



Protecting, Maintaining and Improving the Health of All Minnesotans

June 26, 2023

Licensee
New Perspective - Roseville
2750 North Victoria Street
Roseville, MN 55113

RE: Project Number(s) SL20022015

Dear Licensee:

On June 22, 2023, the Minnesota Department of Health completed a follow-up survey of your facility to determine if orders from the May 5, 2023, survey were corrected. This follow-up survey verified that the facility is in substantial compliance.

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

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in cursive script that reads 'Jessica Chenze'.

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

JMD



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

June 2, 2023

Licensee
New Perspective - Roseville
2750 North Victoria Street
Roseville, MN 55113

RE: Project Number(s) SL20022015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on May 2, 2023, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, the MDH 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.

STATE CORRECTION ORDERS

The enclosed State Form documents the state correction orders. The MDH 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 may be 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.31, Subd. 4 (a)(5), the MDH may impose fine amounts of either \$1,000 or \$5,000 to licensees who are found to be responsible for maltreatment.

The MDH may impose 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 MDH

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 (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 survey:

St - 0 - 2310 - 144g.91 Subd. 4 (a) - Appropriate Care And Services - \$3,000.00

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 approximately 30 days after receipt of this notice, subject to appeal.

DOCUMENTATION OF ACTION TO COMPLY

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

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(s) issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by the MDH within 15 calendar days of the correction order receipt date.

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

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

Please address your cover letter for reconsideration requests to:

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

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 MDH within 15 business days of the correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor. 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 the letter and state form with your organization's Governing Body.

If you have any questions, please contact me.

Sincerely,



Jess Schoenecker, Supervisor
State Evaluation Team
Email: jess.schoenecker@state.mn.us
Telephone: 651-201-3789 Fax: 651-281-9796

JMD

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/02/2023
NAME OF PROVIDER OR SUPPLIER NEW PERSPECTIVE - ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2750 NORTH VICTORIA STREET ROSEVILLE, MN 55113		
(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 *****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: SL20022015 On May 1, 2023, through May 5, 2023, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were 83 active residents receiving services under the Assisted Living with Dementia Care license. An immediate correction order was identified on May 2, 2023, issued for SL20022015-0, tag identification 2310. On May 3, 2023, the immediacy of correction order 2310 was removed, however non-compliance remained and the scope and level remain unchanged.	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.	
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements	0 480		

