



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
October 14, 2022

Administrator
Maplewood Court Assisted Living
310 7th Street Northeast
Fulda, MN 56131

RE: Project Number(s) SL30343015

Dear Administrator:

On September 29, 2022, the Minnesota Department of Health completed a follow-up evaluation of your facility to determine correction of orders found on the evaluation completed on August 10, 2022. This follow-up evaluation determined your facility had not corrected all of the state licensing orders issued pursuant to the August 10, 2022 evaluation.

In accordance with Minn. Stat. § 144G.31 Subd. 4 (a), state licensing orders issued pursuant to the last evaluation completed on August 10, 2022, found not corrected at the time of the September 29, 2022, follow-up evaluation and/or subject to penalty assessment are as follows:

0470-Minimum Requirements-144g.41 Subdivision 1 - \$500.00
1290-Background Studies Required-144g.60 Subdivision 1
1470-Content Of Required Orientation-144g.63 Subd. 2

The details of the violations noted at the time of this follow-up evaluation completed on September 29, 2022 (listed above), are on the attached State Form. Brackets around the ID Prefix Tag in the left hand column, e.g., {2 ----} will identify the uncorrected tags.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$500.00.** You will be invoiced after 15 days of the receipt of this notice, subject to appeal.

DOCUMENTATION OF ACTION TO COMPLY

In accordance with Minn. Stat. § 144G.30, Subd. 5(c), by the correction order date, the licensee must document in the provider's records any action taken to comply with the correction order by the correction order date. The commissioner may request a copy of this documentation and the assisted living facility's action to respond to the correction orders in future evaluations, upon a complaint investigation, and as otherwise needed.

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 have one opportunity to challenge the correction order issued, including the level and scope, and any fine assessed through the correction order reconsideration process. This written request must be received by the Department of Health within 15 calendar days of the correction order receipt date. Please send your written request via email to the following:

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

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.

We urge you to review these orders carefully. If you have questions, please contact Jodi Johnson at 507-344-2730.

Please note, it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

Sincerely,



Jodi Johnson, Supervisor
Health Regulation Division
State Evaluation Team
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Email: jodi.johnson@state.mn.us
Telephone: 507-344-2730 Fax: 651-215-9697

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30343	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/29/2022
NAME OF PROVIDER OR SUPPLIER MAPLEWOOD COURT ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 310 7TH STREET NE FULDA, MN 56131		
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{0 000}	<p>Initial Comments</p> <p>Initial comments *****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: Project SL30343015</p> <p>On September 21, 2022, through September 23, 2022, and September 26, 2022, through September 29, 2022, the Minnesota Department of Health conducted a revisit at the above provider to follow-up on orders issued pursuant to a survey completed on August 10, 2022. At the time of the survey, there were 41 residents: 15 receiving services under the Assisted Living license. As a result of the revisit, the following orders were reissued.</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>	
{0 470} SS=F	<p>144G.41 Subdivision 1 Minimum requirements</p> <p>(11) develop and implement a staffing plan for</p>	{0 470}		

Minnesota Department of Health

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

TITLE

(X6) DATE

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{0 470}	<p>Continued From page 1</p> <p>determining its staffing level that:</p> <p>(i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility;</p> <p>(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</p> <p>(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;</p> <p>(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:</p> <p>(i) awake;</p> <p>(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;</p> <p>(iii) capable of communicating with residents;</p> <p>(iv) capable of providing or summoning the appropriate assistance; and</p> <p>(v) capable of following directions;</p> <p>This MN Requirement is not met as evidenced by:</p> <p>Based on interview and record review, the licensee failed to ensure one or more persons were available 24 hours per day, seven days per week, who were responsible for responding to the requests of residents, were 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.</p> <p>This practice resulted in a level two violation (a</p>	{0 470}		

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{0 470}	<p>Continued From page 2</p> <p>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>The licensee held an Assisted Living Facility license with a bed capacity of 46 residents: with a current census of 40 residents.</p> <p>During the original survey's entrance conference on August 8, 2022, at 11:30 a.m. licensed assisted living director (LALD)-A and registered nurse (RN)-B stated beside nursing coverage during the day Monday through Friday, there was one-two unlicensed personnel (ULP) from 6:00 a.m. to 2:00 p.m. and one ULP from 2:00 p.m. to 10:00 p.m. each day. LALD-A and RN-B stated between the hours of 10:00 p.m. to 6:00 a.m., staff from the attached nursing home responded to call lights as there was no staff specifically on duty for the assisted living facility during the night. LALD-A stated the facility did not have a staffing waiver and this is how the facility had been staffed for "years."</p> <p>During the original survey on August 9, 2022, at 12:40 p.m., licensed nursing home administrator (LNHA)-F verified nursing home staff conduct safety checks and answer call lights for the assisted living residents during the hours of 10:00 p.m. and 6:00 a.m. LNHA-F stated nursing home staff were trained on the emergency preparedness plan as a campus including assistance of the licensee's residents. LNHA-F further stated the call lights were hardwired</p>	{0 470}		

