtain services from an unaffiliated service provider;</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to execute a written assisted living contract with the required content for three of three residents (R2, R3, R4). This had the potential to affect all 28 residents.</p> <p>This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents).</p> <p>The findings include:</p> <p>On January 17, 2023, at 2:11 p.m., assistant executive director (AED)-C provided the evaluator with the licensee's Resident Agreement (assisted living contract) revised December 2022. AED-C stated all residents would receive the new Resident Agreements effective February 2023. AED-C stated the Resident Agreement had been revised to reflect a change in rates, the waiver of liability language was removed and the HFID number was added to Resident Agreement.</p> | 0 930                                                                                   |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| 0 930                                                                 | <p>Continued From page 22</p> <p>R2's Service Plan dated February 23, 2023, indicated R2 received services which included medication management, dressing, grooming, bathing, transferring, housekeeping, and laundry.</p> <p>R3's Service Plan dated April 11, 2022, indicated R3 received services which included medication management, blood glucose monitoring, assistance with compression stockings, housekeeping, and laundry.</p> <p>R4's Service Plan dated November 2, 2022, indicated R3 received services which included medication management, dressing, toileting, supervision with bathing, compression stocking, housekeeping, and laundry.</p> <p>R2, R3 and R4's Resident Agreement revised May 2022, respectively lacked the facility's policy regarding transfer of residents within the facility, under what circumstances a transfer may occur, and the circumstances under which resident consent was required for a transfer.</p> <p>On January 17, 2023, at 3:26 p.m., the evaluator reviewed the licensee's Resident Agreement with director of nursing/registered nurse (DON/RN)-B and verified on page four (4) of the Resident Agreement indicated If Resident chooses to transfer to another unit in the facility for non-healthcare related reasons, a \$500 unit transfer fee will be charged. Room and Board for the new unit will be charged when Resident takes occupancy of new unit. Resident must fully vacate previous unit at time of taking occupancy of new unit. If Resident is transferred to another unit within the facility due to healthcare-related reasons, the unit transfer fee will be waived. To prevent staff injury and/or damage to personal</p> | 0 930                                                                                   |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| 0 930                                                                 | Continued From page 23<br><br>property, Resident is fully responsible for the transfer of personal belongings in/out of the unit or from unit to unit. DON/RN-B confirmed the licensee's Rental Agreements revised May 2022, and December 2022, did not include the facility's policy regarding transfer of residents within the facility, under what circumstances a transfer may occur, and the circumstances under which resident consent was required for a transfer.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-One (21) days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0 930                                                                                   |                                                                                                                          |  |                                                        |
| 01060<br>SS=D                                                         | <b>144G.52 Subd. 9 Emergency relocation</b><br><br>(a) A facility may remove a resident from the facility in an emergency if necessary due to a resident's urgent medical needs or an imminent risk the resident poses to the health or safety of another facility resident or facility staff member. An emergency relocation is not a termination.<br>(b) In the event of an emergency relocation, the facility must provide a written notice that contains, at a minimum:<br>(1) the reason for the relocation;<br>(2) the name and contact information for the location to which the resident has been relocated and any new service provider;<br>(3) contact information for the Office of Ombudsman for Long-Term Care;<br>(4) if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and<br>(5) a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section | 01060                                                                                   |                                                                                                                          |  |                                                        |



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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SILVER BAY CAREFREE LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>36 BELL CIRCLE<br/>SILVER BAY, MN 55614</b>                                  |  |                                                     |
| (X4) ID<br>PREFIX<br>TAG                                              | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ID<br>PREFIX<br>TAG                                                    | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                            |
| 01060                                                                 | <p>Continued From page 24</p> <p>144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal.</p> <p>(c) The notice required under paragraph (b) must be delivered as soon as practicable to:</p> <p>(1) the resident, legal representative, and designated representative;</p> <p>(2) for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the resident's case manager; and</p> <p>(3) the Office of Ombudsman for Long-Term Care if the resident has been relocated and has not returned to the facility within four days.</p> <p>(d) Following an emergency relocation, a facility's refusal to provide housing or services constitutes a termination and triggers the termination process in this section.</p> <p>This MN Requirement is not met as evidenced by:</p> <p>Based on interview and record review, the licensee failed to provide a written notice with the required content for an emergency relocation to the resident, legal representative, or designated representative. Further, the licensee failed to notify the Office of Ombudsman for Long-Term Care of resident relocation within four days for one of one resident (R4).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> | 01060                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SILVER BAY CAREFREE LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>36 BELL CIRCLE<br/>SILVER BAY, MN 55614</b> |                                                                                                                          |  |                                                        |
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| 01060                                                                 | <p>Continued From page 25</p> <p>The findings include:</p> <p>R4 was admitted to licensee on August 30, 2018.</p> <p>R4's Progress Notes dated October 13, 2022, indicated R4 was admitted to the hospital for a left hip fracture.</p> <p>R4's Progress Notes dated November 2, 2022, indicated R4 returned to the facility after a short term stay at a rehabilitation facility post left hip repair surgery.</p> <p>R4's record lacked documentation R4 or R4's designated representative received an emergency relocation notice with all required content and further R4's record lacked documentation the Ombudsman was notified of R4's relocation of an overstay of four (4) days.</p> <p>On January 11, 2023, at 10:54 a.m., director of nursing/registered nurse (DON/RN)-B confirmed a relocation written notice had not been provided to R4 or R4's representative and the Ombudsman had not been notified of R4's relocation. DON/RN-B stated she was recently made aware of the requirement.</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p> | 01060                                                                                   |                                                                                                                          |  |                                                        |
| 01290<br>SS=D                                                         | <p>144G.60 Subdivision 1 Background studies required</p> <p>(a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 01290                                                                                   |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SILVER BAY CAREFREE LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>36 BELL CIRCLE<br/>SILVER BAY, MN 55614</b>                                  |  |                                                     |
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| 01290                                                                 | <p>Continued From page 26</p> <p>144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information. (b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12. (c) Termination of an employee in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to ensure a background study was submitted and clearance was received in affiliation with the assisted living with dementia care license for one of two employees (director or nursing/registered nurse (DON/RN-B)).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>DON/RN-B was hired on March 31, 2022, to provide supervision of staff and direct care services to the licensee's residents.</p> <p>DON/RN-B's employee record contained a background study, submitted by a separate</p> | 01290                                                                  |                                                                                                                          |  |                                                     |



