Electronically Delivered

December 23, 2022

Licensee
American Volunteers Homes LLC
5202 Quail Avenue North
Crystal, MN 55429

RE: Project Number(s) SL37913015

Dear Licensee:

This is your **official notice** that you have been **granted your assisted living facility license.** Your license effective and expiration dates remain the same as on your provisional license. Your updated status will be listed on the license certificate at renewal and **this letter serves as proof** in the meantime. If you have not received a letter from us with information regarding renewing your license within 60 days prior to your expiration date, please contact us at (651) 201-5273 or by email at Health.assistedliving@state.mn.us.

The Minnesota Department of Health completed a an initial evaluation on October 25, 2022, for the purpose 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.

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 Home Care 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 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 . . ."

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 evaluation of your facility.

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 residents/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**.

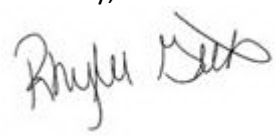
Please address your cover letter for general reconsideration requests to:
Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place
St. Paul, MN 55164-0970

Free from Maltreatment reconsideration requests should addressed to:
Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place
St. Paul, MN 55164-0970

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,



Rhylee Gilb, Supervisor
Health Regulation Division
State Rapid Response Team
85 East Seventh Place, Suite 220
P.O. Box 64970
St. Paul, MN 55164-0970
Email: rhylee.gilb@state.mn.us
Phone: 651-201-5977 Fax: 651-215-6894

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	37913	A. BUILDING: _____ B. WING _____	10/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMERICAN VOLUNTEERS HOMES LLC	5202 QUAIL AVENUE NORTH CRYSTAL, MN 55429

(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	Initial Comments Initial comments ******ATTENTION****** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. 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. INITIAL COMMENTS: SL37913015 On October 25, 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 3 residents receiving services under the provider's Provisional Assisted Living Facility license. The following correction order is issued.	0 000	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. 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. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. 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.	
0 470 SS=F	144G.41 Subdivision 1 Minimum requirements (11) develop and implement a staffing plan for	0 470		

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0 470	Continued From page 1 determining its staffing level that: (i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility; (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 (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; (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: (i) awake; (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; (iii) capable of communicating with residents; (iv) capable of providing or summoning the appropriate assistance; and (v) capable of following directions; This MN Requirement is not met as evidenced by: Based on interview, record review and observation, the licensee failed to develop, implement and post a staffing plan as required to determine staffing level needs. This had the potential to effect all three residents, all staff members and all visitors. This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a	0 470		

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0 470	Continued From page 2 client'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 clients). Findings include: The licensee held a Provisional Assisted Living Facility license (PALF) effective 12-08-2021 through 12-07-2022. On October 24, 2022 at 10:00 a.m., the Minnesota Department of Health (MDH) began a provisional license survey. During a licensee tour with unlicensed personnel (ULP)-C, the MDH surveyor observed there was no staffing plan posted on either of the home's two levels. On October 24, 2022, at 10:30 a.m., MDH surveyors and the licensed assistant living director (LALD)-A started the entrance conference. During the entrance conference, LALD-A said he was familiar with the current assisted living laws and regulations. LALD-A said he had a staff schedule posted in the kitchen area but he did not have a staffing plan posted. Review of a policy titled Staffing and Scheduling, undated, indicated the clinical nurse supervisor would develop and implement a written staffing plan to provide an adequate number of qualified direct-care staff to meet the needs of the residents 24-hours a day, seven days a week. TIME PERIOD TO CORRECT: Twenty-one (21) Days	0 470		

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0 570	Continued From page 3	0 570		
0 570 SS=D	144G.42 Subdivision 1 Display of license The original current license must be displayed at the main entrance of each assisted living facility. The facility must provide a copy of the license to any person who requests it. This MN Requirement is not met as evidenced by: Based on interview, record review and observation, the licensee failed to post a copy of the current license at the main entrance of the facility. This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety) and was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). Findings include: The licensee held a Provisional Assisted Living Facility license (PALF) effective 12-08-2021 through 12-07-2022. On October 24, 2022, at 10:00 a.m., the Minnesota Department of Health (MDH) began a provisional license survey. During a tour with unlicensed personnel (ULP)-C, the MDH surveyor observed there was no copy of the current assisted living license posted at the main entrance of the facility. On October 24, 2022, at 10:30 a.m., MDH surveyors and the licensed assistant living director (LALD)-A started the entrance	0 570		