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{0 470}	<p>Continued From page 3</p> <p>together into the nursing home and alerted staff per the panel and aerial systems.</p> <p>During the original survey on August 10, 2022, at 8:50 a.m., office manager (OM)-H stated nursing home staff that covered the assisted living residents between the hours of 10:00 p.m. and 6:00 a.m., were not orientated to assisted living standards, nor were their background studies affiliated with the assisted living facility. OM-H indicated she had not thought of that requirement for the nursing home staff, but was aware of the requirement, stating "it makes sense."</p> <p>During the original survey, the daily posted schedule dated July 10, 2022, through August 13, 2022, noted nursing home staff would provide coverage between the hours of 10:00 p.m. and 6:00 a.m.</p> <p>On September 22, 2022, at 10:02 a.m. LALD-A stated the licensee did not have assisted living staff on duty between the hours of 10:00 p.m. and 6:00 a.m. and continued to rely on the nursing home staff for coverage during those hours. The licensee had sent a waiver request for nursing home staff to answer call lights for assisted living residents during the hours of 10:00 p.m. and 6:00 a.m. On the waiver form the licensee requested to have until October 1, 2022, to complete background checks and orientation training for the nursing home staff. No further action had been completed.</p> <p>The licensee's Staffing Plan policy dated August 1, 2021, and reviewed February 8, 2022, identified the staffing plan provided an adequate number of qualified direct-care staff to meet the residents' needs 24-hours a day, seven-days a week. During the hours of 10:00 p.m.- 6:00 a.m.</p>	{0 470}		

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{0 470}	Continued From page 4 nursing home direct-care staff and licensed staff would respond to a resident's request for assistance with health or safety needs within a reasonable amount of time, as provided in Minnesota Statutes, section 144G.41, subdivision 1, paragraph 12 (ii). No further information was provided.	{0 470}		
{0 480} SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements (13) offer to provide or make available at least the following services to residents: (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: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and This MN Requirement is not met as evidenced by: No further action required.	{0 480}		
{0 810} SS=F	144G.45 Subd. 2 (b)-(f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The	{0 810}		

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{0 810}	Continued From page 5 plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) employee actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (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. (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. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (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. (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. This MN Requirement is not met as evidenced by: No further action required.	{0 810}			
{01290} SS=E	144G.60 Subdivision 1 Background studies required (a) Employees, contractors, and regularly	{01290}			

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{01290}	<p>Continued From page 6</p> <p>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: Based on interview and record review, the licensee failed to ensure a background study was submitted and received an affiliation with the assisted living license for three of seven staff (certified nursing assistant (CNA)-M, licensed practical nurse (LPN)-P and LPN-R) assisting in cares from the attached nursing home of licensee with records reviewed.</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 pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).</p> <p>The findings include:</p> <p>During the initial survey's entrance conference on</p>	{01290}		

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{01290}	<p>Continued From page 7</p> <p>August 8, 2022, at 11:30 a.m. LALD-A and RN-B stated between the hours of 10:00 p.m. to 6:00 a.m. staff from the attached nursing home responded to call lights as there was no staff specifically on duty for the assisted living facility during the night. LALD-A stated the facility did not have a staffing waiver as this was how the facility had been staffed for "years."</p> <p>During the initial survey on August 10, 2022, at 8:50 a.m., office manager (OM)-H confirmed staff assisting with cares between the hours of 10:00 p.m. and 6:00 a.m. from the attached nursing home did not have background studies that were "affiliated," but rather under the nursing home license. OM-H indicated she had not thought of that requirement for the nursing home staff, but was aware of the requirement, stating "it makes sense."</p> <p>The nursing home schedule dated September 14, 2022, through September 21, 2022, identified CNA-M, LPN-P, and LPN-R worked between the hours of 10:00 p.m. and 6:00 a.m. CNA-M, LPN-P, and LPN-R failed to have background studies or proof of affiliation with the licensee.</p> <p>On September 22, 2022, at 10:02 a.m. LALD-A stated the licensee did not have assisted living staff on duty between the hours of 10:00 p.m. and 6:00 a.m. and continued to rely on the nursing home staff for coverage during those hours. The licensee had sent a waiver request for nursing home staff to answer call lights for assisted living residents during the hours of 10:00 p.m. and 6:00 a.m. On the waiver form, the licensee requested to have until October 1, 2022, to complete background checks and orientation training for the nursing home staff. It was her understanding the licensee had until October 1, 2022, to</p>	{01290}		

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{01290}	Continued From page 8 complete the background checks and affiliations for the nursing home staff. The licensee's 4.02 Background Studies policy dated August 1, 2021, included: No employee may provide direct services and have independent direct contact with any residents until acceptable result of the background study have been received. [The licensee] will not employ individuals whose results of the background study indicate disqualification for the position. No further information was provided.	{01290}			
{01470} SS=E	144G.63 Subd. 2 Content of required orientation (a) The orientation must contain the following topics: (1) an overview of this chapter; (2) an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person; (3) handling of emergencies and use of emergency services; (4) compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC); (5) the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; (6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person; (7) handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health	{01470}			

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{01470}	<p>Continued From page 9</p> <p>Facility Complaints; (8) consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services; and (9) a review of the types of assisted living services the employee will be providing and the facility's category of licensure. (b) In addition to the topics in paragraph (a), orientation may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics: (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and the challenges it poses to communication; (2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or (3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure five of seven employees (certified nursing assistant (CNA)-L, CNA-M, CNA-O, licensed practical nurse (LPN)-P, and registered nurse (RN)-Q) assisting in cares from</p>	{01470}		