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| 01290                                                                 | <p>Continued From page 27</p> <p>location operated by the same corporation dated April 5, 2022. DON/RN-B's employee record lacked evidence the licensee submitted a background study for their license.</p> <p>On January 19, 2023, at 1:02 p.m., assistant executive director (AED)- C stated DON/RN-B received her onboarding and background study at a different location under the same cooperation and DON/RN-B's background study had not been affiliated with the licensee.</p> <p>The licensee's Background Studies policy dated August 1, 2021, indicated the licensee would conduct a Minnesota Department of Human Services Background Study on all employees and volunteers and contractors. The licensee would use the MN DHS NetStudy online program, and would initiate a background study on all employees being considered for hire.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Two (2) day</p> | 01290                                                                                   |                                                                                                                          |  |                                                     |
| 01650<br>SS=F                                                         | <p>144G.70 Subd. 4 (f) Service plan, implementation and revisions to</p> <p>(f) The service plan must include:</p> <p>(1) a description of the services to be provided, the fees for services, and the frequency of each service, according to the resident's current assessment and resident preferences;</p> <p>(2) the identification of staff or categories of staff who will provide the services;</p> <p>(3) the schedule and methods of monitoring assessments of the resident;</p> <p>(4) the schedule and methods of monitoring staff providing services; and</p>                                                                                                                                                                                                                                                                                                                                                                           | 01650                                                                                   |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01650                                                                 | <p>Continued From page 28</p> <p>(5) a contingency plan that includes:<br/>(i) the action to be taken if the scheduled service cannot be provided;<br/>(ii) information and a method to contact the facility;<br/>(iii) the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency; and<br/>(iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview and record review, the licensee failed to ensure service plans included the required content for three of three residents (R2, R3, R4).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>R2<br/>R2's diagnoses included atrial fibrillation (irregular heartbeat) osteoporosis (weak and brittle bones), hypothyroidism (underactive thyroid), stage three</p> | 01650                                                                  |                                                                                                                          |  |                                                     |



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| 01650                                                                 | <p>Continued From page 29</p> <p>(3) chronic kidney disease.</p> <p>R2's Service Plan dated February 23, 2023, indicated R2 received services which included medication management, dressing, grooming, bathing, transferring, housekeeping, and laundry.</p> <p>On January 18, 2023, at 8:51 a.m., the evaluator observed unlicensed personnel (ULP)-H administer R2's morning medications.</p> <p>R3<br/>R3's diagnoses included diabetes type two, hypertension (high blood pressure), and stage four (4) chronic kidney disease.</p> <p>R3's Service Plan dated April 11, 2022, indicated R3 received services which included medication management, blood glucose monitoring, assistance with compression stockings, housekeeping, and laundry.</p> <p>On January 18, 2023, at 7:46 a.m., the evaluator observed ULP-G administer R3's morning medications.</p> <p>R4<br/>R4's diagnoses included Alzheimer's disease, hypothyroidism (low thyroid level), hypertension and glaucoma (condition of the eye that can cause blindness).</p> <p>R4's Service Plan dated November 2, 2022, indicated R4 received services which included medication management, dressing, toileting, supervision with bathing, compression stocking, housekeeping, and laundry.</p> <p>R2, R3, and R4's service plans lacked the following content:</p> | 01650                                                                                   |                                                                                                                          |  |                                                        |



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| 01650                                                                 | Continued From page 30<br><br>-methods of monitoring assessments of the residents: and<br>-methods of monitoring staff providing services.<br><br>On January 19, 2023, at 11:18 a.m., DON/RN-B confirmed the licensee's service plans lacked the required content as indicated above.<br><br>A request for the licensee's service plan content policy was requested and not received.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-One (21) days                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 01650                                                                                   |                                                                                                                          |  |                                                        |
| 01730<br>SS=F                                                         | 144G.71 Subd. 5 Individualized medication management plan<br><br>(a) For each resident receiving medication management services, the assisted living facility must prepare and include in the service plan a written statement of the medication management services that will be provided to the resident. The facility must develop and maintain a current individualized medication management record for each resident based on the resident's assessment that must contain the following:<br>(1) a statement describing the medication management services that will be provided;<br>(2) a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions;<br>(3) documentation of specific resident instructions relating to the administration of medications;<br>(4) identification of persons responsible for monitoring medication supplies and ensuring that | 01730                                                                                   |                                                                                                                          |  |                                                        |



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| 01730                                                                 | <p>Continued From page 31</p> <p>medication refills are ordered on a timely basis;<br/>(5) identification of medication management tasks that may be delegated to unlicensed personnel;<br/>(6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and<br/>(7) any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions.<br/>(b) The medication management record must be current and updated when there are any changes.<br/>(c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview and record review, the licensee failed to develop and maintain a current individualized medication management record to include all required content for three of three residents (R2, R3, R4).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> | 01730                                                                  |                                                                                                                          |  |                                                     |