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/02/2023
NAME OF PROVIDER OR SUPPLIER NEW PERSPECTIVE - ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2750 NORTH VICTORIA STREET ROSEVILLE, MN 55113		
(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
0 480	Continued From page 1 (13) offer to provide or make available at least the following services to residents: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: Please refer to the included document titled, Food and Beverage Establishment Inspection Report dated May 2, 2023, for the specific Minnesota Food Code deficiencies. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 480		
0 650 SS=D	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:	0 650		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/02/2023
NAME OF PROVIDER OR SUPPLIER NEW PERSPECTIVE - ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2750 NORTH VICTORIA STREET ROSEVILLE, MN 55113		
(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
0 650	Continued From page 2 (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. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure employee records included all required documented training and competencies for unlicensed personnel ((ULP)-B) who would provide medications for residents with unplanned time away from home when a licensed nurse was not available. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).	0 650		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/02/2023
NAME OF PROVIDER OR SUPPLIER NEW PERSPECTIVE - ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2750 NORTH VICTORIA STREET ROSEVILLE, MN 55113		
(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
0 650	Continued From page 3 The findings include: ULP-B was hired November 15, 2003, and began providing assisted living services on August 1, 2021, when the licensee was issued their assisted living with dementia care license. ULP-B's Medication Pass/Observation Review dated December 9, 2011, indicated ULP-B was trained on medication administration. ULP-B's Training Topic: Medication Administration/Refresher Course dated October 7, 2014, indicated ULP-B was trained on licensee's medication administration processes. ULP-B's record lacked documentation ULP-B was trained and found competent to provide medications to residents who may have an unplanned time away from home. On May 2, 2023, at approximately 6:30 a.m., the surveyor observed ULP-B provide medication administration to multiple residents who received medication administration services. ULP-B indicated they were trained on licensee's Leaves of Absence (LOA) and Medications guide. On May 3, 2023, at approximately 1:00 p.m., licensed assisted living director (LALD)-C and clinical nurse supervisor (CNS)-D indicated all employees who administer medications are trained on the licensee's LOA guide. LALD-C indicated training for LOA occurs, but documentation for the training was not located in ULP-B's record. The licensee's Medication Management - Leaves of Absence and Medication Management - Training and Competency of Staff both dated	0 650		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/02/2023
NAME OF PROVIDER OR SUPPLIER NEW PERSPECTIVE - ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2750 NORTH VICTORIA STREET ROSEVILLE, MN 55113		
(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
0 650	Continued From page 4 November 5, 2021, indicated the licensee's instruction for preparing medications for unplanned times away and training would be documented in the employee's training record. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 650		
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 residents. (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.	0 680		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/02/2023
NAME OF PROVIDER OR SUPPLIER NEW PERSPECTIVE - ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2750 NORTH VICTORIA STREET ROSEVILLE, MN 55113		
(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 5 This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to maintain a written emergency preparedness (EP) plan with all the required content as defined in Appendix Z. This had the potential to 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, 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: The licensee's undated EP plan lacked the following content: - Subsistence Needs for Staff and Patients; - Procedures for Tracking of Staff and Patients; - Policies and Procedures for Medical Documents; - Arrangement with Other Facilities; - Roles under a Waiver Declared by Secretary; - Development of Communication Plan; - Primary/Alternate Means for Communication; - Methods for Sharing Information; - Sharing Information on Occupancy/Needs; - LTC Family Notifications; - Emergency Prep Training and Testing; - Emergency Prep Training Program; and - Integrated Health Systems; On May 1, 2023, at 12:02 p.m., director of maintenance (DM)-E statedE stated licensee did have the Risk assessment and the annual	0 680		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/02/2023
NAME OF PROVIDER OR SUPPLIER NEW PERSPECTIVE - ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2750 NORTH VICTORIA STREET ROSEVILLE, MN 55113		
(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 6 updates. In addition, licensed assisted living director (LALD)-C stated EPP was missing information, and licensee had gone through the emergency binder and licensee's quality management project team was to update the emergency binder. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 680		
0 780 SS=F	144G.45 Subd. 2 (a) (1) Fire protection and physical environment (a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: (1) for dwellings or sleeping units, as defined in the State Fire Code: (i) provide smoke alarms in each room used for sleeping purposes; (ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms; (iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics; (iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and (v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated;	0 780		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/02/2023
NAME OF PROVIDER OR SUPPLIER NEW PERSPECTIVE - ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2750 NORTH VICTORIA STREET ROSEVILLE, MN 55113		
(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
0 780	Continued From page 7 This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide interconnection of smoke alarms inside resident units throughout the facility. This has the potential to directly affect the residents, visitors, and staff. 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: On May 4, 2023, approximately from 10:40 a.m. to 2:30 p.m., survey staff toured the facility with the director of maintenance (DM)-E and the regional manager (RM)-F. During the tour, survey staff observed the following: MEMORY CARE RESIDENT UNITS: Survey staff observed smoke detectors and smoke alarms were installed inside the resident rooms throughout the memory care units on the first floor. Survey staff asked for clarification if the smoke detectors would have an alarm function to sound inside the room as there were also smoke alarms installed near the smoke detectors. Furthermore, the DM-E tested the smoke alarms inside the one-bedroom units and the two-bedroom unit and the smoke alarms were not interconnected to sound throughout but each smoke alarm in the resident rooms sounded local	0 780		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/02/2023
NAME OF PROVIDER OR SUPPLIER NEW PERSPECTIVE - ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2750 NORTH VICTORIA STREET ROSEVILLE, MN 55113		
(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
0 780	Continued From page 8 when tested. The RM-F agreed to provide survey staff with the annual fire alarm report to verify if the smoke detectors alarm inside each memory care resident room were interconnected inside each unit and had a built-in sound base to meet the requirement instead of smoke alarms. Survey staff asked about the redundancy of the smoke alarms and smoke detectors as staff observed the one-bedroom memory care units with smoke alarms and smoke detectors inside the bedroom and also outside the vicinity of the bedroom. The RM-F agreed that further investigation was needed by the licensee to determine why and only maintained what smoke alarms and/or smoke detectors were needed to meet the requirements and minimize the replacement/maintenance of them. Further review of the annual fire alarm inspection report, dated 1/17/2023, the smoke detectors are designed to connect to the fire alarm panel which would activate the horn strobe outside the resident rooms and would not sound inside the resident rooms as required for notification. The finding was evident in the annual fire alarm inspection report, dated 1/17/2023. did not include that the smoke detectors inside resident rooms had a built-in sound base. ASSISTED LIVING RESIDENT UNITS Inside the one-bedroom and two-bedroom resident units throughout the second, third, and fourth floors of the facility, the smoke alarms when tested by the DM-E were not interconnected. The findings were evident as each smoke alarm sounded local and failed to activate the other required smoke alarm(s). In addition, inside the studio resident room 453, the smoke alarm failed to sound when tested by the	0 780		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/02/2023
NAME OF PROVIDER OR SUPPLIER NEW PERSPECTIVE - ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2750 NORTH VICTORIA STREET ROSEVILLE, MN 55113		
(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