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{01470}	<p>Continued From page 10</p> <p>the attached nursing home received orientation to assisted living facility licensing requirements and regulations before providing 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 a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).</p> <p>The findings include:</p> <p>During the initial survey on August 10, 2022, at 8:50 a.m. office manager (OM)-H confirmed nursing home staff assisting with cares between the hours of 10:00 p.m. and 6:00 a.m. had not been trained on assisted living orientation. OM-H indicated she had not thought of that requirement for the night nursing home staff, but was aware of the requirement, stating "it makes sense."</p> <p>During the initial survey on August 10, 2022, at 2:00 p.m. RN-B confirmed the above missing orientation components of the employee files. RN-B indicated only pieces of the orientation had been completed as the licensee did not currently have a training in place that met all the components. RN-B further stated, "we will need to develop something."</p> <p>The nursing home employee records lacked evidence orientation to assisted living facility licensing requirements and regulations before providing assisted living services to residents, including the following topics:</p>	{01470}			

Minnesota Department of Health

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{01470}	<p>Continued From page 11</p> <ul style="list-style-type: none"> -an overview of the appropriate assisted living statutes and rules -an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person -handling of emergencies and use of emergency services -compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC) -the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of the those rights. -principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person -handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints -consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services -a review of the types of assisted living services the employee will be providing and the facility's category of licensure. <p>The nursing home schedule dated September 14, 2022, through September 21, 2022, identified CNA-L, CNA-M, CNA-O, LPN-P, and RN-Q worked between the hours of 10:00 p.m. and 6:00 a.m.</p> <p>CNA-L's record lacked evidence the required</p>	{01470}		

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{01470}	<p>Continued From page 12</p> <p>orientation to assisted living had been completed.</p> <p>CNA-M's record identified the required orientation to assisted living contents had been completed on September 23, 2022, after the entrance of the follow up survey.</p> <p>CNA-O's record lacked evidence the required orientation to assisted living had been completed.</p> <p>LPN-P's record identified the required orientation to assisted living contents had been completed on September 22, 2022, after the entrance of the follow up survey.</p> <p>RN-Q's record identified the required orientation to assisted living contents had been completed on September 22, 2022, after the entrance of the follow up survey.</p> <p>On September 22, 2022, at 10:02 a.m. LALD-A stated the licensee did not have assisted living staff on duty between the hours of 10:00 p.m. and 6:00 a.m. and continued to rely on the nursing home staff for coverage during those hours. The licensee had sent a waiver request for nursing home staff to answer call lights for assisted living residents during the hours of 10:00 p.m. and 6:00 a.m. On the waiver form the licensee requested to have until October 1, 2022, to complete background checks and orientation training for the nursing home staff. It was her understanding that she then had until October 1, 2022, to complete the training.</p> <p>On September 28, 2022, at 3:46 p.m. LALD-A confirmed the orientation had not been completed as required.</p> <p>The licensee's 5.01 Orientation of Staff and</p>	{01470}		

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{01470}	Continued From page 13 Supervisor & content policy dated August 1, 2022, noted all staff of [The licensee] providing and supervising direct services must complete an orientation to assisted living facility licensing requirements and regulations before providing assisted living services to residents. The orientation must contain the following topics: <ul style="list-style-type: none"> -an overview of the appropriate assisted living statutes and rules -an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person -handling of emergencies and use of emergency services -compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC) -the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of the those rights. -principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person -handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints -consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services -a review of the types of assisted living services the employee will be providing and the facility's category of licensure. 	{01470}			

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{01470}	Continued From page 14 No further information was provided.	{01470}			



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

August 19, 2022

Administrator
Maplewood Court Assisted Living
310 7th Street Northeast
Fulda, MN 56131

RE: Project Number(s) SL30343015

Dear Administrator:

The Minnesota Department of Health completed an evaluation on August 10, 2022, 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.

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 - 1290 - 144g.60 Subdivision 1 - Background Studies Required - \$3,000.00

The total amount you are assessed is \$3,000.00. 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

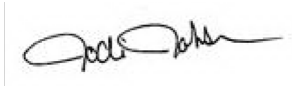
Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for 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,



Jodi Johnson, Supervisor
Health Regulation Division
State Evaluation Team
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Email: jodi.johnson@state.mn.us
Telephone: 507-344-2730 Fax: 651-215-9697

HHH

Minnesota Department of Health

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0 000	<p>Initial Comments</p> <p>Initial comments *****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: SL#30343015</p> <p>On August 8, 2022, through August 10, 2022, 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 44 residents; 18 of whom were receiving services under the provider's Assisted Living license.</p> <p>On August 10, 2022, the immediacy of correction order 1290 was removed; however, non-compliance remains at a scope and level of I (level 3, widespread).</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>	
0 470 SS=F	<p>144G.41 Subdivision 1 Minimum requirements</p> <p>(11) develop and implement a staffing plan for</p>	0 470		

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

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0 470	<p>Continued From page 1</p> <p>determining its staffing level that:</p> <p>(i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility;</p> <p>(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</p> <p>(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;</p> <p>(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:</p> <p>(i) awake;</p> <p>(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;</p> <p>(iii) capable of communicating with residents;</p> <p>(iv) capable of providing or summoning the appropriate assistance; and</p> <p>(v) capable of following directions;</p> <p>This MN Requirement is not met as evidenced by:</p> <p>Based on interview and record review, the licensee failed to ensure one or more persons were available 24 hours per day, seven days per week, who were responsible for responding to the requests of residents, were 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.</p> <p>This practice resulted in a level two violation (a</p>	0 470		