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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SILVER BAY CAREFREE LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>36 BELL CIRCLE<br/>SILVER BAY, MN 55614</b> |                                                                                                                          |  |                                                        |
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| 01730                                                                 | <p>Continued From page 32</p> <p>During the entrance conference on January 17, 2023, at 10:14 a.m., director of nursing/registered nurse (DON/RN)-B stated the licensee provided medication management services to residents at the facility.</p> <p><b>R2</b><br/>R2's diagnoses included atrial fibrillation (irregular heartbeat) osteoporosis (weak and brittle bones), hypothyroidism (underactive thyroid), stage three (3) chronic kidney disease.</p> <p>R2's Service Plan dated February 23, 2023, indicated R2 received services which included medication management.</p> <p>On January 18, 2023, at 8:51 a.m., the evaluator observed unlicensed personnel (ULP)-H administer R2's morning medications.</p> <p><b>R3</b><br/>R3's diagnoses included diabetes type two, hypertension (high blood pressure), and stage four (4) chronic kidney disease.</p> <p>R3's Service Plan dated April 11, 2022, indicated R3 received services which included medication management.</p> <p>On January 18, 2023, at 7:46 a.m., the evaluator observed ULP-G administer R3's morning medications.</p> <p><b>R4</b><br/>R4's diagnoses included Alzheimer's disease, hypothyroidism (low thyroid level), hypertension and glaucoma (condition of the eye that can cause blindness).</p> | 01730                                                                                   |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| 01730                                                                 | <p>Continued From page 33</p> <p>R4's Service Plan dated November 2, 2022, indicated R4 received services which included medication management.</p> <p>R2, R3, and R4's records did not include procedures for staff of notifying the RN or appropriate licensed health professional when a problem arises with medication management services.</p> <p>On January 19, 2023, at 11:18 a.m., DON/RN-B confirmed the residents' records lacked the required content as indicated above and provided the evaluator the licensee's employee training document titled, When to Call the Nurse, Suggested First Aid and Emergency Guidelines dated January 15, 2021.</p> <p>The licensee's Medication Management Services policy dated August 1, 2021, indicated the facility must develop and maintain a current individualized medication management record for each resident based on the resident's assessment that must contain procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p> | 01730                                                                                   |                                                                                                                          |  |                                                        |
| 01750<br>SS=I                                                         | <p>144G.71 Subd. 7 Delegation of medication administration</p> <p>When administration of medications is delegated to unlicensed personnel, the assisted living facility must ensure that the registered nurse has:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 01750                                                                                   |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| 01750                                                                 | <p>Continued From page 34</p> <p>(1) instructed the unlicensed personnel in the proper methods to administer the medications, and the unlicensed personnel has demonstrated the ability to competently follow the procedures; (2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's records; and (3) communicated with the unlicensed personnel about the individual needs of the resident.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to ensure prior to delegating the nursing task of medication administration, the unlicensed personnel (ULP) demonstrated competency for administering medications. This had the potential to affect all 28 residents receiving assisted living services.</p> <p>This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>This practice resulted in an immediate correction order on January 18, 2023.</p> <p>The findings include:</p> <p>On January 17, 2023, at 10:44 a.m., during entrance conference the director of nursing/registered nurse (DON/RN)-B confirmed she was responsible for staff training along with lead ULP-E. DON-B stated new staff completed</p> | 01750                                                                                   |                                                                                                                          |  |                                                        |



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| 01750                                                                 | <p>Continued From page 35</p> <p>Relias online training before they were able to start training on the floor with lead ULP-E. DON-B stated the new staff would shadow ULP-E until they felt comfortable to administer medications under the supervision of ULP-E. Once training was completed on the floor with ULP-E, DON-B would train the new staff and have them demonstrate competency before the new staff would be able to work unsupervised.</p> <p>ULP-D<br/>ULP-D was hired on January 4, 2023, to provide direct care services to residents of the assisted living facility. ULP-D's training record indicated ULP-D completed medication pass review training on January 5, 2023; however, lacked evidence ULP-D demonstrated competency by the registered nurse (RN) in medication administration.</p> <p>The licensee's staff schedule dated January 8, 2023, through January 21, 2023, indicated ULP-D was scheduled to train with ULP-E on January 8, 11, 12, 13, 16, 17, 20, and 21, 2023, with ULP-E working 6:00 p.m. to 6:00 a.m.</p> <p>R3's January 2023, Medication Administration Record (MAR), indicated ULP-D administered R3's scheduled 8:00 p.m. Systane eye drops on January 11, and 16, 2023, and administered five (5) units of Novolog Flexpen (rapid acting) insulin 100 units/milliliter based on a sliding scale (varies the dose of insulin based on blood glucose level).</p> <p>R4's MAR dated January 17, 2023, indicated ULP-D administered R4's scheduled 8:00 p.m. medications which included two (2) acetaminophen 500 milligram (mg) capsules (pain reliever), Brimonidine 0.2% eye drops (for glaucoma), diclofenac 1% topical gel (for pain),</p> | 01750                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01750                                                                 | <p>Continued From page 36</p> <p>and gabapentin 1000 mg one capsule (for arthritis).</p> <p>On January 18, 2023, at approximately 5:22 a.m., ULP-E confirmed she assists with training new employees. ULP-E stated new employees would shadow her for a day or two, then ULP-E would supervise the new employee administer medications. ULP-E stated once both ULP-E and the new employee were comfortable in medication administration, the RN would complete further medication training and the new staff had to demonstrate to the RN competency in medication administration.</p> <p>On January 18, 2023, at 5:27 a.m., ULP-D stated her new employee training consisted of completing Relias online training before she was able to start working with residents. ULP-D stated once her Relias training was completed, she shadowed ULP-E for a couple of days and once she felt comfortable, she administered medications under the supervision of ULP-E. ULP-D stated she had not been trained by the RN or demonstrated competency by the RN prior to administering medications.</p> <p>The licensee's Training and Competency Evaluation of Unlicensed Staff policy dated August 3, 2022, indicated prior to providing home care services to a resident, unlicensed personnel must satisfactorily complete a written, oral, or practical skills test as required.</p> <p>The licensee's Medication Management Services policy dated, July 21, 2014, indicated the RN would assure ULPs were trained, competent and orientated to the resident whenever ULPs were to perform medication management services for the client.</p> | 01750                                                                                   |                                                                                                                          |  |                                                        |



