



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

December 4, 2023

Licensee

Flourish Apartments, LLC
9000 Golden Valley Road
Golden Valley, MN 55427

RE: Project Number(s) SL36093015

Dear Licensee:

On November 28, 2023, the Minnesota Department of Health completed a follow-up survey of your facility to determine if orders from the August 23, 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 black ink that reads 'Casey DeVries'.

Casey DeVries, Supervisor
State Evaluation Team
Email: casey.devries@state.mn.us
Telephone: 651-201-5917 Fax: 1-866-890-9290

HHH



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

November 7, 2023

Licensee

Flourish Apartments, LLC
9000 Golden Valley Road
Golden Valley, MN 55427

RE: Project Number(s) SL36093015

Dear Licensee:

On October 25, 2023, the Minnesota Department of Health (MDH) completed a follow-up survey of your facility to determine correction of orders found on the survey completed on August 23, 2023. This follow-up survey determined your facility had not corrected all of the state correction orders issued pursuant to the August 23, 2023 survey.

In accordance with Minn. Stat. § 144G.31 Subd. 4 (a), state correction orders issued pursuant to the last survey, completed on August 23, 2023, found not corrected at the time of the October 25, 2023, follow-up survey and/or subject to penalty assessment are as follows:

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

The details of the violations noted at the time of this follow-up survey completed on October 25, 2023 (listed above), are on the attached State Form. Brackets around the ID Prefix Tag in the left hand column, e.g., {2 ----} will identify the uncorrected tags.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$3,000.00**. You will be invoiced 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.

IMPOSITION OF FINES:

Level 1: no fines or enforcement.

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

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

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

CORRECTION ORDER RECONSIDERATION PROCESS

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

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

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

Please address your cover letter for reconsideration requests to:

Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
HRD 3A, 3rd Floor
P.O. Box 64900
625 Robert Street North
St. Paul, MN 55155

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.

We urge you to review these orders carefully. If you have questions, please contact Jess Schoenecker at 651-201-3789.

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

Sincerely,

A handwritten signature in black ink, appearing to read 'Jess', with a long horizontal flourish extending to the right.

Jess Schoenecker, Supervisor
State Evaluation Team
Email: jess.schoenecker@state.mn.us
Telephone: 651-201-3789 Fax: 1-866-890-9290

JMD

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36093	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 10/25/2023
NAME OF PROVIDER OR SUPPLIER FLOURISH APARTMENTS, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 9000 GOLDEN VALLEY ROAD GOLDEN VALLEY, MN 55427		
(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 In accordance with Minnesota Statutes, section 144G.08 to 144G.95 this correction order(s) has been issued pursuant to a survey. Determination of whether a violation has been corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: Project SL32029015-1 On October 23, 2023, through October 25, 2023, the Minnesota Department of Health conducted a revisit at the above provider to follow-up on orders issued pursuant to a survey completed on August 23, 2023. At the time of the survey, there were 23 residents whom were receiving services under the Assisted Living license. As a result of the revisit, the following orders were reissued. An immediate correction order was identified on October 24, 2023, issued for SL36093015-1, tag identification 1290. On October 25, 2023, the immediacy of correction order 1290 was removed, however, non-compliance remained, and the scope and level remained the same.	{0 000}	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction. 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.		

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

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{0 510}	Continued From page 1	{0 510}			
{0 510} SS=F	144G.41 Subd. 3 Infection control program (a) All assisted living facilities must establish and maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control. (b)The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities. (c) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: No further action required.	{0 510}			
{0 550} SS=F	144G.41 Subd. 7 Resident grievances; reporting maltreatment All facilities must post in a conspicuous place information about the facilities' grievance procedure, and the name, telephone number, and email contact information for the individuals who are responsible for handling resident grievances. The notice must also have the contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities and must have information for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center. The notice must also state that if an individual has a complaint about the facility or person providing services, the individual may contact the Office of Health Facility Complaints at the Minnesota Department of	{0 550}			