Minnesota Department of Health

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0 470	<p>Continued From page 2</p> <p>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>The licensee held an Assisted Living Facility license with a bed capacity of 46 residents: with a current census of 44 residents.</p> <p>During the entrance conference on August 8, 2022, at 11:30 a.m. licensed assisted living director (LALD)-A and registered nurse (RN)-B stated beside nursing coverage during the day Monday through Friday, there was one-two unlicensed personnel (ULP) from 6:00 a.m. to 2:00 p.m. and one ULP from 2:00 p.m. to 10:00 p.m. each day. LALD-A and RN-B stated between the hours of 10:00 p.m. to 6:00 a.m. staff from the attached nursing home responded to call lights as there was no staff specifically on duty for the assisted living facility during the night. LALD-A stated the facility did not have a staffing waiver and this is how the facility had been staffed for "years."</p> <p>On August 9, 2022, at 12:40 p.m. licensed nursing home administrator (LNHA)-F verified nursing home staff conduct safety checks and answer call lights for assisted living residents during the hours of 10:00 p.m. and 6:00 a.m. LNHA-F stated nursing home staff were trained on the emergency preparedness plan as a campus including assistance of the licensee's residents. LNHA-F further stated the call lights were hardwired together into the nursing home</p>	0 470		

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0 470	<p>Continued From page 3</p> <p>and alerted staff per the panel and aerial systems.</p> <p>On August 10, 2022, at 8:50 a.m. office manager (OM)-H stated nursing home staff that covered the assisted living residents between the hours of 10:00 p.m. and 6:00 a.m. were not orientated to assisted living standards, nor were their background studies affiliated with the assisted living facility. OM-H indicated she had not thought of that requirement for the nursing home staff, but was aware of the requirement, stating "it makes sense."</p> <p>The daily posted schedule dated July 10, 2022, through August 13, 2022, noted nursing home staff would provide coverage between the hours of 10:00 p.m. and 6:00 a.m.</p> <p>The licensee's Staffing Plan policy dated August 1, 2021, and reviewed February 8, 2022, identified the staffing plan provided an adequate number of qualified direct-care staff to meet the residents' needs 24-hours a day, seven-days a week. During the hours of 10:00 p.m.- 6:00 a.m. nursing home direct-care staff and licensed staff would respond to a resident's request for assistance with health or safety needs within a reasonable amount of time, as provided in Minnesota Statutes, section 144G.41, subdivision 1, paragraph 12 (ii).</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 470		
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements	0 480		

Minnesota Department of Health

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0 480	<p>Continued From page 4</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> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. 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). The findings include: Please refer to the included document titled, Food and Beverage Establishment Inspection Report dated August 8, 2022, for the specific Minnesota Food Code deficiencies. TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 480		

Minnesota Department of Health

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0 810 SS=F	<p>144G.45 Subd. 2 (b)-(f) Fire protection and physical environment</p> <p>(b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to:</p> <ul style="list-style-type: none"> (1) location and number of resident sleeping rooms; (2) employee actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (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. <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: Based on a record review and interview, the licensee failed to develop a fire safety and</p>	0 810		

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0 810	<p>Continued From page 6</p> <p>evacuation plan with required elements and failed to provide required employee and resident training on fire safety and evacuation. This 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>A record review and interview were conducted on August 9, 2022, at approximately 10:30 a.m. with Director of Maintenance (DM)-G on the fire safety and evacuation plan, fire safety and evacuation training, and evacuation drills for the facility.</p> <p>Record review of the available documentation indicated that the fire safety and evacuation plan did not contain procedures for resident movement, evacuation, and relocation during a fire or similar emergency including the identification of unique or unusual needs. During interview, DM-G stated that the fire safety and evacuation plan for the facility lacked these provisions.</p> <p>Record review of available documentation indicated that the licensee did not provide employee training on the fire safety and evacuation plan twice per year after the training at initial hire. During interview, DM-G stated that they could not verify the frequency of training of</p>	0 810		

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0 810	Continued From page 7 employees and could not provide documentation or a policy on employee training of the fire safety and evacuation plan. 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. During interview, DM-G stated that they could not verify the frequency of training of residents and could not provide documentation or a policy on resident training of the fire safety and evacuation plan. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	0 810		
01290 SS=I	144G.60 Subdivision 1 Background studies required (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. (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. This MN Requirement is not met as evidenced by:	01290		

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01290	<p>Continued From page 8</p> <p>Based on observation, interview and record review, the licensee failed to ensure background studies were conducted prior to staff providing services for one of three employees (unlicensed personnel (ULP)-C) with records reviewed. This had the potential to affect all residents currently receiving services. This resulted in an immediate correction order on August 10, 2022, at 11:08 a.m.</p> <p>In addition, the licensee failed to ensure a background study was submitted and received in affiliation with the assisted living license for staff assisting in cares from the attached nursing home of licensee with records reviewed.</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>The findings include:</p> <p>ULP-C had a hire date of April 25, 2022.</p> <p>ULP-C's employee record included a Final Registry Results Form dated April 25, 2022, and May 12, 2022, from the Minnesota Department of Human Services (DHS); however, lacked evidence of a background clearance as required.</p> <p>On August 9, 2022, at 1:42 p.m. ULP-C was observed administering medication to R2 in his room.</p> <p>On August 10, 2022, at 8:59 a.m. office manager</p>	01290		