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| 01750                                                                 | Continued From page 37<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Immediate<br><br>Immediacy of this correction order was not removed as of time of exit on January 19, 2023.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 01750                                                                  |                                                                                                                          |  |                                                     |
| 01760<br>SS=D                                                         | <b>144G.71 Subd. 8 Documentation of administration of medication</b><br><br>Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview and record review, the licensee failed to ensure medications were administered as prescribed and administered according to manufacturer's instructions for one of three residents (R2).<br><br>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and | 01760                                                                  |                                                                                                                          |  |                                                     |



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| 01760                                                                 | <p>Continued From page 38</p> <p>was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>R2's diagnoses included atrial fibrillation (irregular heartbeat) osteoporosis (weak and brittle bones), hypothyroidism (underactive thyroid), stage three (3) chronic kidney disease.</p> <p>R2's Service Plan dated February 23, 2022, indicated R2 received services which included medication management.</p> <p>R2's prescriber orders printed January 18, 2023, included levothyroxine 125 micrograms (mcg) one tablet by mouth daily for hypothyroidism and methenamine hippurate one (1) gram (gm) by mouth two times a day to prevent urinary tract infections. R2's prescriber orders did not indicate levothyroxine and methenamine hippurate could be crushed.</p> <p>R2's January 2023, Medication Administration Record (MAR) indicated R2 received levothyroxine 125 mcg one tablet daily and methenamine hippurate one (1) gm twice a day. R2's MAR did not include instructions to crush levothyroxine or methenamine hippurate medications.</p> <p>On January 18, 2023, 8:51 a.m., unlicensed personnel (ULP)-H was observed preparing R2's scheduled 8:00 a.m. medications. ULP-H crushed R2's levothyroxine and methenamine hippurate tablets into a powder consistency and mixed with yogurt and administered crushed medications to R2.</p> | 01760                                                                  |                                                                                                                          |  |                                                     |



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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SILVER BAY CAREFREE LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>36 BELL CIRCLE<br/>SILVER BAY, MN 55614</b> |                                                                                                                          |  |                                                        |
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| 01760                                                                 | <p>Continued From page 39</p> <p>On January 18, 2023, at 9:01 a.m., ULP-H stated if medications could be crushed there would be directions on the residents MAR. ULP-H stated R2's MAR did not indicate levothyroxine or methenamine could be crushed. ULP-H stated she was given verbal directions from the registered nurse (RN) to crush R2's levothyroxine and methenamine Hippurate and mix with applesauce or yogurt.</p> <p>On January 19, 2023, at 11:18 a.m., director of nursing/registered nurse (DON/RN)-B stated staff would refer to the resident's MAR if a resident's medication were to be crushed. DON/RN-B stated R2 had orders in place and directions on the MAR to crush R2's medications. DON/RN-B verified R2's prescriber orders and MAR did not include directions to crush levothyroxine or methenamine and further stated, staff should not be crushing medications unless the resident's MAR directed.</p> <p>The licensee's policy on medications administration was requested and not provided.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p> | 01760                                                                                   |                                                                                                                          |  |                                                        |
| 01880<br>SS=F                                                         | <p>144G.71 Subd. 19 Storage of medications</p> <p>An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 01880                                                                                   |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SILVER BAY CAREFREE LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>36 BELL CIRCLE<br/>SILVER BAY, MN 55614</b> |                                                                                                                          |  |                                                     |
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| 01880                                                                 | <p>Continued From page 40</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview and record review, the licensee failed to ensure refrigerated medications were maintained at manufacturer recommended temperatures by failing to monitor and document medication refrigerator temperatures.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>During the entrance conference on January 17, 2023, at 9:50 a.m., director of nursing/registered nurse (DON/RN)-B confirmed the licensee provided medication management services to the licensee's residents including medications storage.</p> <p>On January 17, 2023, at 11:26 a.m., the evaluator observed the medication refrigerator on the memory care unit and on the assisted living unit with DON/RN-B. Located on the outside of the medication refrigerator on the memory care unit, was the recorded temperature logs for January 2023, which were missing days of recorded temperatures. The medication refrigerator temperature was 44 degrees Fahrenheit (F) and contained suppositories at the time of the observation. The medication refrigerator on the on the assisted living unit was 40 degrees F and contained several unopened insulin pens. The</p> | 01880                                                                                   |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SILVER BAY CAREFREE LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>36 BELL CIRCLE<br/>SILVER BAY, MN 55614</b> |                                                                                                                          |  |                                                     |
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| 01880                                                                 | <p>Continued From page 41</p> <p>medication refrigerator log for January 2023, had several days the temperature had not been recorded. DON/RN-B confirmed both temperature logs had missing dates where the temperatures were not recorded. DON/RN-B stated the ULPs on the night shift were responsible for recording the daily medication refrigerator temperatures. The evaluator requested three months of recorded temperatures which were later provided and reviewed.</p> <p>The memory care medication refrigerator temperature logs provided from September 1, 2022, through January 16, 2023, indicated the following:</p> <ul style="list-style-type: none"> <li>-September 1-30, 2022, contained four (4) of possible 30 temperatures that were not recorded;</li> <li>-October 1-31, 2022, contained three (3) of possible 31 temperatures that were not recorded;</li> <li>-November 1-30, 2022, contained three (3) of 30 possible temperatures that were not recorded;</li> <li>-December 1-31, 2022, contained nine (9) of 31 possible temperatures that were not recorded;</li> <li>and</li> <li>-January 1-17, 2023, contained eight (8) of possible 16 temperatures that were not recorded.</li> </ul> <p>On January 17, 2023, at 4:11 p.m., the evaluator observed the medication refrigerator content on the assisted living unit with licensed practical nurse (LPN)-I, which contained the following stored medications:</p> <ul style="list-style-type: none"> <li>-11 unopened Novolog Flex (short-acting) insulin pens;</li> <li>-three (3) unopened Lantus (long-acting) insulin pens;</li> <li>-eight (8) unopened Triseba (long-acting) insulin pens;</li> <li>-four (4) unopened Fiasp (fast-acting) insulin pens; and</li> </ul> | 01880                                                                                   |                                                                                                                          |  |                                                     |