Minnesota Department of Health

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{0 550}	Continued From page 2 Health. This MN Requirement is not met as evidenced by: No further action required.	{0 550}			
{0 580} SS=F	144G.42 Subd. 2 Quality management The facility shall engage in quality management appropriate to the size of the facility and relevant to the type of services provided. "Quality management activity" means evaluating the quality of care by periodically reviewing resident services, complaints made, and other issues that have occurred and determining whether changes in services, staffing, or other procedures need to be made in order to ensure safe and competent services to residents. Documentation about quality management activity must be available for two years. Information about quality management must be available to the commissioner at the time of the survey, investigation, or renewal. This MN Requirement is not met as evidenced by: No further action required.	{0 580}			
{0 630} SS=F	144G.42 Subd. 6 (b) Compliance with requirements for reporting ma (b) The facility must develop and implement an individual abuse prevention plan for each vulnerable adult. The plan shall contain an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults; the person's risk of abusing other vulnerable adults; and statements of the specific measures to be taken to minimize the risk of abuse to that person	{0 630}			

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{0 630}	Continued From page 3 and other vulnerable adults. For purposes of the abuse prevention plan, abuse includes self-abuse. This MN Requirement is not met as evidenced by: No further action required.	{0 630}			
{0 640} SS=F	144G.42 Subd. 7 Posting information for reporting suspected c The facility shall support protection and safety through access to the state's systems for reporting suspected criminal activity and suspected vulnerable adult maltreatment by: (1) posting the 911 emergency number in common areas and near telephones provided by the assisted living facility; (2) posting information and the reporting number for the Minnesota Adult Abuse Reporting Center to report suspected maltreatment of a vulnerable adult under section 626.557; and (3) providing reasonable accommodations with information and notices in plain language. This MN Requirement is not met as evidenced by: No further action required.	{0 640}			
{0 730} SS=F	144G.43 Subd. 3 Contents of resident record Contents of a resident record include the following for each resident: (1) identifying information, including the resident's name, date of birth, address, and telephone number; (2) the name, address, and telephone number of the resident's emergency contact, legal representatives, and designated representative;	{0 730}			

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{0 730}	Continued From page 4 (3) names, addresses, and telephone numbers of the resident's health and medical service providers, if known; (4) health information, including medical history, allergies, and when the provider is managing medications, treatments or therapies that require documentation, and other relevant health records; (5) the resident's advance directives, if any; (6) copies of any health care directives, guardianships, powers of attorney, or conservatorships; (7) the facility's current and previous assessments and service plans; (8) all records of communications pertinent to the resident's services; (9) documentation of significant changes in the resident's status and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional; (10) documentation of incidents involving the resident and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional; (11) documentation that services have been provided as identified in the service plan; (12) documentation that the resident has received and reviewed the assisted living bill of rights; (13) documentation of complaints received and any resolution; (14) a discharge summary, including service termination notice and related documentation, when applicable; and (15) other documentation required under this chapter and relevant to the resident's services or status.	{0 730}			

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{0 730}	Continued From page 5 This MN Requirement is not met as evidenced by: No further action required.	{0 730}		
{0 790} SS=F	144G.45 Subd. 2 (a) (2)-(3) Fire protection and physical environment (2) install and maintain portable fire extinguishers in accordance with the State Fire Code; (3) install portable fire extinguishers having a minimum 2-A:10-B:C rating within Group R-3 occupancies, as defined by the State Fire Code, located so that the travel distance to the nearest fire extinguisher does not exceed 75 feet, and maintained in accordance with the State Fire Code; and This MN Requirement is not met as evidenced by: No further action required.	{0 790}		
{0 810} SS=F	144G.45 Subd. 2 (b)-(f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) employee actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar	{0 810}		

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{0 810}	Continued From page 6 emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill. This MN Requirement is not met as evidenced by: No further action required.	{0 810}			
{0 970} SS=F	144G.50 Subd. 5 Waivers of liability prohibited The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law.	{0 970}			

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{0 970}	Continued From page 7 This MN Requirement is not met as evidenced by: No further action required.	{0 970}			
{01290} SS=I	144G.60 Subdivision 1 Background studies required (a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information. (b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12. (c) Termination of an employee in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a background study (BGS) was submitted and a clearance received in affiliation with the assisted living licensee's current health facility identification (HFID) for five of nine employees (maintenance technician (MT)-M, property caretaker (PC)-O, unlicensed personnel (ULP)-P, ULP-R, cook (C)-Q). 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	{01290}			