0 780	Continued From page 9 DM-E. All listed findings were visually and/or verbally verified by the DM-E and the RM-F accompanying the tour. On May 4, 2023, at approximately 4:30 p.m., during the exit interview, the licensed assisted living director-C, the RM-F, and the DM-E acknowledged the above findings. Additional information was received from the LALD-C via email on Friday, 5/05/2023, at 4:09 p.m. with an attached annual fire alarm inspection report dated 1/17/2023. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 780		
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 physical environment of the facility in a continuous state of good repair and operation. This has the potential to directly affect the health, safety, and well-being of all residents and staff.	0 800		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/02/2023
NAME OF PROVIDER OR SUPPLIER NEW PERSPECTIVE - ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2750 NORTH VICTORIA STREET ROSEVILLE, MN 55113		
(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
0 800	Continued From page 10 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: On May 4, 2023, approximately from 10:40 a.m. to 2:30 p.m., survey staff toured the facility with the director of maintenance (DM)-E and the regional manager (RM)-F. During the tour, survey staff observed the following: 1. The exterior stairway exit landing from the exit discharge stairway C (south of the facility) had an approximately 2-inch crack across the landing creating a tripping hazard in the exit walkway. Survey staff explained that discharge from an exit stairway must be maintained to prevent tripping hazards in the means of egress from the building to the roadway and that the landing area must be investigated for a permanent fix solution as there appears to be water intrusion causing the large crack in the landing. 2. The main dining room exit door into the lobby for exiting failed to open when survey staff tried to open the door using the push bar door hardware. The DM-E acknowledged the finding as he stated that the door hardware was broken and had not been fixed. 3. Wall penetrations were observed between the sprinkler riser/mechanical room and the electrical room that comprised the fire rating of the mechanical room. 4. Inside the memory resident room 159, survey	0 800		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/02/2023
NAME OF PROVIDER OR SUPPLIER NEW PERSPECTIVE - ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2750 NORTH VICTORIA STREET ROSEVILLE, MN 55113		
(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
0 800	Continued From page 11 staff observed a space heater (unplugged) and loose fire sprinkler escutcheon. 5. The fire-rated door for the laundry room (3rd floor) was wedged in open positions which compromised the fire safety of the corridor. Survey staff explained that all fire-rated doors must be in proper working order to maintain the integrity corridor to protect the residents and staff during a fire. 6. Comply with outstanding local fire code orders. Survey staff asked the DM-E about any local fire orders and the DM-E agreed and stated that they did have local fire marshal orders that still needed to be completed. 7. Survey staff observed boiler and chiller system access panels were opened for maintenance in resident rooms (451/452) on the 4th floor. The DM-E stated that the work will be completed by the end of the week. 8. A water leak on the inlet side of the main building water meter (near the control valve). The DM-E stated he had ongoing discussion about the leak with the city to determine if they are responsible for the repair of the leak. 9. Inside the housekeeping rooms survey staff observed the plumbing traps of the service sinks were dried out as there was a strong sewer gas odor. Survey staff explained that sewer gas in the building environment creates unsafe and health risks to residents and employees. The DM-E agreed and stated that the sinks had not been used but he planned on routinely replenishing the plumbing traps to prevent sewer gas from entering the rooms/buildings. All listed findings were visually and/or verbally verified by the DM-E and the RM-F accompanying the tour. On May 4, 2023, at approximately 4:30 p.m.,	0 800		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/02/2023
NAME OF PROVIDER OR SUPPLIER NEW PERSPECTIVE - ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2750 NORTH VICTORIA STREET ROSEVILLE, MN 55113		
(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
0 800	Continued From page 12 during the exit interview, the licensed assisted living director-C, the RM-F, and the DM-E acknowledged the above findings. No further information was provided. 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 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	0 810		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/02/2023
NAME OF PROVIDER OR SUPPLIER NEW PERSPECTIVE - ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2750 NORTH VICTORIA STREET ROSEVILLE, MN 55113		
(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
0 810	Continued From page 13 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 observation, record review, and interview, the licensee failed to provide the complete content of the fire safety and evacuation plan. This has the potential to directly affect the safety of all residents and staff. 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: On May 4, 2023, at approximately 2:45 p.m., survey staff received the emergency preparedness plan (EPP) binder from the director of maintenance (DM)-E that included the facility fire safety and evacuation plan and related documentation. At approximately 3:30 p.m., survey staff received another printout of the EPP plan (dated May 1, 2023), from the licensed assisted living director (LALD)-C and she stated that was the most current fire safety and evacuation that they just received from our regional office for review. At approximately 4:10 p.m., document review and interview with the LALD-C, the DM-E, and the regional manager	0 810		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/02/2023
NAME OF PROVIDER OR SUPPLIER NEW PERSPECTIVE - ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2750 NORTH VICTORIA STREET ROSEVILLE, MN 55113		
(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
0 810	Continued From page 14 (RM)-F indicated the EPP documentation (dated May 1, 2023) received from their regional office on the fire safety and evacuation plan lacked site-specific resident evacuation location information during a fire or similar emergency. During the interview, the LALD-C verified and agreed that the fire safety and evacuation plan for the facility lacked the relocation provision as they just received the latest version fire safety and evacuation plan (EPP documentation dated 5/1/2023) from their regional office earlier in the day. On May 4, 2023, at approximately 4:10 p.m., document review and interview with the LALD-C, the RM-F, and the DM-E indicated the labeled exit door (with the broken push bar hardware) from the dining room into the lobby was not shown on the first floor evacuation plan. On May 4, 2023, at approximately 4:30 p.m., during the exit interview, the RM-F, DM-E, and the LALD-C acknowledged the above finding. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21)	0 810		
01470 SS=D	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	01470		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/02/2023
NAME OF PROVIDER OR SUPPLIER NEW PERSPECTIVE - ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2750 NORTH VICTORIA STREET ROSEVILLE, MN 55113		
(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 15 emergency services; (4) compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC); (5) the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; (6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person; (7) handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints; (8) consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services; and (9) a review of the types of assisted living services the employee will be providing and the facility's category of licensure. (b) In addition to the topics in paragraph (a), orientation may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics: (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and the challenges it poses to communication; (2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations,	01470		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/02/2023
NAME OF PROVIDER OR SUPPLIER NEW PERSPECTIVE - ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2750 NORTH VICTORIA STREET ROSEVILLE, MN 55113		
(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 16 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 employees received orientation to assisted living facility licensing requirements and regulations prior to providing services for one of two employees (registered nurse (RN)-A). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: RN-A was an agency staff and started to provide direct care services to residents at the assisted living facility December 12, 2022. RN-A's Supplemental Staffing Agency Orientation dated December 6, 2022, indicated RN-A had received the following training: - Review of provider's policies and procedures; - Handling emergencies and using emergency services; - Handing of resident complaints, reporting of	01470		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/02/2023
NAME OF PROVIDER OR SUPPLIER NEW PERSPECTIVE - ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2750 NORTH VICTORIA STREET ROSEVILLE, MN 55113		
(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 17 complaints, where to report; and - Review of types of Assisted Living services the employee will provide and provider's scope of license. RN-A's employee record lacked the following required initial orientation: - overview of assisted living statutes; - Reporting maltreatment of vulnerable adults or minors; - Assisted Living bill of rights; - consumer advocacy services; and - principles of person-centered planning/service delivery. On May 2, 2023, at 1:45 p.m., clinical nurse supervisor (CNS)-D stated licensee did not have a system in place to orient agency employees to core orientation but will provide documentation of what was completed for RN-A at hire. The licensee's Team Member Orientation and Training policy dated January 27, 2023, indicated all team members providing and supervising direct services must complete their orientation to the Community requirements and applicable regulations before providing assisted living services to residents. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01470		
