DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

March 6, 2023

Licensee
Westview Estates
703 West Yellowstone Trail
Buffalo Lake, MN 55314

RE: Project Number(s) SL30311015

Dear Licensee:

On February 10, 2023, the Minnesota Department of Health completed a follow-up evaluation of your facility to determine if orders from the October 12, 2022, evaluation were corrected. This follow-up evaluation verified that the facility is in substantial compliance.

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. You are encouraged to retain this document for your records.

Please feel free to call me with any questions.

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

JMD

Electronically Delivered

December 19, 2022

Administrator
Westview Estates
703 West Yellowstone Trail
Buffalo Lake, MN 55314

RE: Project Number(s) SL30311015

Dear Administrator:

On December 6, 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 October 12, 2022. This follow-up evaluation determined your facility had not corrected all of the state licensing orders issued pursuant to the October 12, 2022 evaluation.

In accordance with Minn. Stat. § 144G.31 Subd. 4 (a), state licensing orders issued pursuant to the last evaluation completed on October 12, 2022, found not corrected at the time of the December 6, 2022, follow-up evaluation and/or subject to penalty assessment are as follows:

0470-Minimum Requirements-144g.41 Subdivision 1- $3,000.00

The details of the violations noted at the time of this follow-up evaluation completed on December 6, 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 $3,000.00**. 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

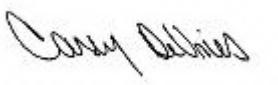
Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for 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 Casey DeVries at 651-201-5917.

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,



Casey DeVries, Supervisor
Health Regulation Division
State Evaluation Team
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Email: casey.devries@state.mn.us
Phone: 651-201-5917 Fax: 651-215-6894

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30311	A. BUILDING: _____ B. WING _____	R 12/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTVIEW ESTATES	703 WEST YELLOWSTONE TRAIL BUFFALO LAKE, MN 55314

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{0 000}	Initial Comments Initial comments *****ATTENTION****** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER In accordance with Minnesota Statutes, section 144G.08 to 144G.95 this correction order(s) has been issued pursuant to a survey. 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. INITIAL COMMENTS: SL30311015-1 On December 5, 2022, through December 6, 2022, the Minnesota Department of Health conducted a revisit at the above provider, via desk audit, to follow-up on orders issued pursuant to a survey completed on October 12, 2022. At the time of the survey, there were 17 residents, all of whom received services under the Assisted Living license. As a result of the revisit, the following orders were reissued.	{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.	
{0 110} SS=F	144G.10 Subdivision 1a Assisted living director license required	{0 110}		

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{0 110}	Continued From page 1 Each assisted living facility must employ an assisted living director licensed or permitted by the Board of Executives for Long Term Services and Supports. This MN Requirement is not met as evidenced by: No further action required.	{0 110}		
{0 470} SS=I	144G.41 Subdivision 1 Minimum requirements (11) develop and implement a staffing plan for 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	{0 470}		

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{0 470}	Continued From page 2 (v) capable of following directions; This MN Requirement is not met as evidenced by: 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. 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). The findings include: The licensee held an Assisted Living Facility license with a bed capacity of 20 residents, and had a current census of 17 residents. During the entrance conference with director of nursing (DON)-A, via telephone on December 5, 2022, at 11:23 a.m., the surveyor requested a current staffing schedule. DON-A stated the schedule was developed weekly and she would send the schedule as far out as it was scheduled. On December 5, 2022, at 12:46 p.m., requested information was received, via email, from DON-A. A document titled Assisted Living Survey October 10-12, 2022, included, "The staffing plan was	{0 470}		