Minnesota Department of Health

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{01290}	Continued From page 8 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: On October 24, 2023, at 8:50 a.m., director of housing (DH)-K provided surveyor a current employee roster which indicated the name, title and hire date for each employee. MT-M MT-M was hired on September 13, 2023, to perform maintenance duties around the facility. MT-M's employee record contained a criminal history record completed on August 31, 2023. MT-M's record lacked evidence the licensee submitted a background study for MT-M under the current assisted living license and affiliated to the current HFID number 36093. On October 24, 2023, at 9:38 a.m., surveyor went through the licensee's Department of Human Services (DHS) NETStudy 2.0 roster and MT-M was not listed under the account. During interview on October 24, 2023, at 9:19 a.m., DH-K stated the criminal history record was all that was provided to her. DH-K stated MT-M was hired full-time to work Monday through Friday from 8:00 a.m. to 4:30 p.m., at this licensee's facility. The licensee's umbrella company owned multiple facilities. MT-M began performing duties around the facility and resident apartments on September 13, 2023. During interview on October 24, 2023, at 12:12 p.m., MT-M stated he/she worked Monday	{01290}			

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{01290}	Continued From page 9 through Friday between 8:00 a.m. through 5:00 p.m. MT-M state he/she was responsible for cleaning the apartment when a resident moves out, completing resident work orders which included fixing washing machines, mounting televisions, and fixing resident toilets within their apartment. MT-M stated he/she generally works alone but sometimes worked with another maintenance technician. MT-M stated he/she was working on site during the interview and had worked at another one of the licensee's separate facilities under the same umbrella company. PC-O PC-O was hired on January 4, 2022, to assist with resident needs such as running errands, keeping common areas clean, and driving the bus for activities. PC-O's background study result on DHS NETStudy 2.0 roster indicated "COVID-19 Study-Expired," which indicated PC-O had a COVID-19 background study completed without fingerprints. The COVID-19 fingerprinting study exception expired on December 31, 2022. PC-O did not complete fingerprinting as required and was not eligible to work unsupervised. During interview on October 24, 2023, at 11:37 a.m., DH-K stated PC-O was currently at Aldi's grocery store with residents. DH-K stated PC-O worked Monday through Friday from 8:00 a.m. to 4:30 p.m. attending to resident needs such as running errands with the residents. ULP-P ULP-P was hired on January 19, 2022, to perform direct care services to licensee's residents. ULP-P's background study result on DHS	{01290}			

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{01290}	Continued From page 10 NETStudy 2.0 roster indicated "COVID-19 Study-Expired," which indicated ULP-P did not complete fingerprinting as required and was not eligible to work unsupervised. During interview on October 24, 2023, at 11:37 a.m., DH-K stated ULP-P was not currently working and only worked overnight shifts. On October 24, 2023, at 12:15 p.m., DH-K provided surveyor with an October 2023 calendar identified as the "October Nursing Schedule." The schedule indicated ULP-P was scheduled to work on the following dates: -"11-7" which indicated 11:00 p.m. through 7:00 a.m., on October 1, 4, 5, 9-13, 15, 18,20, 21, 22, 25, 26, 30, and 31, 2023; -"8p-7A" which indicated 8:00 p.m. through 7:00 a.m., on October 14, 2023; and -"8:30-7" which indicated 8:30 p.m. through 7:00 a.m., on October 19, 2023. ULP-R ULP-R was hired on March 14, 2020, to perform direct care services to licensee's residents. On October 24, 2023, at 10:20 a.m., surveyor went through the licensee's Department of Human Services (DHS) NETStudy 2.0 roster and ULP-R was not listed under licensee's HFID 36093. During interview on October 24, 2023, at 11:37 a.m., DH-K stated ULP-R was currently working. On October 24, 2023, at 12:15 p.m., DH-K provided surveyor with an October 2023 calendar identified as the "October Nursing Schedule." The schedule indicated ULP-R was scheduled to work on the following dates:	{01290}			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36093	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 10/25/2023
NAME OF PROVIDER OR SUPPLIER FLOURISH APARTMENTS, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 9000 GOLDEN VALLEY ROAD GOLDEN VALLEY, MN 55427		
(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
{01290}	Continued From page 11 - "7-3" which indicated 7:00 a.m. through 3:00 p.m., on October 2-4, 6, 8, 10, 11, 13, 16, 17, 18, 20, 24, 25, 27, 29, and 30, 2023; and - "3-11" which indicated 3:00 p.m. through 11:00 p.m., on October 2, 4, 6, 7, 8, 9, 16, 18, 20, 25, 27, 30, and 31, 2023. C-Q C-Q was hired on January 3, 2022, to prepare food for the licensee's residents. C-Q's background study result on DHS NETStudy 2.0 roster indicated "COVID-19 Study-Expired," which indicated C-Q did not complete fingerprinting as required and was not eligible to work unsupervised. On October 24, 2023, at 12:15 p.m., DH-K provided surveyor with an October 2023 calendar identified as the "October Kitchen Schedule." On October 24, 2023, at 1:00 p.m., DH-K stated C-Q was not on the October schedule because he/she was on vacation and his/her return was unknown. During interview on October 24, 2023, at 1:24 p.m., DH-K stated clinical nurse supervisor (CNS)-D was responsible for completing background studies on ULPs and licensed practical nurses (LPNs). DH-K was responsible for performing background studies on cooks, servers, and housekeeping. The managing company was responsible for performing background studies on maintenance staff. DH-K stated going forward, maintenance staff who were scheduled to work at the facility were going to be backgrounded by her. DH-K stated she completed MT-M's background study and it required fingerprinting, which MT-M was	{01290}			