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01290	<p>Continued From page 9</p> <p>(OM)-H confirmed ULP-C had not been cleared for her background study as she had not completed the fingerprinting process. OM-H stated ULP-C had indicated she had completed the finger printing, but there was no record of it. OM-H confirmed having resubmitted the background check request on August 9, 2022, after ULP-C's file was requested. ULP-C was directed by OM-H to complete finger printing today (August 10, 2022). OM-H indicated her process was to keep the incomplete background studies on her desk until the clearance came through. During the time of ULP-C's background study process, OM-H had worked from home for a period of time due to Covid-19 and this study had "fallen through the cracks."</p> <p>The licensee's 4.02 Background Studies policy dated August 1, 2021, included: No employee may provide direct services and have independent direct contact with any residents until acceptable result of the background study have been received. [The licensee] will not employ individuals whose results of the background study indicate disqualification for the position.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: IMMEDIATE</p> <p>The immediacy was removed as confirmed by the surveyors' on-site observation and review by the evaluation supervisor on August 10, 2022; however, noncompliance remains at a scope and severity of I (level 3, widespread).</p> <p>TIME PERIOD FOR CORRECTION: Two (2) days</p>	01290		

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01290	Continued From page 10 NURSING HOME STAFF AFFILIATION During the entrance conference on August 8, 2022, at 11:30 a.m. LALD-A and RN-B stated between the hours of 10:00 p.m. to 6:00 a.m. staff from the attached nursing home responded to call lights as there was no staff specifically on duty for the assisted living facility during the night. LALD-A stated the facility did not have a staffing waiver as this was how the facility had been staffed for "years." On August 10, 2022, at 8:50 a.m. OM-H confirmed staff assisting with cares between the hours of 10:00 p.m. and 6:00 a.m. from the attached nursing home did not have background studies that were "affiliated," but rather under the nursing home license. OM-H indicated she had not thought of that requirement for the nursing home staff, but was aware of the requirement, stating "it makes sense." No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	01290		
01370 SS=E	144G.61 Subd. 2 (a) Training and evaluation of unlicensed personn (a) Training and competency evaluations for all unlicensed personnel must include the following: (1) documentation requirements for all services provided; (2) reports of changes in the resident's condition to the supervisor designated by the facility; (3) basic infection control, including blood-borne pathogens;	01370		

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01370	<p>Continued From page 11</p> <p>(4) maintenance of a clean and safe environment;</p> <p>(5) appropriate and safe techniques in personal hygiene and grooming, including:</p> <p>(i) hair care and bathing;</p> <p>(ii) care of teeth, gums, and oral prosthetic devices;</p> <p>(iii) care and use of hearing aids; and</p> <p>(iv) dressing and assisting with toileting;</p> <p>(6) training on the prevention of falls;</p> <p>(7) standby assistance techniques and how to perform them;</p> <p>(8) medication, exercise, and treatment reminders;</p> <p>(9) basic nutrition, meal preparation, food safety, and assistance with eating;</p> <p>(10) preparation of modified diets as ordered by a licensed health professional;</p> <p>(11) communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family;</p> <p>(12) awareness of confidentiality and privacy;</p> <p>(13) understanding appropriate boundaries between staff and residents and the resident's family;</p> <p>(14) procedures to use in handling various emergency situations; and</p> <p>(15) awareness of commonly used health technology equipment and assistive devices.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure training and competency was completed for two of two unlicensed personnel (ULP-C & ULP-E) to include all required content with records reviewed.</p>	01370		

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01370	<p>Continued From page 12</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 pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).</p> <p>The findings include:</p> <p>ULP-C ULP-C was hired on April 25, 2022, to provide direct care services to residents of the facility.</p> <p>On August 9, 2022, at 8:38 a.m. ULP-C was observed applying TED (thrombo-embollic deterrent) stockings (compression stockings used to increase circulation and reduce blood clots) to R2 then performed a COVID-19 screening which consisted of taking the resident's temperature, heart rate and oxygen saturation. At 1:42 p.m., ULP-C was observed administering R1's scheduled diuretic medication.</p> <p>ULP-C's employee record lacked documentation of training for the following topics:</p> <ul style="list-style-type: none"> - documentation requirements for all services provided; - maintenance of a clean and safe environment; - training on the prevention of falls for providers working with the elderly or individuals at risk of falls; - communication skills that include preserving the dignity of the client and showing respect for the client and the client's preferences, cultural background, and family; and 	01370		

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01370	<p>Continued From page 13</p> <ul style="list-style-type: none"> - understanding appropriate boundaries between staff and residents and the resident's family. <p>ULP-E ULP-E started employment and began providing assisted living services on May 2, 2022.</p> <p>ULP-E's employee record lacked evidence to indicate the employee completed training and/or practical skills evaluations as required in the following areas:</p> <ul style="list-style-type: none"> - documentation requirement for all services provided; - reports of changes in the client's condition to the supervisor designated by the facility; - maintenance of a clean and safe environment; - hair care and bathing; - care of teeth, gums, and oral prosthetic devices; - care and use of hearing aids; - dressing and assisting with toileting; - training on the prevention of falls; - standby assistance techniques and how to perform them; - medication, exercise, and treatment reminders; - basic nutrition, meal preparation, food safety, and assistance with eating; - preparation of modified diets as ordered by a licensed health professional; - understanding appropriate boundaries between staff and residents and the resident's family; and - awareness of commonly used health technology equipment and assistive devices <p>ULP-E's employee record contained a transcript which listed various training topics; however, the transcript lacked evidence of the above required topics.</p> <p>On August 10, 2022, at 12:30 p.m. registered nurse (RN)-B indicated she was aware of the</p>	01370		