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{0 470}	Continued From page 3	{0 470}		

updated to reflect who is responsible for scheduled and unscheduled resident needs 24/7. We have applied for a variance to use the staff from the care center to meet the resident needs. Applied on 10/11/2022." The schedules dated November 28, 2022, through December 4, 2022, December 5, 2022, through December 11, 2022, and December 12, 2022, through December 18, 2022, noted emergency services were available 24/7 through the Care Center and services were provided on an as needed basis through the Care Center, including medication administration and treatments. The schedule also indicated a certified nursing assistant (CNA) was scheduled Monday, Tuesday, Wednesday, Thursday, and Friday, 6:30 a.m. to 2:00 p.m. In addition, a registered nurse (RN) was scheduled on Tuesday from 9:00 a.m. to 2:00 p.m. Also included on the schedule on each weekday, a Care Center trained medication aide (TMA) was scheduled to provide services in the Assisted Living facility at 7:30 a.m. to 7:45 a.m., 11:00 a.m. to 11:15 a.m., 4:00 p.m. to 4:15 p.m. (two TMA scheduled), 5:00 p.m. to 5:15 p.m., 7:00 p.m. to 7:15 p.m., 7:30 p.m. to 7:45 p.m., and 8:00 p.m. to 8:15 p.m. There were no staff scheduled after 8:15 p.m. on any weekday, and there were no CNA staff scheduled on Saturday and Sunday; however, two Care Center trained medication aides were scheduled at 7:00 a.m. to 7:15 a.m., 11:30 a.m. to 11:45 a.m., and 4:00 p.m. to 4:15 p.m. At 7:00 p.m. to 7:15 p.m., and at 8:00 p.m. to 8:15 p.m., one Care Center trained medication aide was scheduled. There were no staff scheduled after 8:15 p.m. on the weekends.

On December 5, 2022, at 3:03 p.m., during a telephone interview, DON-A stated the schedules included a CNA that worked each day, Monday through Friday, from 6:30 a.m. to 2:00 p.m., to

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{0 470}	Continued From page 4 provide services including laundry, housekeeping, bathing, and sometimes compression stockings, but no medications. DON-A stated the trained medication aides from the Care Center were scheduled at specific times throughout the day, to provide specific tasks to the assisted living residents such as compression stockings and medication administration, and after 8:15 p.m., on weekdays and on weekends, residents had pendants and had two emergency pull cords in their apartments to call staff from the Care Center, if needed. DON-A stated there was no staff specifically on duty for the assisted living facility during these hours; however, stated the assisted living residents rarely needed anything and it was common for them to hit their call button by mistake. DON-A stated the licensee had applied for a variance and recently provided additional information; however, were still awaiting a decision from the Minnesota Department of Health. The licensee's undated, Staffing, Direct-Care Staffing Plan and Daily Schedule policy 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 and will be adequate to address: each resident's needs as identified in the service plan and assisted living contract; ability to meet the residents' schedule and reasonably unforeseeable unscheduled needs given the physical layout of the facility premises; and staff competency and training. No further information was provided.	{0 470}		
{0 630} SS=E	144G.42 Subd. 6 (b) Compliance with requirements for reporting ma	{0 630}		

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{0 630}	Continued From page 5 (b) The facility must develop and implement an individual abuse prevention plan for each vulnerable adult. The plan shall contain an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults; the person's risk of abusing other vulnerable adults; and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. For purposes of the abuse prevention plan, abuse includes self-abuse. This MN Requirement is not met as evidenced by: No further action required.	{0 630}		
{0 650} SS=E	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	{0 650}		

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{0 650}	Continued From page 6 services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and (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: No further action required.	{0 650}		
{0 660} SS=F	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. This MN Requirement is not met as evidenced by:	{0 660}		

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{0 660}	Continued From page 7 No further action required.	{0 660}		
{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 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	{0 810}		

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{0 810}	Continued From page 8 by: No further action required.	{0 810}		
{0 970} SS=C	144.50 Subd. 5 Waivers of liability prohibited The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law. This MN Requirement is not met as evidenced by: No further action required.	{0 970}		
{01460} SS=E	144G.63 Subdivision 1 Orientation of staff and supervisors All staff 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 may be incorporated into the training required under subdivision 5. The orientation need only be completed once for each staff person and is not transferable to another facility. This MN Requirement is not met as evidenced by: No further action required.	{01460}		
{01500} SS=E	144G.63 Subd. 5 Required annual training	{01500}		