01500 SS=D	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	01500		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/02/2023
NAME OF PROVIDER OR SUPPLIER NEW PERSPECTIVE - ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2750 NORTH VICTORIA STREET ROSEVILLE, MN 55113		
(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
01500	Continued From page 18 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 subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics:	01500		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/02/2023
NAME OF PROVIDER OR SUPPLIER NEW PERSPECTIVE - ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2750 NORTH VICTORIA STREET ROSEVILLE, MN 55113		
(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
01500	Continued From page 19 (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 annual training included all required topics for each 12 months of employment, for one of one employee (unlicensed personnel (ULP)-B). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: ULP-B was hired November 15, 2003, and began providing assisted living services on August 1, 2021, when the licensee was issued their assisted living with dementia care license. Licensed assisted living director (LALD)-C	01500		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/02/2023
NAME OF PROVIDER OR SUPPLIER NEW PERSPECTIVE - ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2750 NORTH VICTORIA STREET ROSEVILLE, MN 55113		
(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
01500	Continued From page 20 provided ULP-B's Academy: [Licensee] Team Member Learning Center transcript exported May 1, 2023, and indicated document included all ULP-B's current annual orientation. LALD-C indicated ULP-B's TMO: NP Orientation class would include ULP-B's review of the licensee's policy and procedure as required for annual training. ULP-B last completed the TMO: NP Orientation class on November 4, 2013. On May 3, 2023, at approximately 1:00 p.m., licensed assisted living director (LALD)-C and clinical nurse supervisor (CNS)-D indicated ULP-B would need to complete the required annual training as ULP-B's record lacked documentation all required annual training was completed. The licensee's Team Member Orientation and Training policy dated January 27, 2023, indicated employees would complete annual training to include a review of licensee's policies and procedures. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01500		
01620 SS=E	144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring (c) Resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services. Ongoing resident reassessment and monitoring must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days	01620		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/02/2023
NAME OF PROVIDER OR SUPPLIER NEW PERSPECTIVE - ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2750 NORTH VICTORIA STREET ROSEVILLE, MN 55113		
(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
01620	Continued From page 21 from the last date of the assessment. (d) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review. (e) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the registered nurse (RN) completed a comprehensive nursing assessment within the required 90-day timeframe for two of five residents (R4, R5). 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:	01620		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/02/2023
NAME OF PROVIDER OR SUPPLIER NEW PERSPECTIVE - ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2750 NORTH VICTORIA STREET ROSEVILLE, MN 55113		
(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
01620	Continued From page 22 R4 R4 was admitted on April 1, 2021. On May 2, 2023, clinical nursing supervisor (CNS)-D provided R4's most recent Comprehensive Assessment (MN) dated January 25, 2023. A total of 97 days had passed since R4's previous comprehensive assessment. R5 R5 was admitted on June 2, 2017. On May 2, 2023, CNS-D provided R5's most recent Comprehensive Assessment (MN) dated April 20, 2023, and R5's previously completed Comprehensive Assessment (MN) dated January 12, 2023. A total of 98 days had passed between the assessments. On May 3, 2023, at approximately 1:00 p.m., licensed assisted living director (LALD)-C and clinical nurse supervisor (CNS)-D indicated licensee's policy indicated comprehensive assessments would not be greater than 90-days from the previous assessment. The licensee's Assessments and Evaluations policy dated July 22, 2021, indicated comprehensive assessments would be no more than 90 days from the previous assessment. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01620		
01640 SS=E	144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to	01640		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/02/2023
NAME OF PROVIDER OR SUPPLIER NEW PERSPECTIVE - ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2750 NORTH VICTORIA STREET ROSEVILLE, MN 55113		
(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
01640	Continued From page 23 (a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan. (b) The service plan and any revisions must include a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities. (c) The facility must implement and provide all services required by the current service plan. (d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable. (e) Staff providing services must be informed of the current written service plan. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the current service plan included a signature or other authentication by the licensee or resident or resident's representative to document agreement of services to be provided for two of five residents (R2, R4). 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	01640		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/02/2023
NAME OF PROVIDER OR SUPPLIER NEW PERSPECTIVE - ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2750 NORTH VICTORIA STREET ROSEVILLE, MN 55113		
(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
01640	Continued From page 24 than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive). The findings include: R2 R2 was admitted on July 1, 2017. R2's Resident Service Agreement (Includes IAPP) with effective date of February 15, 2023, was provided by licensed assisted living director (LALD)-C who indicated it was R2's most currently authenticated and agreed upon service plan. R2's Resident Service Agreement (Includes IAPP) with effective date of May 2, 2023, included ten (10) services with effective dates after February 15, 2023, an increase in the Total Monthly Charges, and lacked authentication by the licensee or resident or resident's representative to document agreement of the services to be provided. R4 R4 was admitted on April 1, 2021. R4's Resident Service Agreement (Includes IAPP) with effective date of September 13, 2022, was provided by LALD-C who indicated it was R4's most currently authenticated and agreed upon service plan. R4's Resident Service Agreement (Includes IAPP) with effective date of May 2, 2023, included ten (10) services with effective dates after September 13, 2022, an increase in the Total Monthly Charges, and lacked authentication by the licensee or resident or resident's	01640		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/02/2023
NAME OF PROVIDER OR SUPPLIER NEW PERSPECTIVE - ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2750 NORTH VICTORIA STREET ROSEVILLE, MN 55113		
(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
01640	Continued From page 25 representative to document agreement of the services to be provided. On May 2, 2023, at approximately 11: 00 a.m., clinical nurse supervisor (CNS)-D stated licensee did not believe service plans needed to be authenticated when revised when fees for the agreed upon services were changed. CNS-D stated licensee's expectation are to obtain authentication for service plan revisions when services changed. The licensee's Resident Service Plan policy dated March 16, 2023, read, "the service plan is revised and signed by a nurse and the resident and/or the resident's legal representative any time services change based on changes in the resident's needs or preferences, and any time the Community's fee schedule changes." No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01640		
01820 SS=D	144G.71 Subd. 13 Prescriptions There must be a current written or electronically recorded prescription as defined in section 151.01, subdivision 16a, for all prescribed medications that the assisted living facility is managing for the resident. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure written or electronically recorded prescriptions were obtained for one of five residents (R2) who had	01820		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/02/2023
NAME OF PROVIDER OR SUPPLIER NEW PERSPECTIVE - ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2750 NORTH VICTORIA STREET ROSEVILLE, MN 55113		
(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