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01370	<p>Continued From page 14</p> <p>training and competency requirements for ULP-C and ULP-E, but had not completed all of them. RN-B verified the above topics were lacking from ULP-C and ULP-E's employees files.</p> <p>The licensee's 4.05 Employee Records policy dated August 1, 2021, identified employee records would include: verification of completed competency testing as required.</p> <p>The licensee's 5.02 Competency Training Evaluations policy dated August 1, 2021, identified training and competency evaluations for all ULP's would include:</p> <ul style="list-style-type: none"> a) Documentation requirements for all services provided b) Reports of changes in the resident's condition to the supervisor designated by the facility c) Basic infection control, including blood-borne pathogens d) Maintenance of a clean and safe environment e) Appropriate and safe techniques in personal hygiene and grooming, including: <ul style="list-style-type: none"> i. hair care and bathing ii. care of teeth, gums, and oral prosthetic devices iii. care and use of hearing aids iv. dressing and assisting with toileting f) Training on the prevention of falls g) Standby assistance techniques and how to perform them h) Medication, exercise, and treatment reminders i) Basic nutrition, meal preparation, food safety, and assistance with eating j) Preparation of modified diets as ordered by a licensed health professional k) Communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, 	01370		

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01370	Continued From page 15 cultural background, and family l) awareness of confidentiality and privacy m) Understanding appropriate boundaries between staff and residents and the resident's family n) Procedures to use in handling various emergency situations o) Awareness of commonly used health technology equipment and assistive devices. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01370		
01380 SS=E	144G.61 Subd. 2 (b) Training and evaluation of unlicensed personn (b) In addition to paragraph (a), training and competency evaluation for unlicensed personnel providing assisted living services must include: (1) observing, reporting, and documenting resident status; (2) basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel; (3) reading and recording temperature, pulse, and respirations of the resident; (4) recognizing physical, emotional, cognitive, and developmental needs of the resident; (5) safe transfer techniques and ambulation; (6) range of motioning and positioning; and (7) administering medications or treatments as required. This MN Requirement is not met as evidenced by: Based on observation, interview, and record	01380		

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01380	<p>Continued From page 16</p> <p>review the licensee failed to ensure training and competency evaluations contained all the required training for two of two unlicensed personnel (ULP-C & ULP-E) with records reviewed.</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 pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).</p> <p>The findings include:</p> <p>ULP-C ULP-C was hired on April 25, 2022, to provide direct care services to residents of the facility.</p> <p>On August 9, 2022, at 8:38 a.m. ULP-C was observed applying TED (thrombo-embollic deterrent) stockings (compression stockings used to increase circulation and reduce blood clots) to R2 then performed a COVID-19 screening which consisted of taking the resident's temperature, heart rate and oxygen saturation. At 1:42 p.m., ULP-C was observed administering R1's scheduled diuretic medication.</p> <p>ULP-C's employee record lacked documentation of training for the following topics:</p> <ul style="list-style-type: none"> - observation, reporting, and documenting of client status; - basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to 	01380		

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01380	<p>Continued From page 17</p> <p>appropriate personnel; and</p> <ul style="list-style-type: none"> - recognizing physical, emotional, cognitive, and developmental needs of the client <p>ULP-E ULP-E started employment and began providing assisted living services on May 2, 2022.</p> <p>ULP-E's employee record lacked evidence to indicate the employee completed training and/or practical skills evaluations as required in the following areas:</p> <ul style="list-style-type: none"> - observing, reporting, and documenting resident status; - basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel; - recognizing physical, emotional, cognitive, and developmental needs of the client; - safe transfer techniques and ambulation; and - range of motioning and positioning. <p>ULP-E's employee record contained a transcript which listed various training topics; however, the transcript lacked evidence of the above required topics.</p> <p>On August 10, 2022, at 12:30 p.m. registered nurse (RN)-B indicated she was aware of the training and competency requirements for ULP-C and ULP-E, but had not completed all of them. RN-B verified the above topics were lacking from ULP-C and ULP-E's employees files.</p> <p>The licensee's 4.05 Employee Records policy dated August 1, 2021, identified employee records would include: verification of completed competency testing as required.</p>	01380		

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01380	Continued From page 18 The licensee's 5.02 Competency Training Evaluations policy dated August 1, 2021, identified training and competency evaluations for all ULP's would include: a. Observing, reporting, and documenting resident status b. Basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel c. Reading and recording temperature, pulse, and respirations of the resident d. Recognizing physical, emotional, cognitive, and developmental needs of the resident e. Safe transfer techniques and ambulation f. Range of motioning and positioning g. Administering medications or treatments as required No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01380		
01440 SS=D	144G.62 Subd. 4 Supervision of staff providing delegated nurs (a) Staff who perform delegated nursing or therapy tasks must be supervised by an appropriate licensed health professional or a registered nurse according to the assisted living facility's policy where the services are being provided to verify that the work is being performed competently and to identify problems and solutions related to the staff person's ability to perform the tasks. Supervision of staff performing medication or treatment administration shall be provided by a registered nurse or appropriate licensed health professional	01440		