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0 570	Continued From page 4 conference. During the entrance conference, LALD-A said he was familiar with the current assisted living laws and regulations. LALD-A said there was a copy of the assisted living license license posted downstairs but not at the main entrance, their front door. Review of a policy titled Assisted Living License and Posting, undated, indicated the licensee would post a copy of the assisted living license at the main entrance of the facility. TIME PERIOD TO CORRECT: Twenty-one (21) Days	0 570		
0 650 SS=F	144G.42 Subd. 8 Employee records (a) The facility must maintain current records of each paid employee, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following information: (1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules; (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision; (4) documentation of annual performance reviews that identify areas of improvement needed and training needs; (5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and	0 650		

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0 650	Continued From page 5 (6) documentation of the background study as required under section 144.057. (b) Each employee record must be retained for at least three years after a paid employee, volunteer, or contractor ceases to be employed by, provide services at, or be under contract with the facility. If a facility ceases operation, employee records must be maintained for three years after facility operations cease. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to maintain current employee records for two of three employees, registered nurse (RN)-B and unlicensed personnel (ULP)-C reviewed. This had the potential to affect all residents. 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). The findings include: The licensee held a Provisional Assisted Living Facility license (PALF) effective 12-08-2021 through 12-07-2022. On October 24, 2022, at 10:30 a.m., MDH surveyors and the licensed assistant living director (LALD)-A started the entrance conference. During the entrance conference, LALD-A said he was familiar with the current assisted living laws and regulations.	0 650		

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0 650	Continued From page 6 RN-B was hired June 28, 2022 to provide direct care services to the licensee's residents. RN-B's employment file lacked: - records of competency evaluations - documentation of the background study as required under section 144.057. Review of a document titled Staff Orientation Outline and Sign-off , indicated RN-B received orientation for Home Care Requirements, not 144G Assisted Living Licensure requirements that went into effect August 1, 2021. The document lacked signatures and dates from RN-B and the agency representative. ULP-C was hired August 3, 2022 to provide direct access care services. ULP-C's employment file lacked: - records of competency evaluations On October 25, 2022, at 10:00 a.m., the MDH surveyor observed ULP-C prepare and administer prescribed medications for R2. During an interview on October 25, 2022, at 3:10 p.m., LALD-A said he is responsible for all the staff background studies and thought he had sent RN-B's information in to get the background study completed. During an interview on October 26, 2022, at 11:15 a.m., LALD-A said RN-B was trained by a former nurse manager. LALD-A said he called the former nursing staff member to about orientation and training records but was unable to reach him. LALD-A said RN-B trained ULP-C with Educare (online modules) and he needed to get a housing	0 650		

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0 650	Continued From page 7 manager hired to work on going all electronic with forms. Review of the LALD job description, undated, indicated responsibilities included ensuring timely and appropriate training of all site staff, monitor performance and provide regular feedback. Review of a policy titled Employee General Orientation, undated, read: upon hire and prior to performing any functions of their position at American Volunteers Homes, LLC, each new employee and volunteer will be oriented in accordance with State and Federal regulations, as well as company policy and procedure. TIME PERIOD TO CORRECT: Twenty-one (21) Days	0 650		
0 660 SS=D	144G.42 Subd. 9 Tuberculosis prevention and control (a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) The facility must maintain written evidence of compliance with this subdivision.	0 660		

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0 660	Continued From page 8 This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC). The licensee failed to ensure the history and screening for tuberculosis included a two-step tuberculin skin test (TST) or blood test performed for one of two employees, unlicensed personnel (ULP)-C, reviewed. This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety) and was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). Findings include: The licensee's most recent TB risk assessment was May 1, 2022 and identified as "low". ULP-C was hired on August 3, 2022 to provide direct care services to the licensee's residents. Review of ULP-C's records lacked TB screening 90 days prior to her hire. ULP-C's annual risk assessment screening questionnaire, dated August 31, 2022, indicated ULP-C's last TB screen was a negative quantiferon (TB Gold) test on December 17, 2021. During the entrance conference on October 24,	0 660		