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| 01880                                                                 | <p>Continued From page 42</p> <p>-two (2) probiotic VSL#3 capsules (a supplement to assist with digestive support).</p> <p>The assisted living medication refrigerator temperature logs provided from September 1, 2022, through January 16, 2023, indicated the following:</p> <p>-September 1-30, 2022, contained five (5) of possible 30 temperatures that were not recorded;</p> <p>-October 1-31, 2022, contained seven (7) of possible 31 temperatures that were not recorded;</p> <p>-November 1-30, 2022, contained eight (8) of 30 possible temperatures that were not recorded;</p> <p>-December 1-31, 2022, contained 14 of 31 possible temperatures that were not recorded; and</p> <p>-January 1-17, 2023, contained seven (7) of possible 16 temperatures that were not recorded.</p> <p>On January 19, 2023, at 11:18 a.m., DON/RN-B confirmed the temperature logs provided had several dates where the logs indicated the refrigerator temperatures were not being monitored and documented.</p> <p>The manufacturer's instructions for Novolog Flex insulin pen revised March 2021, indicated to store unopened Novolog insulin pens in the refrigerator 36-46 degrees F. Do not allow the Novolog to freeze.</p> <p>The manufacturer's instructions for Lantus SoloStar insulin pen revised December 2020, indicated before opening store the insulin pens in the refrigerator 36-46 degrees F. Do not allow the Lantus to freeze.</p> <p>The manufacturer's instructions for Triseba insulin pen revised July 2022, indicated to store unopened Triseba insulin pens in the refrigerator</p> | 01880                                                                                   |                                                                                                                          |  |                                                        |



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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SILVER BAY CAREFREE LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>36 BELL CIRCLE<br/>SILVER BAY, MN 55614</b>                                  |  |                                                     |
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| 01880                                                                 | Continued From page 43<br><br>36-46 degrees F. Do not allow the Tresiba to freeze.<br><br>The manufacturer's instructions for Fiasp insulin pen revised September 2022, indicated to store unopened Fiasp insulin pens in the refrigerator 36-46 degrees F. Do not allow the Fiasp to freeze.<br><br>The manufacturer's instructions for VSL#3 probiotic capsules dated 2019, indicated to store unopened in the refrigerator 36-46 degrees F.<br><br>The licensee's Storage of Medications policy dated August 1, 2021, indicated when secured storage of the medications is necessary, the RN would identify where the medications would be stored, how they would be secured or locked under proper temperature controls and who had access to the medications.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days | 01880                                                                  |                                                                                                                          |  |                                                     |
| 01950<br>SS=I                                                         | 144G.72 Subd. 4 Administration of treatments and therapy<br><br>Ordered or prescribed treatments or therapies must be administered by a nurse, physician, or other licensed health professional authorized to perform the treatment or therapy, or may be delegated or assigned to unlicensed personnel by the licensed health professional according to the appropriate practice standards for delegation or assignment. When administration of a treatment or therapy is delegated or assigned to unlicensed personnel, the facility must ensure that the                                                                                                                                                                                                                                                                                                      | 01950                                                                  |                                                                                                                          |  |                                                     |



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| 01950                                                                 | <p>Continued From page 44</p> <p>registered nurse or authorized licensed health professional has:</p> <p>(1) instructed the unlicensed personnel in the proper methods with respect to each resident and the unlicensed personnel has demonstrated the ability to competently follow the procedures;</p> <p>(2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's record; and</p> <p>(3) communicated with the unlicensed personnel about the individual needs of the resident.</p> <p>This MN Requirement is not met as evidenced by:</p> <p>Based on interview and record review, the licensee failed to ensure prior to delegating the nursing task of blood glucose monitoring, unlicensed personnel (ULP) demonstrated competency to perform the tasks or procedure to the registered nurse (RN) for one of one employee (ULP-D).</p> <p>This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>This practice resulted in an immediate correction order on January 18, 2023.</p> <p>The findings include:</p> <p>On January 17, 2023, at 10:44 a.m., during entrance conference the director of nursing/registered nurse (DON/RN)-B confirmed</p> | 01950                                                                  |                                                                                                                          |  |                                                     |



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| 01950                                                                 | <p>Continued From page 45</p> <p>she was responsible for staff training along with lead ULP-E. DON/RN-B stated new staff completed Relias online training before they were able to start training on the floor with lead ULP-E. DON/RN-B stated the new staff would shadow ULP-E until they felt comfortable to administer medications under the supervision of ULP-E. Once training was completed on the floor with ULP-E, DON/RN-B would train the new staff and have them demonstrate competency before the new staff would be able to work unsupervised.</p> <p>ULP-D<br/>ULP-D was hired on January 4, 2023, to provide direct care services to residents of the assisted living facility. ULP-D's training record lacked evidence ULP-D completed training and demonstrated competency by the registered nurse (RN) in blood glucose monitoring.</p> <p>The licensee's staff schedule dated January 8, 2023, through January 21, 2023, indicated ULP-D was scheduled to train with ULP-E on January 8, 11, 12, 13, 16, 17, 20, and 21, 2023, with ULP-E working 6:00 p.m., to 6:00 a.m.</p> <p>R3's Medication Administration Record (MAR) dated January 11, 2023, indicated at 8:00 p.m., ULP-D checked R3's blood glucose using Freestyle Libra monitor. Based on R3's blood glucose reading of 132, ULP-D did not administer R3's sliding scale (varies the dose of insulin based on blood glucose level) Novolog Flex pen (fast acting insulin). R3's MAR dated January 16, 2023, indicated at 8:00 p.m., ULP-D checked R3's blood glucose and administered five (5) units of Novolog Flexpen insulin based on R3's blood glucose reading of 275.</p> <p>On January 18, 2023, at approximately 5:22 a.m.,</p> | 01950                                                                  |                                                                                                                          |  |                                                     |