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NAME OF PROVIDER OR SUPPLIER MAPLEWOOD COURT ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 310 7TH STREET NE FULDA, MN 56131		
(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
01440	<p>Continued From page 19</p> <p>and must include observation of the staff administering the medication or treatment and the interaction with the resident.</p> <p>(b) The direct supervision of staff performing delegated tasks must be provided within 30 calendar days after the date on which the individual begins working for the facility and first performs the delegated tasks for residents and thereafter as needed based on performance. This requirement also applies to staff who have not performed delegated tasks for one year or longer.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure direct supervision of staff performing delegated tasks was provided within 30 calendar days after the date on which the individual begins working for the licensee for one of one unlicensed personnel (ULP)-C with records reviewed.</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 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-C was hired on April 25, 2022, to provide direct care services to residents of the facility.</p> <p>On August 9, 2022, at 8:38 a.m. ULP-C was observed applying TED (thrombo-embollic deterrent) stockings (compression stockings used to increase circulation and reduce blood clots) to</p>	01440		

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01440	Continued From page 20 R2 then performed a COVID-19 screening which consisted of taking the resident's temperature, heart rate and oxygen saturation. At 1:42 p.m., ULP-C was observed administering R1's scheduled diuretic medication. ULP-C's employee record lacked documentation of a RN supervising ULP-C performing a delegated task within 30 days of beginning work with the licensee. On August 10, 2022, at 2:00 p.m. RN-B confirmed ULP-C's 30-day supervision of delegated tasks had not been completed as required. The licensee's 5.02 Competency Training Evaluations policy dated August 1, 2021, did not include supervision by an RN within 30 calendar days after the date on which the individual begins working for the facility and first performs the delegated tasks for residents and thereafter as needed based on performance. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01440		
01470 SS=F	144G.63 Subd. 2 Content of required orientation (a) The orientation must contain the following topics: (1) an overview of this chapter; (2) an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person;	01470		

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01470	Continued From page 21 (3) handling of emergencies and use of emergency services; (4) compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC); (5) the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; (6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person; (7) handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints; (8) consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services; and (9) a review of the types of assisted living services the employee will be providing and the facility's category of licensure. (b) In addition to the topics in paragraph (a), orientation may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics: (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and the challenges it poses to communication; (2) health impacts related to untreated age-related hearing loss, such as increased	01470		

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01470	<p>Continued From page 22</p> <p>incidence of dementia, falls, hospitalizations, isolation, and depression; or (3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure staff assisting in cares from the attached nursing home of licensee and three of three employees (registered nurse (RN)-D, unlicensed personnel (ULP)-E, and ULP-C) received orientation to assisted living facility licensing requirements and regulations before providing 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) 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>RN-D RN-D was hired on September 22, 2021, to provide assisted living services.</p> <p>RN-D's employee record lacked evidence of receiving orientation to assisted living to include the following required content: - handling of residents' complaints, reporting of complaints, and where to report complaints,</p>	01470		

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01470	<p>Continued From page 23</p> <p>including information on the Office of Health Facility Complaints;</p> <ul style="list-style-type: none"> - consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services; - a review of the types of assisted living services the employee will be providing and the facility's category of licensure; and - the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person; <p>ULP-E ULP-E was hired on May 2, 2022, to provide assisted living services.</p> <p>ULP-E's employee record lacked evidence of receiving orientation to assisted living to include the following required content:</p> <ul style="list-style-type: none"> - an overview of this chapter; - an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person; - handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints; - consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services; and - a review of the types of assisted living services 	01470		

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01470	<p>Continued From page 24</p> <p>the employee will be providing and the facility's category of licensure.</p> <p>ULP-C ULP-C was hired on April 25, 2022, to provide assisted living services.</p> <p>ULP-C's employee record lacked evidence of receiving orientation to assisted living to include the following required content:</p> <ul style="list-style-type: none"> - an overview of this chapter; - an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person; - handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints; - consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services; and - a review of the types of assisted living services the employee will be providing and the facility's category of licensure. <p>On August 10, 2022, at 8:50 a.m. office manager (OM)-H confirmed nursing home staff assisting with cares between the hours of 10:00 p.m. and 6:00 a.m. had not been trained on assisted living orientation. OM-H indicated she had not thought of that requirement for the night nursing home staff, but was aware of the requirement, stating "it makes sense."</p> <p>On August 10, 2022, at 2:00 p.m. RN-B</p>	01470		

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01470	<p>Continued From page 25</p> <p>confirmed the above missing orientation components of the employee files. RN-B indicated only pieces of the orientation had been completed as the licensee did not currently have a training in place that met all the components. RN-B further stated, "we will need to develop something."</p> <p>The licensee's 5.01 Orientation of Staff and Supervisor & content policy dated August 1, 2022, noted all staff of [The licensee] providing and supervising direct services must complete an orientation to assisted living facility licensing requirements and regulations before providing assisted living services to residents. The orientation must contain the following topics:</p> <ul style="list-style-type: none"> -an overview of the appropriate assisted living statutes and rules -an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person -handling of emergencies and use of emergency services -compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC) -the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of the those rights. -principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person -handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints -consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of 	01470		

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01470	Continued From page 26 Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services -a review of the types of assisted living services the employee will be providing and the facility's category of licensure. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days.	01470		
01700 SS=D	144G.71 Subd. 2 Provision of medication management services (a) For each resident who requests medication management services, the facility shall, prior to providing medication management services, have a registered nurse, licensed health professional, or authorized prescriber under section 151.37 conduct an assessment to determine what medication management services will be provided and how the services will be provided. This assessment must be conducted face-to-face with the resident. The assessment must include an identification and review of all medications the resident is known to be taking. The review and identification must include indications for medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues. (b) The assessment must identify interventions needed in management of medications to prevent diversion of medication by the resident or others who may have access to the medications and provide instructions to the resident and legal or	01700		