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{01500}	Continued From page 9 (a) All staff that perform direct services must complete at least eight hours of annual training for each 12 months of employment. The training may be obtained from the facility or another source and must include topics relevant to the provision of assisted living services. The annual training must include: (1) training on reporting of maltreatment of vulnerable adults under section 626.557; (2) review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; (3) review of infection control techniques used in the home and implementation of infection control standards including a review of hand washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting communicable diseases; (4) effective approaches to use to problem solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders; (5) review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and (6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person. (b) In addition to the topics in paragraph (a), annual training may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this	{01500}		

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{01500}	Continued From page 10 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 challenges it poses to communication; (2) the 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: No further action required.	{01500}		
{01730} SS=F	144G.71 Subd. 5 Individualized medication management plan (a) For each resident receiving medication management services, the assisted living facility must prepare and include in the service plan a written statement of the medication management services that will be provided to the resident. The facility must develop and maintain a current individualized medication management record for each resident based on the resident's assessment that must contain the following: (1) a statement describing the medication management services that will be provided; (2) a description of storage of medications based on the resident's needs and preferences, risk of	{01730}		

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WESTVIEW ESTATES	703 WEST YELLOWSTONE TRAIL BUFFALO LAKE, MN 55314

(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
{01730}	Continued From page 11 diversion, and consistent with the manufacturer's directions; (3) documentation of specific resident instructions relating to the administration of medications; (4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis; (5) identification of medication management tasks that may be delegated to unlicensed personnel; (6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and (7) any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions. (b) The medication management record must be current and updated when there are any changes. (c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management. This MN Requirement is not met as evidenced by: No further action required.	{01730}		
{01940} SS=F	144G.72 Subd. 3 Individualized treatment or therapy managemen For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written	{01940}		

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{01940}	Continued From page 12 statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following: (1) a statement of the type of services that will be provided; (2) documentation of specific resident instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes. This MN Requirement is not met as evidenced by: No further action required.	{01940}		

Electronically Delivered

November 8, 2022

Administrator
Westview Estates
703 West Yellowstone Trail
Buffalo Lake, MN 55314

RE: Project Number(s) SL30311015

Dear Administrator:

The Minnesota Department of Health completed an evaluation on October 12, 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 - 0470 - 144g.41 Subdivision 1 - Minimum Requirements - $3,000.00

St - 0 - 1750 - 144g.71 Subd. 7 - Delegation Of Medication Administration - $3,000.00

The total amount you are assessed is $6,000.00. 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30311	A. BUILDING: _____ B. WING _____	10/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTVIEW ESTATES	703 WEST YELLOWSTONE TRAIL BUFFALO LAKE, MN 55314

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0 000	Initial Comments Initial comments ******ATTENTION****** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) 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: SL30311015 On October 10, 2022, through October 12, 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 15 residents; all of whom received services under the provider's Assisted Living license. 0470: An immediate correction order was issued on October 10, 2022. The immediacy was removed; however, non-compliance remains at a level 3, widespread scope (I). 1750: An immediate correction order was issued on October 11, 2022. The immediacy was removed; however, non-compliance remains at a level 3, widespread scope (I).	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.	

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0 110	Continued From page 1	0 110		
0 110 SS=F	144G.10 Subdivision 1a Assisted living director license required Each assisted living facility must employ an assisted living director licensed or permitted by the Board of Executives for Long Term Services and Supports. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the licensed assisted living director (LALD)-A was listed as the Director of Record for the licensee. This had the potential to affect all the licensee's 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 of the residents). The findings include: LALD-A started employment on March 5, 2001, under the licensee's class F home care license and began providing assisted living services on August 1, 2021. On October 10, 2022, at approximately 11:03 p.m. during the entrance conference, a request was made to see LALD-C's Minnesota Board of Executives for Long-Term Services and Support (BELTSS) license.	0 110		

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0 110	Continued From page 2 On October 11, 2022, at approximately 4:55 p.m. the BELTSS website indicated LALD-A currently held a LALD license, but LALD-A was not listed as the Director of Record for any licensee and was not listed as a shared director. On October 12, 2022, at approximately 10:27 p.m. during an interview with Administrator, stated LALD-A was the LALD for the licensee, and he did not know if he was the shared director for the licensee. No further information was provided TIME PERIOD FOR CORRECTION: Seven (7) days	0 110		
0 470 SS=I	144G.41 Subdivision 1 Minimum requirements (11) develop and implement a staffing plan for 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;	0 470		