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0 660	Continued From page 9 2022, at 10:30 a.m., licensed assisted living director (LALD)-A, said registered nurse (RN)-B, is responsible for all infection control issues. A policy titled Tuberculosis Screening, undated, read: staff whose essential job functions require work within the same air space of home care clients will be screened and tested for tuberculosis prior to staff being exposed to clients. Baseline (upon hire) screening will be completed. Screening will be conducted as follows: new staff will be screened for active signs of TB using Baseline TB screening tool. New staff will have IGRA blood test or a two step Mantoux conducted with results documented on the baseline screening tool. TIME PERIOD TO CORRECT: Twenty-one (21) Days	0 660		
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness (a) The facility must meet the following requirements: (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; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing tenant residents.	0 680		

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0 680	Continued From page 10 (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. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to have a written emergency preparedness plan (EPP) with all the required components, and failed to have it prominently posted. This had the potential to effect all residents, staff and visitors. This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client'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 clients). Findings include: On October 26, 2022, at approximately 11:00 a.m., MDH surveyors requested and reviewed the licensee's EPP. The licensee EPP records were a basic third-party provider policy, not edited, or updated to the licensee's needs. The EPP lacked all the required components: - comprehensive EPP describing licensee's approach to meeting health and safety needs	0 680		

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0 680	Continued From page 11 residents and staff; - a completed risk assessment - identified hazards from the risk assessment and how the assessment was conducted - an all hazards approach - developed strategies for addressing facility and community risks - at risk population needs and which staff would assume specific roles - how services woud be outsourced - process of collaboration with local, tribal, regional, state and federal EP - description of collaboration process - subsistence needs for staff and residents; alternate energy sources - tracking staff and residents - evacuation transportation, evacuation location(s) - primary and alternate communication means - use of volunteers for emergency staffing - arrangements with other facilities /providers to receive residents - role of facility under waiver 1135 - communication plan with names and contact information - emergency officials information - primary and alternate means of communication - methods of sharing information - sharing occupation needs; LTC family notifications - emergency prep training program, emergency prep testing program and testing requirements - integrated health systems During an interview on October 26, 2022, at approximately 11:15 a.m., LALD-A said he had some EPP forms specific to the licensee. He said he needed to hire a housing manager to manage the electronic forms.	0 680		

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AMERICAN VOLUNTEERS HOMES LLC	5202 QUAIL AVENUE NORTH CRYSTAL, MN 55429

(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
0 680	Continued From page 12 TIME PERIOD TO CORRECT: Twenty-one (21) Days	0 680		
0 800 SS=F	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain the facility's physical environment in a continuous state of good repair and operation regarding the health, safety, and well-being of the residents. This had the potential to directly affect all residents, staff, and visitors. 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 residents). The findings include: On October 26, 2022, from approximately 10:00 a.m. to 11:15 a.m., survey staff toured the facility with the licensed assisted living director (LALD)-A. During the facility tour, survey staff observed the following:	0 800		

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0 800	Continued From page 13 1. There was a slide lock on the door to the basement. 2. The secondary exit from the basement required a key to open the door. Residents were not given a key to the lock. Exits need to be clear and accessible for an immediate exit during an emergency at all times. 3. the upstairs bathroom vanity light was missing its cover. 4. The upstairs bathroom toilet had no sealant at the base. 5. Bedroom #3 had a broken window pane in the attached sunroom. 6. Egress window in the basement bedroom did not open to a clear width of 20". Existing hardware reduces the size of the opening. Egress windows need to have egress hardware. LALD-A verbally confirmed survey staff observations during the facility tour. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 800		
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 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	0 810		

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0 810	Continued From page 14 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: Based on interview and record review, the licensee failed to develop and maintain fire safety and evacuation plans, failed to provide required training to residents and employees for fire safety and evacuation, and failed to conduct required employee evacuation drills. This had the potential to affect all current residents, staff, and visitors to the facility. 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	0 810		