01820	Continued From page 26 medication management services. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: R2 was admitted on July 1, 2017. R2's Resident Service Agreement (Includes IAPP) signed April 27, 2023, indicated R2 had received Service Type: Med and Treatment Plan since September 17, 2021 R2's Medication and Treatment Assessment and Management Plan dated February 17, 2023, indicated R2 needed assistance with knowing their medications, knowing when to take their medications, and read, "1.b11. Where are resident's medications stored? A. Medications are stored in locked medication carts," and "1.b 14. Over The Counter (OTC) medications labeled with date opened and stored in locked medication cart or locked medication room. B. N/A - resident has no Over The Counter (OTC) medications." On May 2, 2023, at approximately 6:30 a.m., surveyor observed in R2's private room, an opened and mostly empty bottle of calcium carbonate (an OTC antacid medication commonly referred to as the name brand TUMs) stored in a plastic storage tote on R2's nightstand.	01820		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/02/2023
NAME OF PROVIDER OR SUPPLIER NEW PERSPECTIVE - ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2750 NORTH VICTORIA STREET ROSEVILLE, MN 55113		
(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
01820	Continued From page 27 R2's Physician Order Sheet signed by R2's licensed health professional (LHP) on March 2, 2023, lacked an order for calcium carbonate to be administered to R2. On May 3, 2023, at approximately 1:00 p.m., licensed assisted living director (LALD)-C and clinical nurse supervisor (CNS)-D indicated medications for all residents who receive medication management services should have an active order for each medication administered to the residents. The licensee's Medication Management policy dated September 16, 2022, indicated a prescription for each medication a resident takes would be in each respected resident's record. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01820		
01880 SS=F	144G.71 Subd. 19 Storage of medications An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to date medications when first opened for multiple residents and ensure medications were stored securely for four of four residents (R2, R3, R6, R11) with	01880		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/02/2023
NAME OF PROVIDER OR SUPPLIER NEW PERSPECTIVE - ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2750 NORTH VICTORIA STREET ROSEVILLE, MN 55113		
(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
01880	Continued From page 28 medications management services. 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: R2 R2 was admitted on July 1, 2017. R2's Resident Service Agreement (Includes IAPP) signed April 27, 2023, indicated R2 had received Service Type: Med and Treatment Plan since September 17, 2021. R2's Medication and Treatment Assessment and Management Plan dated February 17, 2023, indicated R2 needed assistance with knowing their medications, knowing when to take their medications, and read, "1.b11. Where are resident's medications stored? A. Medications are stored in locked medication carts." R2's Medication Administration Record dated for April 2, 2023, through May 2, 2023, indicated R2 had an order for Nectar thickened liquid to be used with medication administration related to dysphagia (a disease affecting the ability of a person to swallow appropriately). On May 2, 2023, at approximately 6:30 a.m., surveyor observed in R2's private room an opened and mostly used container of a fluid	01880		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/02/2023
NAME OF PROVIDER OR SUPPLIER NEW PERSPECTIVE - ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2750 NORTH VICTORIA STREET ROSEVILLE, MN 55113		
(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
01880	Continued From page 29 thickener on the top of R2's refrigerator. On R2's nightstand, an opened and mostly empty bottle of calcium carbonate (an antacid medication commonly referred to as the name brand TUMs) was noted to be stored in a plastic storage tote. R3 R3's Resident Service Agreement (Includes IAPP) signed February 15, 2023, indicated R3 received Service Type: Med and Treatment Plan, supply management, and laundry. R3's Medication and Treatment Assessment and Management Plan dated August 15, 2022, indicated R3 needed assistance with medications administration and medications are stored in locked medication carts. On May 2, 2023, at 6:40 a.m., the surveyor observed in R3's room Biofreeze and Biotene on end table next to chair, Refresh Liquidgel tears eye drops on kitchen counter and an additional Biotene next to bed. R6 R6's service plan dated September 15, 2022, indicated R6 received medication management services. On May 2, 2023, at 6:24 a.m., the evaluator observed the following medications in R6's bedside nightstand: - eye drops long lasting lubricant, dry eye therapy; and - brimonidine solution instill one drop twice daily. R11 R11's service plan dated September 19, 2022, indicated R11 received medication management services including secure storage.	01880		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/02/2023
NAME OF PROVIDER OR SUPPLIER NEW PERSPECTIVE - ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2750 NORTH VICTORIA STREET ROSEVILLE, MN 55113		
(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
01880	Continued From page 30 On May 2, 2023, at 7:25 a.m., the evaluator observed the following medications in R11's bedside nightstand: - azelastine spray 0.1% one spray in each nostril once a day; and - fluticasone spray 50 microgram (mcg) instill one spray in each nostril once daily. On May 3, 2023, at approximately 1:00 p.m., licensed assisted living director (LALD)-C and clinical nurse supervisor (CNS)-D indicated medications for all residents who receive medication management services should have all medication securely stored. LALD-C indicated all meds would need to be secured per policy and based on the registered nurse comprehensive assessment. CNS-D stated sometimes families bring over the counter medications and do not inform licensee RN. The licensee's Medication Management - Medication Storage policy dated January 10, 2023, indicated all medications would be centrally stored in locked medication carts. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01880		
01890 SS=D	144G.71 Subd. 20 Prescription drugs A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated	01890		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/02/2023
NAME OF PROVIDER OR SUPPLIER NEW PERSPECTIVE - ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2750 NORTH VICTORIA STREET ROSEVILLE, MN 55113		
(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
01890	Continued From page 31 drug. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to discard expired medication in the medication refrigerator for one of four residents (R12). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: On May 2, 2023, at 12:20 p.m., the evaluator observed the medication refrigerator in the nursing unit and observed the following expired medications: - R12- two boxes of alphagan 0.1% ophthalmic solution 5 milliliter (ml) - expired April 2023; and - R12- alphagan 0.1% ophthalmic solution 5 milliliter (ml) - expired December 2022. On May 2, 2023, at 12:26 p.m., clinical nurse supervisor (CNS)-D stated the medications above were expired. CNS-D could not tell when the refrigerator was last audited. The licensee's Medication Management policy dated April 12, 2023, indicated medication cart audits will be performed at least monthly by a licensed nurse or designee utilizing the medication storage audit form. An annual medication storage audit is performed by the	01890		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/02/2023
NAME OF PROVIDER OR SUPPLIER NEW PERSPECTIVE - ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2750 NORTH VICTORIA STREET ROSEVILLE, MN 55113		
(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
01890	Continued From page 32 consulting pharmacist utilizing a pharmacist-provided form. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890		
01940 SS=D	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	01940		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/02/2023
NAME OF PROVIDER OR SUPPLIER NEW PERSPECTIVE - ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2750 NORTH VICTORIA STREET ROSEVILLE, MN 55113		
(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
01940	Continued From page 33 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 record to include all required content for one of three residents (R4) who had a treatment. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: R4 was admitted on April 1, 2021. R4's diagnosis included type 2 diabetes with neuropathy, transient cerebral ischemic attack (stroke), pain in left hip, and ankylosing spondylitis (disease that causes bones in the spine to fuse) of thoracolumbar region. R4's Resident Service Agreement (Includes IAPP) with effective date of May 2, 2023, indicated R4 received a Service Type: Med and Treatment Plan which began on September 17, 2021. R4's Progress Notes dated February 17, 2023, at 10:37 a.m. signed by registered nurse (RN)-A, indicated R4's provider was contacted related to	01940		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/02/2023
NAME OF PROVIDER OR SUPPLIER NEW PERSPECTIVE - ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2750 NORTH VICTORIA STREET ROSEVILLE, MN 55113		
(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