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0 470	Continued From page 3 (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 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. This resulted in an immediate correction order on October 10, 2022, at approximately 3:00 p.m. 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). The findings include: The licensee held an Assisted Living Facility license with a bed capacity of 20 residents: with a current census of 16 residents. During the entrance conference on October 10, 2022, at 11:03 a.m. director of nursing (DON)-A	0 470		

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0 470	Continued From page 4 and licensed social worker (LSW)-B stated beside nursing coverage during the day Tuesday from 9:00 a.m. to 1:00 p.m., there was one unlicensed personnel (ULP) from 6:30 a.m. to 2:00 p.m. Monday through Friday. DON-A and LSW-B stated between the hours of 2:30 p.m. to 6:30 a.m. staff from the attached nursing home responded to call lights, and completed scheduled medication administrations and removal of compression socks; there was no staff specifically on duty for the assisted living facility during these hours. DON-A stated the facility did not have a staffing waiver and this is how the facility had been staffed for "years." DON-A further stated the call lights were hardwired together into the nursing home and alerted staff per the panel. If the resident pressed their emergency pendant, it would notify staff via Walkie talkie. On October 10, 2022, at 2:58 p.m. DON-A stated the nursing home staff that covered the assisted living residents between the hours of 2:30 p.m. through 6:30 a.m. were orientated to assisted living standards, and background studies affiliated with the assisted living facility. The daily posted schedule dated October 5, 2022, through October 11, 2022, noted emergency services are available 24/7 through the Care Center, services are provided on an as needed basis through the Care Center, including medication administration and treatments. It also indicated certified nursing assistant (CNA) were scheduled Monday, Wednesday, Thursday and Friday, 6:30 a.m. to 2:00 p.m., and Tuesday 6:00 a.m. to 2:00 p.m., along with a registered nurse (RN) Tuesday 9:00 a.m. to 1:00 p.m. There were no staff scheduled after 2:00 p.m. on any weekday, and no staff scheduled on Saturday or	0 470		

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0 470	Continued From page 5 Sunday. The licensee's undated, Staffing, Direct-Care Staffing Plan and Daily Schedule policy 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 and will be adequate to address: each resident's needs as identified in the service plan and assisted living contract; ability to meet the residents' schedule and reasonably unforeseeable unscheduled needs given the physical layout of the facility premises; and staff competency and training. No further information was provided. TIME PERIOD FOR CORRECTION: Immediate On October 10, 2022, at 6:13 p.m. the immediacy of correction order 0470 was removed; however, non-compliance remains at a scope and level of level three, widespread (I). TIME PERIOD FOR CORRECTION: Two (2) Days	0 470		
0 630 SS=E	144G.42 Subd. 6 (b) Compliance with requirements for reporting ma (b) The facility must develop and implement an individual abuse prevention plan for each vulnerable adult. The plan shall contain an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults; the person's risk of abusing other vulnerable adults; and statements of the specific measures to be taken to minimize the risk of abuse to that person	0 630		

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0 630	Continued From page 6 and other vulnerable adults. For purposes of the abuse prevention plan, abuse includes self-abuse. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure an individual abuse prevention plan was developed to include the required content for two of two residents (R1, R2.) 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: R1 and R2's record lacked an individualized abuse prevention plan to include an individualized assessment of the resident's susceptibility to abuse by other individuals R1 R1's diagnoses included hypertension. R1's individualized abuse and prevention plan dated January 2, 2020, indicated R1 was not at risk to abuse other vulnerable adults; however, the form lacked R1's risk of abuse by other vulnerable adults. R1's service plan dated July 5, 2022, indicated services included shower assistance,	0 630		