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0 810	Continued From page 15 failure that has affected or has the potential to affect a large portion or all residents). The findings include: During interview on October 26, 2022, at 11:30 a.m., the licensed assisted living director (LALD)-A stated they had only done two evacuation drills in the last year and had not done any training of staff or residents for fire safety and evacuation procedures. Review of the fire policy showed the following: 1. No evacuation plan or documentation on specific procedures for the residents including procedures for their movements, and relocation during a fire or similar emergency. No written instructions for addressing any unique situation during an evacuation, especially for residents who need assistance during an evacuation. The policy was a basic policy from a third-party provider and had not been edited or updated to fit the facility. 2. Employee evacuation drills were completed on 10/10/2022 and 06/10/2022. 3. No schedule or records on the training of employees on fire safety and evacuation; on proper actions to take in the event of a fire or emergency for the safety of residents including movement, evacuation, or relocation. 4. No schedule or records on the training of residents who are capable of assisting in their evacuation; on proper actions to take in the event of a fire or emergency for their safety including movement, evacuation, or relocation.	0 810		

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0 810	Continued From page 16 TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810		
01290 SS=D	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: Based on interview and record review, the licensee failed to ensure one of six employees reviewed, registered nurse (RN)-B had a background study performed prior to starting employment and providing direct cares to residents. This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety) and was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).	01290		

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01290	Continued From page 17 The findings include: The licensee was issued a provisional assisted living license effective 12/8/2021 to 12/7/2022. On October 24, 2022, Minnesota Department of Health (MDH) surveyors began a provisional assisted living facility survey. During the entrance conference on October 24, 2022 at 10:30 a.m., owner and licensed assisted living director, (LALD)-A stated he was familiar with the current assisted living laws and regulations. Registered nurse (RN)-B's hire date was June 28, 2022. On October 25, 2022 at 3:00 p.m., the MDH surveyor reviewed RN-B's personnel file. Part of the file was a copy of her background study notice, dated October 24, 2022. During an interview on October 25, 2022 at 3:10 p.m., the MDH surveyor asked LALD-A what was RN-B's hire date. RN-B was present for the interview. LALD-A said he needed to explain the date on the background study, he thought he had submitted the paperwork. LALD-A said RN-B was hired June 28, 2022. LALD-A stated he was responsible for conducting employee background studies and had the paperwork ready for RN-B's background study check but forgot to send it in. A policy, titled Background Studies, undated, indicated no employee may provide direct services and have independent direct contact with any residents until acceptable results of a background study have been received.	01290		

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01290	Continued From page 18 Time Period to Correct: Seven (7) Day	01290		
01330 SS=D	144G.60 Subd. 4 (b) Unlicensed personnel (b) Unlicensed personnel performing delegated nursing tasks in an assisted living facility must: (1) have successfully completed training and demonstrated competency by successfully completing a written or oral test of the topics in section 144G.61, subdivision 2, paragraphs (a) and (b), and a practical skills test on tasks listed in section 144G.61, subdivision 2, paragraphs (a), clauses (5) and (7), and (b), clauses (3), (5), (6), and (7), and all the delegated tasks they will perform; (2) satisfy the current requirements of Medicare for training or competency of home health aides or nursing assistants, as provided by Code of Federal Regulations, title 42, section 483 or 484.36; or (3) have, before April 19, 1993, completed a training course for nursing assistants that was approved by the commissioner. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure unlicensed personnel performing delegated nursing tasks successfully completed training and demonstrated competency by successfully completing written or oral tests of the topics in section 144G.61. for one of one unlicensed personnel, (ULP)-C reviewed. This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a	01330		

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01330	Continued From page 19 client's health or safety) and was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). Findings include: The licensee held a Provisional Assisted Living Facility license (PALF) effective 12-08-2021 through 12-07-2022. ULP-C was hired August 3, 2022 to provide direct access care services. On October 25, 2022, at 10:00 a.m., the MDH surveyor observed ULP-C prepare and administer prescribed medications for R2. Review of ULP-C's training records lacked training and demonstrated competency tests for: - administering medications or treatments as required - appropriate and safe techniques in personal hygiene and grooming; - standby assistance techniques; - reading and recording pulse and respirations of the resident; - safe transfer techniques - range of motion and positioning ULP-C's training record contained a document titled "Home Care Minnesota Orientation Checklist and Requirement", dated 8-3-2022. The home care form listed 144A home care regulatory requirements, not 144G assisted living facility requirements which went into effect 8-1-2021. At the top of the form a legend indicated courses marked with +++ had a skills assessment requirement.	01330		