01940	Continued From page 34 R4's repeated low blood glucose readings in the morning. RN-A documented licensee was waiting for provider to review blood glucose readings, provide a new order for insulin, provide parameters for blood glucose readings, and actions to be taken at that time related to blood glucose readings. R4's Medication and Treatment Assessment and Management Plan dated March 28, 2023, indicated R4 received the treatment of blood glucose monitoring and was delegated to the unlicensed personnel (ULP). R4's Medication Administration Record (MAR) dated for April 2023, included an order for Blood Sugar Checks scheduled for two (2) times per day. The order lacked parameters for blood sugar checks and instructions as to when the ULP would contact a nurse or licensed health professional (LHP). On May 2, 2023, at approximately 10:00 a.m., observed ULP-B obtained R4's blood glucose reading. ULP-B stated they had been trained to contact the nurse when the blood glucose reading was less than 70 or greater than 300. ULP-B stated R4's record did not include parameters for contacting a nurse or LHP. ULP-B stated other residents with blood glucose checks had parameters included in the MAR for each resident. On May 3, 2023, at approximately 1:00 p.m., clinical nurse supervisor (CNS)-D indicated the provider had not provided any parameters for blood glucose checks and ULPs would not need to contact a nurse or LHP when out of range. CNS-D stated licensee's policy is to follow LHP's orders, and with no parameters provided,	01940		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/02/2023
NAME OF PROVIDER OR SUPPLIER NEW PERSPECTIVE - ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2750 NORTH VICTORIA STREET ROSEVILLE, MN 55113		
(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
01940	Continued From page 35 licensee would not have an indication to contact an LHP. The licensee's Diabetic Care policy dated February 8, 2022, read, "An individualized service plan and the electronic medication administration record (eMAR) will include instructions for resident blood glucose management and diabetic related care such as: a. Blood glucose parameters including when to notify the physician, the prescribed insulin dose and/or oral hypoglycemic medications and glucose monitoring schedule." No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01940		
02040 SS=F	144G.81 Subdivision 1 Fire protection and physical environment An assisted living facility with dementia care that has a secured dementia care unit must meet the requirements of section 144G.45 and the following additional requirements: (1) a hazard vulnerability assessment or safety risk must be performed on and around the property. The hazards indicated on the assessment must be assessed and mitigated to protect the residents from harm; and (2) the facility shall be protected throughout by an approved supervised automatic sprinkler system by August 1, 2029. This MN Requirement is not met as evidenced by: Based on observation, document review, and interview, the licensee failed to develop a memory	02040		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/02/2023
NAME OF PROVIDER OR SUPPLIER NEW PERSPECTIVE - ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2750 NORTH VICTORIA STREET ROSEVILLE, MN 55113		
(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
02040	Continued From page 36 care site-specific safety risk assessment plan to identify hazard vulnerabilities and mitigations on and around the property to protect memory care residents from harm. This has the potential to directly affect staff and all memory care residents receiving assisted living services. 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, 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 clients). The findings include: On May 4, 2023, at approximately 4:10 p.m., a documentation review and interview were performed with the licensed assisted living director (LALD)-C, the regional manager (RM)-F, and the maintenance director (DM)-E relating to the memory care safety risk/vulnerability assessment and mitigation plan, indicated the licensee lacked memory care site-specific safety risk assessment and mitigation plan to identify vulnerabilities and mitigations on and around the property to protect the memory care residents from harm. This finding was evident as the documentation provided for the review was an all-hazard risk assessment as part of an emergency preparedness plan documentation was provided for review. The findings were confirmed during the interview with the RM-F, the DM-E, and the LALD-C that the licensee lacked the memory care site-specific provisions. On May 4, 2023, at approximately 4:30 p.m.,	02040		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/02/2023
NAME OF PROVIDER OR SUPPLIER NEW PERSPECTIVE - ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2750 NORTH VICTORIA STREET ROSEVILLE, MN 55113		
(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
02040	Continued From page 37 during the exit interview, the RM-F, the DM-E, and the LALD-C acknowledged the above findings. During the exit interview survey staff discussed the findings and explained that all potential safety risks and/or vulnerabilities specific to memory care residents on and around the property including electric panels inside resident rooms, elopement risks, cleaning chemicals, small appliances, and any other risks need to be identified, assessed, and mitigated and be documented in the plan to protect the memory care residents from harm. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	02040		
02170 SS=F	144G.84 SERVICES FOR RESIDENTS WITH DEMENTIA (b) Each resident must be evaluated for activities according to the licensing rules of the facility. In addition, the evaluation must address the following: (1) past and current interests; (2) current abilities and skills; (3) emotional and social needs and patterns; (4) physical abilities and limitations; (5) adaptations necessary for the resident to participate; and (6) identification of activities for behavioral interventions. (c) An individualized activity plan must be developed for each resident based on their activity evaluation. The plan must reflect the resident's activity preferences and needs. (d) A selection of daily structured and non-structured activities must be provided and	02170		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/02/2023
NAME OF PROVIDER OR SUPPLIER NEW PERSPECTIVE - ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2750 NORTH VICTORIA STREET ROSEVILLE, MN 55113		
(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
02170	Continued From page 38 included on the resident's activity service or care plan as appropriate. Daily activity options based on resident evaluation may include but are not limited to: (1) occupation or chore related tasks; (2) scheduled and planned events such as entertainment or outings; (3) spontaneous activities for enjoyment or those that may help defuse a behavior; (4) one-to-one activities that encourage positive relationships between residents and staff such as telling a life story, reminiscing, or playing music; (5) spiritual, creative, and intellectual activities; (6) sensory stimulation activities; (7) physical activities that enhance or maintain a resident's ability to ambulate or move; and (8) outdoor activities. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure an individualized activity plan contained all required content for one of one resident (R2) with record reviewed. 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: R2 was admitted on July 1, 2017, and resided in licensee's secured unit. R2's diagnosis included progressive cerebellar	02170		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/02/2023
NAME OF PROVIDER OR SUPPLIER NEW PERSPECTIVE - ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2750 NORTH VICTORIA STREET ROSEVILLE, MN 55113		
(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
02170	Continued From page 39 decline (a disease effecting coordination and balance), cerebellar ataxia (sudden, uncoordinated muscle movement), restlessness and agitation, and encephalitis (inflammation of the brain). R2's record lacked an evaluation for activities which included the following: - past and current interests; - current abilities and skills; - emotional and social needs and patterns; - physical abilities and limitations; - adaptations necessary for the resident to participate; and - identification of activities for behavioral interventions. On May 3, 2023, at approximately 10:45 a.m., clinical nurse supervisor (CNS)-D stated licensee would not complete an evaluation for activities unless the resident had a diagnosis of dementia. CNS-D indicated licensee had not completed an evaluation for activities for R2. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	02170		
02310 SS=G	144G.91 Subd. 4 (a) Appropriate care and services (a) Residents have the right to care and assisted living services that are appropriate based on the resident's needs and according to an up-to-date service plan subject to accepted health care standards. This MN Requirement is not met as evidenced	02310		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/02/2023
NAME OF PROVIDER OR SUPPLIER NEW PERSPECTIVE - ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2750 NORTH VICTORIA STREET ROSEVILLE, MN 55113		
(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
02310	Continued From page 40 by: Based on observation, interview, and record review, the licensee failed to provide care and services according to acceptable health care, medical, or nursing standards for one of three residents (R4) with bed rails, and one of one resident (R8) with oxygen. 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 an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: BED RAILS R4 was admitted on April 1, 2021. R4's diagnosis included type 2 diabetes with neuropathy, transient cerebral ischemic attack (stroke), pain in left hip, and ankylosing spondylitis (disease that causes bones in the spine to fuse) of thoracolumbar region. R4's Resident Service Agreement signed September 19, 2022, indicated R4 received the services of bathing, cognition cues, falls management, housekeeping, and laundry. R4's Comprehensive Assessment (MN) dated September 21, 2022, indicated under the section Transfer/Mobility, R4 used an assistive device identified as, "D. Grab Bars." R4's Comprehensive Assessment (MN) dated	02310	On May 3, 2023, the immediacy of correction order 2310 was removed, however non-compliance remained and the scope and level remain unchanged.	