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0 630	Continued From page 7 compression socks, and medication administration. R2 R2's diagnoses included Type II diabetes mellitus. R2's individualized abuse and prevention plan dated June 14, 2022, indicated R2 was not at risk to abuse other vulnerable adults; however, the form lacked R2's risk of abuse by other vulnerable adults. R2's service plan dated June 14, 2022, indicated services included shower assistance, blood glucose monitoring, and medication administration. On October 12, 2022, at approximately 11:28 a.m. registered nurse (RN)-C confirmed R1 and R2's individualized abuse and prevention plan lacked the above required content. In addition, RN-C stated this was the standard form used for all residents. The licensee's Vulnerable Adult Maltreatment Policy undated, indicated the licensee would assess the resident's susceptibility to abuse by another individual, including the person's risk of abusing other vulnerable adults. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 630		
0 650 SS=E	144G.42 Subd. 8 Employee records (a) The facility must maintain current records of each paid employee, each regularly scheduled	0 650		

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0 650	Continued From page 8 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 (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 ensure employee records included all required content for two of two employees (unlicensed personnel (ULP)-F, registered nurse (RN)-C) with employee records reviewed. This practice resulted in a level two violation (a	0 650		

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0 650	Continued From page 9 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). The findings include: ULP-F and RN-C's employee record lacked evidence an annual performance review was completed. ULP-F was hired on August 1, 2021, to provide direct care services to the licensee's residents. RN-C was hired on August 1, 2021, to provide direct care services to the licensee's residents. On October 12, 2022, at 3:25 p.m. licensed social worker (LSW)-B confirmed ULP-F and RN-C's employee record did not have an up-to-date performance review. The licensee's Personnel Records policy undated, indicated the personnel record for each employee will include a performance evaluation which identify areas of improvement needed and training needs. Performance reviews must be conducted at least annually. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 650		

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0 660	Continued From page 10	0 660		
0 660 SS=F	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. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to establish and maintain a tuberculosis (TB) prevention program, based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) which included a facility TB risk assessment. This had the potential to affect all current 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, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).	0 660		

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0 660	Continued From page 11 The findings include: During the entrance conference on October 10, 2022, at approximately 11:03 a.m. with licensed assisted living director (LALD)-A and licensed social worker (LSW)-B, a request was made to review the facility TB risk assessment. LALD-A stated a facility TB risk assessment had been completed "sometime in 2021," but the licensee did not have a recent TB risk assessment completed. On October 10, 2022, at 11:58 a.m. a TB risk assessment dated February 11, 2021, was produced. The Minnesota Department of Health (MDH) guidelines, Regulations for Tuberculosis Control in Minnesota Health Care Settings dated July 2013, and based on CDC guidelines, indicated a TB infection control program should include a facility TB risk assessment. The licensee's Tuberculosis Control Plan policy updated February 2021, indicated the infection control committee will perform periodic risk assessment (every other year if low risk per risk assessment) to evaluate the actual risk of TB transmission at the facility and a reassessment of the effectiveness of the TB control program. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 660		
0 810 SS=F	144G.45 Subd. 2 (b)-(f) Fire protection and physical environment	0 810		

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0 810	Continued From page 12 (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 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 a record review and interview, the licensee failed to develop a fire safety and evacuation plan with required elements and failed to provide required resident training on fire safety	0 810		

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0 810	Continued From page 13 and evacuation. This had the potential to affect all staff, residents, 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, 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). Findings include: A record review and interview were conducted on October 10, 2022, at approximately 1:20 p.m. with Safety Director (SD)-D on the fire safety and evacuation plan, fire safety and evacuation training, and evacuation drills for the facility. Record review of the available documentation indicated that the licensee did not have fire protection procedures necessary for residents included in the fire safety and evacuation plan. During interview, SD-D verified that the fire safety and evacuation plan for the facility lacked these provisions. Record review of the available documentation indicated that the fire safety and evacuation plan did include procedures for resident movement, evacuation, or relocation during a fire or similar emergency but did not include the identification of unique or unusual resident needs for movement or evacuation. During interview, SD-D verified that the fire safety and evacuation plan for the facility lacked these provisions. Record review of the available documentation	0 810		

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0 810	Continued From page 14 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, SD-D stated that the facility did not have documentation or a policy on offering resident training of the fire safety and evacuation plan. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	0 810		
0 970 SS=C	144.50 Subd. 5 Waivers of liability prohibited The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the contract did not include language waiving the licensee's liability for health, safety, or personal property of a resident. This had the potential to affect all current residents. This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive	0 970		