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01330	Continued From page 20 The section of the form titled Medication Administration and Treatments, was marked with +++ and "prior to task" typed in the deadline section. ULP-C's form lacked any training completion dates, skills assessment dates and lacked a supervisor signature and date. On October 24, 2022, at 10:30 a.m., during the entrance conference, the licensed assisted living director, (LALD)-A indicated he was familiar with current assisted living laws and regulations. On October 25, 2022, at 10:47 a.m., ULP-C said she was trained on medication administration and can always call RN-B with questions. On October 26, 2022, at approximately 11:15 a.m., LALD-A said RN-B was trained by a former staff nurse and now RN-B trains new staff. RN-B said the new hire training is mostly computer modules on Educare. RN-B's job description, Clinical Nurse Supervisor, Job Summary, undated, indicated the RN will ensure that staff is trained in assisted living procedures and policies which are current and up to date. TIME PERIOD TO CORRECT: Twenty-one (21) Days	01330		
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	01440		

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01440	Continued From page 21 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 and must include observation of the staff administering the medication or treatment and the interaction with the resident. (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. This MN Requirement is not met as evidenced by: Based on 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 began working at the facility and performed delegated tasks for one one of unlicensed personnel (ULP)-C reviewed. This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety) and was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). Findings inlcude:	01440		

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01440	Continued From page 22 ULP-C was hired August 3, 2022 to provide direct access care services. On October 25, 2022, at 10:00 a.m., the MDH surveyor observed ULP-C prepare and administer prescribed medications for R2. ULP-C's training records lacked: - documentation of direct supervision of delegated tasks within 30 calendar days after ULP-C began providing direct cares to residents. ULP-C's hire date was August 3, 2022. During the entrance conference on October 24, 2022, at 10:30 a.m., licensed assisted living director (LALD)-A said he and RN-B split up the training, he gets new hires into the "system" and RN-B does the training. RN-B said she does monitoring of staff training on Educare on-line modules and some in person training but there was no training outline developed beyond Educare. During an interview on October 26, 2022, at 9:00 a.m., LALD-A said ULP-C did not start rght away on August 3, 2022, but at the end of the month after her background study was completed. LALD-A did not have a different hire date for ULP-C documented in her personnel records. He said he would email the MDH surveyor a copy of the schedule when she started work in late August, 2022. A policy titled Supervision of Staff, undated, indicated direct supervision of staff performing delegated tasks must be provided within 30 calendar days after the date the individual starts work for the licensee and first performs the delegate task for the resident. It is the responsibility of the nurse to ensure supervision	01440		

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01440	Continued From page 23 is done within the time frames outlined and specified in the resident service plan. MDH surveyor did not receive a staff schedule with ULP-C's start date. TIME PERIOD TO CORRECT: Twenty-one (21) Days	01440		
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 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	01470		

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01470	Continued From page 24 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. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure employee orientation contained all the required topics for two of two employees, registered nurse (RN)-B and unlicensed personnel (ULP)-C, reviewed. This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety), and was issued at a	01470		

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01470	Continued From page 25 pattern scope (when more than a limited number of clients are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive). Findings include: On October 24, 2022, at 10:30 a.m., MDH surveyors and the licensed assistant living director (LALD)-A attended the entrance conference. During the entrance conference, LALD-A said he was familiar with the current assisted living laws and regulations. RN-B was hired June 28, 2022 to provide direct care services to the licensee's residents. RN-B's orientation records were reviewed and lacked: - the 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; and - a review of the types of assisted living services the employee will be providing and the facility's category of licensure. ULP-C was hired August 3, 2022 to provide direct access care services.	01470		

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AMERICAN VOLUNTEERS HOMES LLC	5202 QUAIL AVENUE NORTH CRYSTAL, MN 55429

(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
01470	Continued From page 26 ULP-C's orientation records were reviewed and lacked: - an overview of this chapter; - 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. During an interview on October 26, 2022, at 11:15 a.m., LALD-A said RN-B was trained by a former nurse manager. LALD-A said he called the former nursing staff member to about orientation and training records but was unable to reach him. LALD-A said RN-B trained ULP-C with Educare (online modules) and he needed to get a housing manager hired to work on going all electronic with forms. A policy titled Employee General Orientation, undated, indicated upon hire, new employees and volunteers will be printed in accordance with State ad Federal regulations, as well as company policy and procedure prior to performing any functions in their job. TIME PERIOD TO CORRECT: Twenty-one (21) Days	01470		