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/02/2023
NAME OF PROVIDER OR SUPPLIER NEW PERSPECTIVE - ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2750 NORTH VICTORIA STREET ROSEVILLE, MN 55113		
(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
02310	Continued From page 41 December 13, 2022, indicated under the section Transfer/Mobility, R4 used an assistive device identified as, "D. Grab Bars." R4's Comprehensive Assessment (MN) dated January 25, 2023, indicated under the section Transfer/Mobility, R4 used an assistive device identified as, "D. Grab Bars." On May 2, 2023, at approximately 7:30 a.m., surveyor observed R4 self-transfer from their wheelchair to their bed with the use of a grab bar attached to R4's bed. The grab bar was gray in color and was attached to the right side of R4's bed. A single pole extended from the device's floor plate and terminated in a circular design with multiple grab points within the circle. The extension bar was securely attached to the metal bed frame of R4's bed. The surveyor grabbed the circle and the grab bar did not move with pulling or pushing on the circle at the top of the grab bar. On May 2, 2023, at approximately 11:00 a.m., clinical nurse supervisor (CNS)-D indicated a bed rail assessment had not been completed on R4's bed rail. CNS-D indicated the licensee's expectation was all bed rails have an assessment before installation, a risks and benefits discussion with the resident, or resident's designated representative, and measurements of the device would be completed once installed. CNS-D indicated a complete assessment, risk benefits, and review of manufacturer's installation would need to be completed. As per the Minnesota's Department of Health's Assisted Living Website Frequently Asked Questions related to Consumer bed rails retrieved on May 2, 2023, at 12:05 p.m., R4's record lacked:	02310		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/02/2023
NAME OF PROVIDER OR SUPPLIER NEW PERSPECTIVE - ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2750 NORTH VICTORIA STREET ROSEVILLE, MN 55113		
(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
02310	Continued From page 42 - An assessment was completed; - the bed rails were determined to not act as a restraint; - the portable bed rails were installed and maintained according to the manufacturer's guidelines; - the manufacturer's guidelines are accessible upon request; - and the risk vs. benefits were discussed and documented with the resident/responsible party. The licensee's policy Bed Rails dated December 19, 2022, indicated an assessment would be completed prior to installation, when a new bed rail is discovered to be installed, and every 90 days while the bed rail is in place. The policy also indicated a "Risks and Implications," would be discussed with the appropriate parties. TIME PERIOD FOR CORRECTION: Immediate On May 3, 2023, the immediacy of correction order 2310 was removed, however non-compliance remained, and the scope and level remain unchanged. OXYGEN R8's Resident Service Agreement dated September 16, 2022, indicated R8 received the following services: medication and treatment plan, fall management, and call nurse for oxygen concentration lower than 88%. On May 2, 2023, at 9:27 a.m., the surveyor observed in R8's room a portable oxygen concentrator connected to the power and two oxygen tanks; one tank stood by the wall and was secured in a rack and another tank unsecured laid by the bed side.	02310		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/02/2023
NAME OF PROVIDER OR SUPPLIER NEW PERSPECTIVE - ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2750 NORTH VICTORIA STREET ROSEVILLE, MN 55113		
(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
02310	Continued From page 43 On May 2, 2023, at 9:32 a.m., R8 stated she only used the oxygen when needed. In addition, R8 stated "I am okay without oxygen while in the room". On May 2, 2023, at 10:02 a.m., clinical nurse supervisor (CNS)-D stated all oxygen tanks are supposed to be secured. The Minnesota Department of Health Oxygen Cylinder Storage Requirements dated April 16, 2020, indicated cylinders must be secured (chains or racks) to prevent them from falling over. The licensee's Oxygen Safety and Storage policy dated March 21, 2023, indicated if oxygen cylinders are in use, they will be secured in an upright position. If stored upright, cylinders must be properly secured. If stored horizontally, cylinders will be on a level surface where they will remain stationary. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	02310		