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0 970	Continued From page 15 or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: On October 10, 2022, at 11:03 a.m. a copy of the licensee's contract was requested. The contract included an attachment "[The licensee] and our affiliates, employees and agents are not liable for you or to any other person for any loss or inconvenience of any kind, including personal injuries sustained by you or any other person, or any loss or damage to property of any kind, which is not the direct result of intentional or negligent acts in violation of applicable standards of care. You agree to release, indemnify, defend and hold [the licensee], their affiliates, employees, and agents harmless from any and all liability connected with your occupancy of the Apartment, except as limited herein. You further agree to indemnify, defend and hold us harmless from all liability caused by or related to your acts or the acts of your agents, family members or guests. [The licensee] have no responsibility to your or any third party for any personal property placed in the Apartment or on any other location owned by [the licensee] or it affiliates by you or the owner of such property. You assume all risk for harm or loss of any of your personal property and agree to release, indemnity, defend, and hold [the licensee] harmless from any and all liability. " On October 12, 2022, at 10:27 a.m. licensed social worker (LSW)-B verified the licensee's assisted living contract included the language indicated above. LSW-B further confirmed the same assisted living contract was used for all	0 970		

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0 970	Continued From page 16 residents at the facility. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 970		
01460 SS=E	144G.63 Subdivision 1 Orientation of staff and supervisors All staff 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 may be incorporated into the training required under subdivision 5. The orientation need only be completed once for each staff person and is not transferable to another facility. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure two of two employees (unlicensed personnel (ULP)-F, registered nurse (RN)-C) received orientation to assisted living facility licensing requirements and regulations. 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).	01460		

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01460	Continued From page 17 The findings include: During the entrance conference on October 10, 2022, at 11:03 a.m. licensed assisted living director/registered nurse (LALD/RN)-A stated she was familiar with the statutes and regulations for assisting living. LALD/RN-A verified the facility held an assisted living license. ULP-F ULP-F had a start date of January 20, 2021, and began providing assisted living services on August 1, 2021. On October 11, 2022 at 8:30 a.m. the surveyor observed ULP-F assist with bathing. RN-C RN-C had a start date of May 27, 2003, and began providing assisted living services on August 1, 2021 ULP-F and RN-C's employee record lacked evidence the employee completed orientation to assisting living facility requirements to include: - overview of Assisted Living statutes; - review of provider's policies and procedures; - handling emergencies and using emergency services; - reporting maltreatment of vulnerable adults or minors; - review of the assisted living bill of rights; - handling of resident complaints; - consumer advocacy services; - review of the type of assisted living services the employee will provide; and - principle of person-centered planning/service delivery. On October 12, 2022, at 5:08 p.m. LALD/RN-A	01460		

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01460	Continued From page 18 stated ULP-F and RN-C's employee file was missing orientation to assisted living as required. The licensee's Personnel Records policy undated, indicated the personnel record would include record of orientation. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01460		
01500 SS=E	144G.63 Subd. 5 Required annual training (a) All staff that perform direct services must complete at least eight hours of annual training for each 12 months of employment. The training may be obtained from the facility or another source and must include topics relevant to the provision of assisted living services. The annual training must include: (1) training on reporting of maltreatment of vulnerable adults under section 626.557; (2) review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; (3) review of infection control techniques used in the home and implementation of infection control standards including a review of hand washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting communicable diseases; (4) effective approaches to use to problem solve when working with a resident's challenging	01500		

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01500	Continued From page 19 behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders; (5) review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and (6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person. (b) In addition to the topics in paragraph (a), annual training 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 challenges it poses to communication; (2) the 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 two of two employees (unlicensed personnel (ULP)-F, registered nurse (RN)-C) received at least eight hours of annual training for each 12 months of employment.	01500		

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01500	Continued From page 20 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). The findings include: ULP-F and RN-C's employee records lacked evidence of eight hours of annual training. ULP-F ULP-F had a start date of January 20, 2021, and began providing assisted living services on August 1, 2021. ULP-F's employee training records lacked evidence ULP-F had successfully completed annual training as required in the following areas: - review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights - review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and - the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person. RN-C RN-C had a start date of May 27, 2003, and began providing assisted living services on August 1, 2021.	01500		