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01700	<p>Continued From page 27</p> <p>designated representatives on interventions to manage the resident's medications and prevent diversion of medications. For purposes of this section, "diversion of medication" means misuse, theft, or illegal or improper disposition of medications.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure the registered nurse (RN) conducted a face-to-face medication management assessment to include all required content for one of one resident (R1), prior to providing medication management services, with records reviewed.</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>During the entrance conference on August 8, 2022, at approximately 11:30 a.m., RN-B confirmed the licensee provided medication management services to many of the residents receiving assisted living services.</p> <p>R1's diagnoses included atrial fibrillation (an irregular often fast heart rate), type II diabetes mellitus with diabetic chronic kidney disease, hypertension (high blood pressure), depression, and epilepsy (a seizure disorder).</p>	01700		

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01700	<p>Continued From page 28</p> <p>R1's Service Plan Agreement dated March 11, 2022, indicated R1 received services, which included medication administration.</p> <p>R1's prescriber orders signed March 7, 2022, included the following medications: one antidepressant, one anti-arrhythmic, two anti-coagulants, one insulin injectable, two diuretic medications, one anti-convulsant, and one anti-angina medication (used as needed for chest pain).</p> <p>On August 9, 2022, at 1:42 p.m., the surveyor observed unlicensed personnel (ULP)-C administering R1's scheduled diuretic medication.</p> <p>R1's record lacked evidence the RN conducted a face-to-face review of all medications R1 was known to be taking to include indications for use, side effects, contraindications, allergic or adverse reactions, and actions to address these issues. In addition, R1's record did not identify interventions needed in the management of medications to prevent diversion of medications by the resident or others who may have access to the medications.</p> <p>On August 9, 2022, at 2:16 p.m. RN-C confirmed R1 had received medication administration services since his admission date on March 11, 2022. RN-C further confirmed a face-to-face medication management assessment including all the required content as noted above, had not been performed until R1's 14-day assessment on March 25, 2022.</p> <p>The licensee's 7.01 Medication Management - Assessment, Monitoring & Reassessment policy dated August 1, 2021, indicated: POLICY: [The</p>	01700		

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01700	<p>Continued From page 29</p> <p>licensee] will, prior to providing medication management services, have a registered nurse, licensed health professional, or authorized prescriber conduct an assessment to determine what medication management services will be provided and how the services will be provided. PROCEDURE: 1) The assessment must be conducted face-to-face with the resident by an RN. 2) The assessment must include an identification and review of all medications the resident is known to be taking. 3) The review and identification must include indications for medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues. 4) The assessment must identify interventions needed in management of medications to prevent diversion of medication by the resident or others who may have access to the medications and provide instructions to the resident and legal or designated representatives on interventions to manage the resident's medications and prevent diversion of medications.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01700		

Type: Full
Date: 08/08/22
Time: 11:00:00
Report: 1033221087

Food and Beverage Establishment Inspection Report

Page 1

Location:

Maplewood Court Assisted Livng
310 7th Street Ne
Fulda, MN56131
Murray County, 51

Establishment Info:

ID #: 0038942
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 5074252571
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.

The following orders were issued during this inspection.

4-500 Equipment Maintenance and Operation

4-501.114C3 ** Priority 1 **

MN Rule 4626.0805C3 Provide and maintain an approved quaternary ammonium compound sanitizing solution in water with 500 ppm hardness or less, a minimum temperature of 75 degrees F (24 degrees C) and a concentration specified in 21CFR.178.1010 and as indicated by the manufacturer's use directions and label.

Sanitizer bucket with quaternary ammonium was measured at 50ppm.

Comply By: 08/08/22

4-600 Cleaning Equipment and Utensils

4-601.11C

MN Rule 4626.0840C Clean non-food contact surfaces of equipment and maintain free of accumulations of dust, dirt, food residue, and other debris.

Cooler gaskets have visible mold build up.

Comply By: 08/08/22

Surface and Equipment Sanitizers

Hot Water: = at 160 Degrees Fahrenheit
Location: Dish Machine
Violation Issued: No

Quaternary Ammonium: = 50 at Degrees Fahrenheit
Location: Sanitizer Bucket
Violation Issued: No

Type: Full
Date: 08/08/22
Time: 11:00:00
Report: 1033221087
Maplewood Court Assisted Living

Food and Beverage Establishment Inspection Report

Page 2

Food and Equipment Temperatures

Process/Item: Cold Holding
Temperature: 39 Degrees Fahrenheit - Location: Cooler Ambient
Violation Issued: No

Process/Item: Cold Holding
Temperature: 39 Degrees Fahrenheit - Location: Drink Cooler
Violation Issued: No

Process/Item: Hot Holding
Temperature: 170 Degrees Fahrenheit - Location: Fish Fillets-Warmers
Violation Issued: No

Process/Item: Hot Holding
Temperature: 160 Degrees Fahrenheit - Location: Ground Beef-Warmer
Violation Issued: No

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

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

I acknowledge receipt of the inspection report number 1033221087 of 08/08/22.


Certified Food Protection Manager: Michele Schettler

Certification Number: FM111813 Expires: 05/02/25

Inspection report reviewed with person in charge and emailed.

Signed: _____

Michele Schettler

Signed: 

Isaiah Armendariz
Environmental Health Specialist
Mankato District Office
507-344-2743
isaiah.armendariz@state.mn.us