Type: Full
Date: 05/02/23
Time: 16:05:33
Report: 1018231084

Food and Beverage Establishment Inspection Report

Page 1

Location:

New Perspective - Roseville
2750 North Victoria Street
Roseville, MN55113
Ramsey County, 62

Establishment Info:

ID #: 0037460
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 6514821611
ID #:

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

The following orders were issued during this inspection.

3-500C Microbial Control: date marking

3-501.17A ** Priority 2 **

MN Rule 4626.0400A Mark the refrigerated, ready-to-eat, TCS food prepared and held for more than 24 hours in the food establishment using an effective method to indicate the date by which the food must be consumed on the premises, sold, or discarded.

SAUSAGES IN THE PREP COOLER OBSERVED WITHOUT DATE MARKS. COMPLY WITH RULE.

Comply By: 05/02/23

Surface and Equipment Sanitizers

Quaternary Ammonia: = 400PPM at Degrees Fahrenheit

Location: 3 COMPARTMENT SINK

Violation Issued: No

Hot Water: = at 191 Degrees Fahrenheit

Location: DISHWASHER

Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cold Holding/ SAUSAGE

Temperature: 40 Degrees Fahrenheit - Location: PREP COOLER

Violation Issued: No

Process/Item: Cold Holding/ TOMATO

Temperature: 40 Degrees Fahrenheit - Location: PREP COOLER

Violation Issued: No

Type: Full
Date: 05/02/23
Time: 16:05:33
Report: 1018231084
New Perspective - Roseville

Food and Beverage Establishment Inspection Report

Page 2

Process/Item: Cold Holding/ LETTUCE
Temperature: 39 Degrees Fahrenheit - Location: PREP COOLER
Violation Issued: No

Process/Item: Cold Holding/ CHEESE
Temperature: 40 Degrees Fahrenheit - Location: COOLER
Violation Issued: No

Process/Item: Cold Holding/ COLESLAW
Temperature: 41 Degrees Fahrenheit - Location: COOLER
Violation Issued: No

Process/Item: Cold Holding/ SOUP
Temperature: 40 Degrees Fahrenheit - Location: WALK IN COOLER
Violation Issued: No

Process/Item: Cold Holding/ LETTUCE
Temperature: 40 Degrees Fahrenheit - Location: WALK IN COOLER
Violation Issued: No

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

INSPECTION CONDUCTED WITH BRANDON MUELLER (MDH) PRESENT.

DISCUSSED EMPLOYEE ILLNESS AND VIEWED ILLNESS LOG.

ESTABLISHMENT USES ONLY PASTEURIZED EGGS.

DISCUSSED COOLING AND COOKING TEMPS.

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

I acknowledge receipt of the Minnesota Department of Health inspection report number 1018231084 of 05/02/23.

Certified Food Protection Manager: NICOLE WELCH

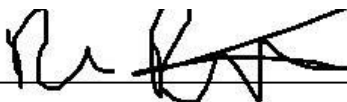
Certification Number: FM116182 Expires: 04/06/26

Inspection report reviewed with person in charge and emailed.

Signed: _____

NICOLE WELCH
KITCHEN MANAGER

Signed: _____



Rebecca Prestwood
Sanitarian 3
6512013777
rebecca.prestwood@state.mn.us