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01500	Continued From page 21 RN-C's employee training records lacked evidence RN-C had successfully completed annual training as required in the following areas: - review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights - review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and - the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person. On October 12, 2022, at 5:08 p.m. director of nursing (DON)-A stated ULP-F and RN-C had not completed annual training since the inception of the assisted living licensure in August 2021. The licensee's Annual Training policy undated, indicated all assisted living employees will complete annual education including assisted living bill of rights, review of policies and procedures relating to the provision assisted living service and how to implement them, and principles of person-centered planning and service delivery. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01500		
01730 SS=F	144G.71 Subd. 5 Individualized medication management plan (a) For each resident receiving medication management services, the assisted living facility	01730		

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01730	Continued From page 22 must prepare and include in the service plan a written statement of the medication management services that will be provided to the resident. The facility must develop and maintain a current individualized medication management record for each resident based on the resident's assessment that must contain the following: (1) a statement describing the medication management services that will be provided; (2) a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; (3) documentation of specific resident instructions relating to the administration of medications; (4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis; (5) identification of medication management tasks that may be delegated to unlicensed personnel; (6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and (7) any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions. (b) The medication management record must be current and updated when there are any changes. (c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management.	01730		

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01730	Continued From page 23 This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop an individualized medication management record with all the required content for two of two residents (R2, R1). 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). The findings include: During the entrance conference on October 10, 2022, at 11:03 a.m., director of nursing (DON)-A and licensed social worker (LSW)-B indicated the licensee provided medication management services to residents as prescribed. R2 R2's diagnoses included Type II diabetes mellitus.. R2's Service Plan dated June 14, 2022, indicated staff provided medication administration daily to R2. On October 11, 2022, at 11:16 a.m. the surveyor observed registered nurse (RN)-G administer oral medications to R2. R2's Individualized Medication Management Plan dated June 14, 2022, lacked the following	01730		

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	30311	A. BUILDING: _____ B. WING _____	10/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTVIEW ESTATES	703 WEST YELLOWSTONE TRAIL BUFFALO LAKE, MN 55314

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01730	Continued From page 24 content: - identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered timely; and - procedures for staff notifying an RN or appropriate licensed health professional when a problem arises with medication management services. R1 R1's diagnoses included essential hypertension. R1's Service Plan dated July 5, 2022, indicated staff provided medication administration daily to R1. On October 11, 2022, at 11:45 a.m. the surveyor observed registered nurse (RN)-G administer oral medications to R1. R1's Individualized Medication Management Plan dated September 27, 2022, lacked the following content: - a descriptions of storage of medications based on the resident's needs and preferences, risk of diversion and consistent with the manufacturer's directions; - identification of medication management tasks that may be delegated to unlicensed personnel; and - procedures for staff notifying an RN or appropriate licensed health professional when a problem arises with medication management services; On October 11, 2022, at 3:05 p.m. registered nurse (RN)-C verified R2 and R1's record lacked all the required content as indicated above for a medication plan, and this would be for all residents.	01730		

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01730	Continued From page 25 The licensee's Individualized Medication Management Plan policy undated, had all required content related to Minnesota Statute 144G.71 subd. 5. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01730		
01750 SS=I	144G.71 Subd. 7 Delegation of medication administration When administration of medications is delegated to unlicensed personnel, the assisted living facility must ensure that the registered nurse has: (1) instructed the unlicensed personnel in the proper methods to administer the medications, and the unlicensed personnel has demonstrated the ability to competently follow the procedures; (2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's records; and (3) communicated with the unlicensed personnel about the individual needs of the resident. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure two of two unlicensed personnel (ULP-H and ULP-J) completed training and competency evaluations for medication administration. This resulted in an immediate correction order identified on October 11, 2022, at 10:48 a.m. This practice resulted in a level three violation (a violation that harmed a resident's health or safety,	01750		