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| 01950                                                                 | <p>Continued From page 46</p> <p>ULP-E confirmed she assists with training new employees. ULP-E stated new employees would shadow her for a day or two, then ULP-E would supervise the new employee completing delegated tasks including blood glucose monitoring. ULP-E stated once both ULP-E and the new employee were comfortable in the task, the RN would complete further training and the new staff had to demonstrate to the RN competency in blood glucose monitoring.</p> <p>On January 18, 2023, at 5:27 a.m., ULP-D stated once her Relias online training was completed, she shadowed ULP-E for a couple of days and once she felt comfortable, was able to perform blood glucose monitoring under the supervision of ULP-E. ULP-D stated she had not been trained by the RN or demonstrated competency by the RN prior in blood glucose monitoring.</p> <p>The licensee's Training and Competency Evaluation of Unlicensed Staff policy dated August 3, 2022, indicated prior to providing home care services to a resident, unlicensed personnel must satisfactorily complete a written, oral, or practical skills test for administering medications and treatments.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Immediate</p> <p>Immediacy of this correction order was not removed as of time of exit on January 19, 2023.</p> | 01950                                                                                   |                                                                                                                          |  |                                                        |
| 02040<br>SS=F                                                         | <p>144G.81 Subdivision 1 Fire protection and physical environment</p> <p>An assisted living facility with dementia care that</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 02040                                                                                   |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br>SILVER BAY CAREFREE LIVING |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>36 BELL CIRCLE<br>SILVER BAY, MN 55614 |                                                                                                                          |  |                                              |
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| 02040                                                          | <p>Continued From page 47</p> <p>has a secured dementia care unit must meet the requirements of section 144G.45 and the following additional requirements:<br/>(1) a hazard vulnerability assessment or safety risk must be performed on and around the property. The hazards indicated on the assessment must be assessed and mitigated to protect the residents from harm; and<br/>(2) the facility shall be protected throughout by an approved supervised automatic sprinkler system by August 1, 2029.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on record review and interview, the licensee failed to provide a safety risk assessment or hazard vulnerability assessment of the physical environment on and around the property for the facility. This deficient practice had the ability to affect all staff, residents, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>Findings include:</p> <p>On January 18, 2023, at approximately 12:00 p.m., records were provided for review. Records were reviewed by survey staff on January 18, 2023, between 12:00 p.m. and 12:45 p.m.</p> <p>A safety risk assessment or hazard vulnerability assessment for the physical environment was requested by survey staff but not provided.</p> | 02040                                                                           |                                                                                                                          |  |                                              |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SILVER BAY CAREFREE LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>36 BELL CIRCLE<br/>SILVER BAY, MN 55614</b>                                  |  |                                                     |
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| 02040                                                                 | <p>Continued From page 48</p> <p>Record review of the available documentation indicated that the licensee had not performed a safety risk assessment or hazard vulnerability assessment with mitigation factors on and around the property for the physical environment.</p> <p>On January 18, 2023, at approximately 1:05 p.m., maintenance (M)-F verified that the licensee was not able to provide a safety risk assessment or hazard vulnerability assessment with mitigation factors for the physical environment on and around the property.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>                                                                                                                                                                                                                                                                                                                                  | 02040                                                                  |                                                                                                                          |  |                                                     |
| 02110<br>SS=F                                                         | <p><b>144G.82 Subd. 3 Policies</b></p> <p>(a) In addition to the policies and procedures required in the licensing of all facilities, the assisted living facility with dementia care licensee must develop and implement policies and procedures that address the:</p> <p>(1) philosophy of how services are provided based upon the assisted living facility licensee's values, mission, and promotion of person-centered care and how the philosophy shall be implemented;</p> <p>(2) evaluation of behavioral symptoms and design of supports for intervention plans, including nonpharmacological practices that are person-centered and evidence-informed;</p> <p>(3) wandering and egress prevention that provides detailed instructions to staff in the event a resident elopes;</p> <p>(4) medication management, including an assessment of residents for the use and effects of medications, including psychotropic medications;</p> | 02110                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SILVER BAY CAREFREE LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>36 BELL CIRCLE<br/>SILVER BAY, MN 55614</b> |                                                                                                                          |  |                                                        |
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| 02110                                                                 | <p>Continued From page 49</p> <p>(5) staff training specific to dementia care;<br/>(6) description of life enrichment programs and how activities are implemented;<br/>(7) description of family support programs and efforts to keep the family engaged;<br/>(8) limiting the use of public address and intercom systems for emergencies and evacuation drills only;<br/>(9) transportation coordination and assistance to and from outside medical appointments; and<br/>(10) safekeeping of residents' possessions.<br/>(b) The policies and procedures must be provided to residents and the residents' legal and designated representatives at the time of move-in.</p> <p>This MN Requirement is not met as evidenced by:<br/>2110 - F<br/>Based on interview and record review, the licensee failed to ensure the required dementia care policies and procedures were provided to each resident and/or the resident's legal and designated representatives for three of three residents (R2, R3, R4).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>The facility currently held an Assisted Living with Dementia Care license for a capacity of 34</p> | 02110                                                                                   |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SILVER BAY CAREFREE LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>36 BELL CIRCLE<br/>SILVER BAY, MN 55614</b> |                                                                                                                          |  |                                                        |
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| 02110                                                                 | <p>Continued From page 50</p> <p>residents.</p> <p>R2's diagnoses included atrial fibrillation (irregular heartbeat) osteoporosis (weak and brittle bones), hypothyroidism (low thyroid level), stage three (3) chronic kidney disease.</p> <p>R3's diagnoses included diabetes type two, hypertension (high blood pressure), and stage four (4) chronic kidney disease.</p> <p>R4's diagnoses included Alzheimer's disease, hypothyroidism, hypertension and glaucoma (condition of the eye that can cause blindness).</p> <p>R2, R3, and R4's record did not include evidence or documentation the resident or resident's representative had received the policies and procedures related to dementia care as required.</p> <p>On January 19, 2023, at 10:30 a.m., the director of nursing/registered nurse (DON/RN)-B stated the licensee had not been offering or providing dementia care policies to the residents.</p> <p>The licensee's Assisted Living with Dementia Care Additional Required Policies dated August 1, 2021, indicated the additional dementia care policies and procedures must be provided to residents and the residents' legal and designated representative at the time of move-in.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p> | 02110                                                                                   |                                                                                                                          |  |                                                        |
| 02140<br>SS=F                                                         | 144G.83 Subd. 3 Supervising staff training                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 02140                                                                                   |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SILVER BAY CAREFREE LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>36 BELL CIRCLE<br/>SILVER BAY, MN 55614</b> |                                                                                                                          |  |                                                        |
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| 02140                                                                 | <p>Continued From page 51</p> <p>Persons providing or overseeing staff training must have experience and knowledge in the care of individuals with dementia, including:<br/>(1) two years of work experience related to Alzheimer's disease or other dementias, or in health care, gerontology, or another related field; and(2) completion of training equivalent to the requirements in this section and successfully passing a skills competency or knowledge test required by the commissioner.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to ensure the designated person overseeing staff training in the care of individuals with dementia [resident assisted living director (RALD)-A or director of nursing/registered nurse (DON/RN-B)], had documented evidence of competency or knowledge test required by the commissioner. This had the potential to affect all residents and staff of the facility.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>The facility was licensed as an assisted living facility with dementia care.</p> <p>During the entrance conference on January 17, 2023, at 9:50 a.m., the resident assisted living</p> | 02140                                                                                   |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| 02140                                                                 | <p>Continued From page 52</p> <p>director (RLAD)-A stated she oversaw the dementia care training for staff.</p> <p>On January 19, 2023, at 3:44 p.m., RALD-A stated she nor DON/RN-B had a training certificate to verify knowledge and demonstrate competency related to dementia care.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p> | 02140                                                                                   |                                                                                                                          |  |                                                        |