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01750	Continued From page 26 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). The findings include: ULP-H ULP-H was hired October 30, 2019, to provide direct care and services to the licensee's residents. The daily posted schedule from dates of October 4, 2022, through October 11, 2022, indicated ULP-H was scheduled to administer medications and treatments to residents on dates of October 5, 2022, 2:30 p.m. to 5:00 p.m., and October 11, 2022, 2:30 p.m. to 11:00 p.m. ULP-H's employee record lacked evidence training or competency demonstration was completed by a registered nurse (RN) for medication administration. ULP-J ULP-J was hired March 30, 2020, to provide direct care and services to the licensee's residents. The daily posted schedule from dates of October 4, 2022, through October 11, 2022, ULP-J was scheduled to administer medications and treatments to residents on dates of October 4, 2022, 2:30 p.m. to 11:00 p.m., October 6, 2022, 2:30 p.m. to 5:00 p.m., October 7, 2022, 2:30 p.m. to 11:00 p.m., October 10, 2022, 2:30 p.m.	01750		

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01750	Continued From page 27 to 5:00 p.m., and October 11, 2022, 2:30 p.m. to 11:00 p.m. ULP-J's employee record lacked evidence training or competency demonstration was completed by a RN for medication administration. On October 11, 2022, at approximately 7:30 a.m. RN-G stated that a nurse from the attached skilled nursing facility (SNF) is scheduled for medication and treatments on Monday through Friday 6:15 a.m. to 2:45 p.m., and a trained medication aid (TMA) from the SNF typically covers the 2:30 p.m. to 11:00 p.m. On October 11, 2022, at approximately 10:30 a.m. director of nursing (DON)-A confirmed the licensee had not completed training and competency evaluations for medication administration, as required for any of the licensee's ULP. The licensee's undated, Administration of Medication by Unlicensed Personnel policy indicated unlicensed personnel that will provide assistance with medication administration will be trained and competency tested by the RN. No further information was provided. TIME PERIOD FOR CORRECTION: Immediate On October 12, 2022, at 1:17 p.m. the immediacy of correction order 1750 was removed; however, non-compliance remains at a scope and level of level three, widespread (I). TIME PERIOD FOR CORRECTION: Two (2) Days	01750		

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01940	Continued From page 28	01940		
01940 SS=F	144G.72 Subd. 3 Individualized treatment or therapy managemen For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following: (1) a statement of the type of services that will be provided; (2) documentation of specific resident instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop a treatment management plan to include all required content	01940		

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01940	Continued From page 29 for two of two residents (R2, R1) who received treatments. 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). The findings include: During the entrance conference on October 10, 2022, at 11:03 a.m., director of nursing (DON)-A and licensed social worker (LSW)-B indicated the licensee provided treatment and therapy services to residents as prescribed. R2 R2's diagnoses included Type II diabetes mellitus. R2's Service Plan dated June 14, 2022, indicated staff provided blood glucose monitoring daily to R2. On October 11, 2022, at approximately 11:16 a.m. the surveyor observed registered nurse (RN)-C checking R2's blood glucose and then document the test result of 114; a reading within normal limits. RN-C confirmed R2's diabetic record lacked blood glucose parameters for when to notify the RN with R2's low or elevated blood glucose results, or other instructions related to blood glucose results. R2's Individualized Treatment and Therapy	01940		

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01940	Continued From page 30 Management plan dated June 14, 2022, lacked the following content: - documentation of specific resident instructions relating to the treatments or therapy administration; - identification of treatment or therapy tasks that will be delegated to unlicensed personnel; and - procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services. R1 R1's diagnoses included essential hypertension. R1's Service Plan dated July 5, 2022, indicated staff provided daily application of compression socks to R1. On October 11, 2022, at 11:18 a.m. the surveyor observed unlicensed personnel (ULP)-F apply thigh high compression socks to R1. R1's Individualized Treatment and Therapy Management plan dated June 14, 2022, lacked the following content: - identification of treatment or therapy tasks that will be delegated to unlicensed personnel; and - any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes. On October 11, 2022, at 3:05 p.m. registered nurse (RN)-C verified R2 and R1's record lacked	01940		

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01940	Continued From page 31 all the required content (as stated above) for a treatment and therapy management plan, and this would be for all residents. The licensee's Individualized Treatment and Therapy Management Plan policy undated, had all required content related to Minnesota Statute 144G.72, subd. 3. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01940		