MDH

11 E Superior Street  
Duluth  
218-302-6166

Type: Full  
Date: 01/17/23  
Time: 11:08:43  
Report: 7980231004

## Food and Beverage Establishment Inspection Report

Page 1

### Location:

Silver Bay Carefree Living  
36 Bell Circle  
Silver Bay, MN55614  
Lake County, 38

### Establishment Info:

ID #: 0037641  
Risk:  
Announced Inspection: No

### License Categories:

Expires on: / /

### Operator:

Phone #: 2182263524  
ID #:

The violations listed in this report include any previously issued orders and deficiencies identified during this inspection. Compliance dates are shown for each item.

No NEW orders were issued during this inspection.

### Surface and Equipment Sanitizers

Quaternary Ammonia: = 400 ppm at Degrees Fahrenheit  
Location: 3 Comp Sink  
Violation Issued: No

Hot Water: = at 154 Degrees Fahrenheit  
Location: Dish machine wash  
Violation Issued: No

Hot Water: = at 187 Degrees Fahrenheit  
Location: Dish machine rinse thermo label black  
Violation Issued: No

### Food and Equipment Temperatures

Process/Item: Cooking  
Temperature: 209 Degrees Fahrenheit - Location: Goulash  
Violation Issued: No

Process/Item: Cooking  
Temperature: 188 Degrees Fahrenheit - Location: Green beans  
Violation Issued: No

Process/Item: Walk-In Cooler  
Temperature: 38 Degrees Fahrenheit - Location: Cream cheese  
Violation Issued: No

Process/Item: Walk-In Cooler  
Temperature: 40 Degrees Fahrenheit - Location: Whole tomatoes  
Violation Issued: No



Type: Full  
Date: 01/17/23  
Time: 11:08:43  
Report: 7980231004  
Silver Bay Carefree Living

# Food and Beverage Establishment Inspection Report

Page 2

Process/Item: Walk-In Cooler  
Temperature: 40 Degrees Fahrenheit - Location: Whole oranges  
Violation Issued: No

Process/Item: Walk-In Cooler  
Temperature: 40 Degrees Fahrenheit - Location: Potatoes  
Violation Issued: No

Process/Item: Walk-In Cooler  
Temperature: 40 Degrees Fahrenheit - Location: Whip cream  
Violation Issued: No

Process/Item: Walk-In Freezer  
Temperature: Degrees Fahrenheit - Location: All freezers frozen hard  
Violation Issued: No

Process/Item: Upright Cooler  
Temperature: 40 Degrees Fahrenheit - Location: Traulsen milk  
Violation Issued: No

Process/Item: Upright Cooler  
Temperature: 40 Degrees Fahrenheit - Location: Salad dressing  
Violation Issued: No

| Total Orders | In This Report | Priority 1 | Priority 2 | Priority 3 |
|--------------|----------------|------------|------------|------------|
|              |                | 0          | 0          | 0          |

## Notes

1. Proper hand washing and glove use was observed throughout the inspection
2. Thin probe thermometer available
3. Quat ammonia test strips available along with hot water thermo labels for dish machine
4. The facility has a vomit clean up plan/procedure.
5. Margy's certified food manager certification will expire next May. Make sure to take a refresher class before May so you don't need to retake the full class and test.

**NOTE: Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.**

I acknowledge receipt of the MDH inspection report number 7980231004 of 01/17/23.

Certified Food Protection Manager: Margy A Porter

Certification Number: FM 2262 Expires: 05/13/24

**Inspection report reviewed with person in charge and emailed.**

Signed: \_\_\_\_\_

Margy Porter  
Food Manager

Signed: Sara Bents

Sara Bents  
Environmental Health Specialist  
Duluth  
218-302-6184



Type: Full  
Date: 01/17/23  
Time: 11:08:43  
Report: 7980231004  
Silver Bay Carefree Living

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# Food and Beverage Establishment Inspection Report

Page 3



sara.bents@state.mn.us



Report #: 7980231004

DEPARTMENT OF HEALTH

MDH

11 E Superior Street  
Duluth

Address

36 Bell Circle

City/State

Silver Bay, MN

Zip Code

55614

Telephone

2182263524

License/Permit #

0037641

Permit Holder

Purpose of Inspection

Full

Est Type

Risk Category

Food Establishment Inspection Report

No. of RF/PHI Categories Out

0

No. of Repeat RF/PHI Categories Out

0

Legal Authority MN Rules Chapter 4626

Date

01/17/23

Time In

11:08:43

Time Out

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item

Mark "X" in appropriate box for COS and/or R

IN=in compliance

OUT= not in compliance

N/O= not observed

N/A= not applicable

COS=corrected on-site during inspection

R= repeat violation

Compliance Status

COS

R

Supervision

1

IN

OUT

PIC knowledgeable; duties & oversight

2

IN

OUT

N/A

Certified food protection manager, duties

Employee Health

3

IN

OUT

Mgmt/Staff;knowledge,responsibilities&reporting

4

IN

OUT

Proper use of reporting, restriction & exclusion

5

IN

OUT

Procedures for responding to vomiting & diarrheal events

Good Hygienic Practices

6

IN

OUT

N/O

Proper eating, tasting, drinking, or tobacco use

7

IN

OUT

N/O

No discharge from eyes, nose, & mouth

Preventing Contamination by Hands

8

IN

OUT

N/O

Hands clean & properly washed

9

IN

OUT

N/A

N/O

No bare hand contact with RTE foods or pre-approved alternate pprocedure properly followed

10

IN

OUT

Adequate handwashing sinks supplied/accessible

Approved Source

11

IN

OUT

Food obtained from approved source

12

IN

OUT

N/A

N/O

Food received at proper temperature

13

IN

OUT

Food in good condition, safe, & unadulterated

14

IN

OUT

N/A

N/O

Required records available; shellstock tags, parasite destruction

Protection from Contamination

15

IN

OUT

N/A

N/O

Food separated and protected

16

IN

OUT

N/A

Food contact surfaces: cleaned & sanitized

17

IN

OUT

Proper disposition of returned, previously served, reconditioned, & unsafe food

Compliance Status

COS

R

Time/Temperature Control for Safety

18

IN

OUT

N/A

N/O

Proper cooking time & temperature

19

IN

OUT

N/A

N/O

Proper reheating procedures for hot holding

20

IN

OUT

N/A

N/O

Proper cooling time & temperature

21

IN

OUT

N/A

N/O

Proper hot holding temperatures

22

IN

OUT

N/A

Proper cold holding temperatures

23

IN

OUT

N/A

N/O

Proper date marking & disposition

24

IN

OUT

N/A

N/O

Time as a public health control: procedures & records

Consumer Advisory

25

IN

OUT

N/A

Consumer advisory provided for raw/undercooked food

Highly Susceptible Populations

26

IN

OUT

N/A

Pasteurized foods used; prohibited foods not offered

Food and Color Additives and Toxic Substances

27

IN

OUT

N/A

Food additives: approved & properly used

28

IN

OUT

Toxic substances properly identified, stored, & used

Conformance with Approved Procedures

29

IN

OUT

N/A

Compliance with variance/specialized process/HACCP

Risk factors (RF) are improper practices or proceeedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions (PHI) are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is not in compliance

Mark "X" in appropriate box for COS and/or R

COS=corrected on-site during inspection

R= repeat violation

Safe Food and Water

COS

R

30

IN

OUT

N/A

Pasteurized eggs used where required

31

Water & ice obtained from an approved source

32

IN

OUT

N/A

Variance obtained for specialized processing methods

Food Temperature Control

33

Proper cooling methods used; adequate equipment for temperature control

34

IN

OUT

N/A

N/O

Plant food properly cooked for hot holding

35

IN

OUT

N/A

N/O

Approved thawing methods used

36

Thermometers provided & accurate

Food Identification

37

Food properly labeled; original container

Prevention of Food Contamination

38

Insects, rodents, & animals not present

39

Contamination prevented during food prep, storage & display

40

Personal cleanliness

41

Wiping cloths: properly used & stored

42

Washing fruits & vegetables

Proper Use of Utensils

COS

R

43

In-use utensils: properly stored

44

Utensils, equipment & linens: properly stored, dried, & handled

45

Single-use/single service articles: properly stored & used

46

Gloves used properly

Utensil Equipment and Vending

47

Food & non-food contact surfaces cleanable, properly designed, constructed, & used

48

Warewashing facilities: installed, maintained, & used; test strips

49

Non-food contact surfaces clean

Physical Facilities

50

Hot & cold water available; adequate pressure

51

Plumbing installed; proper backflow devices

52

Sewage & waste water properly disposed

53

Toilet facilities: properly constructed, supplied, & cleaned

54

Garbage & refuse properly disposed; facilities maintained

55

Physical facilities installed, maintained, & clean

56

Adequate ventilation & lighting; designated areas used

57

Compliance with MCIAA

58

Compliance with licensing & plan review

Food Recalls:

Person in Charge (Signature)

Date: 01/18/23

Inspector (Signature)

Sara Bonts