Minnesota Department of Health

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{01290}	Continued From page 12 completing at that time. The licensee's Background Checks policy effective date August 23, 2023, indicated all employees, contractors, and regularly scheduled volunteers of the facility were subjected to the background study. No further information was provided. TIME PERIOD FOR CORRECTION: IMMEDIATE On October 25, 2023, the immediacy of correction order 1290 was removed, however, non-compliance remained, and the scope and level remained the same.	{01290}			
{01360} SS=F	144G.61 Subdivision 1 Instructor and competency evaluation requirem Instructors and competency evaluators must meet the following requirements: (1) training and competency evaluations of unlicensed personnel who only provide assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), must be conducted by individuals with work experience and training in providing these services; and (2) training and competency evaluations of unlicensed personnel providing assisted living services must be conducted by a registered nurse, or another instructor may provide training in conjunction with the registered nurse. This MN Requirement is not met as evidenced by: No further action required.	{01360}			

Minnesota Department of Health

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{01620}	Continued From page 13	{01620}			
{01620} SS=F	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 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: No further action required.	{01620}			
{01640} SS=F	144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to (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	{01640}			

Minnesota Department of Health

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{01640}	Continued From page 14 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: No further action required.	{01640}			
{01730} SS=F	144G.71 Subd. 5 Individualized medication management plan (a) For each resident receiving medication management services, the assisted living facility must prepare and include in the service plan a written statement of the medication management services that will be provided to the resident. The facility must develop and maintain a current individualized medication management record for each resident based on the resident's assessment that must contain the following: (1) a statement describing the medication management services that will be provided; (2) a description of storage of medications based on the resident's needs and preferences, risk of	{01730}			

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{01730}	Continued From page 15 diversion, and consistent with the manufacturer's directions; (3) documentation of specific resident instructions relating to the administration of medications; (4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis; (5) identification of medication management tasks that may be delegated to unlicensed personnel; (6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and (7) any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions. (b) The medication management record must be current and updated when there are any changes. (c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management. This MN Requirement is not met as evidenced by: No further action required.	{01730}			
{01750} SS=F	144G.71 Subd. 7 Delegation of medication administration When administration of medications is delegated to unlicensed personnel, the assisted living facility must ensure that the registered nurse has: (1) instructed the unlicensed personnel in the	{01750}			

Minnesota Department of Health

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{01750}	Continued From page 16 proper methods to administer the medications, and the unlicensed personnel has demonstrated the ability to competently follow the procedures; (2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's records; and (3) communicated with the unlicensed personnel about the individual needs of the resident. This MN Requirement is not met as evidenced by: No further action required.	{01750}			
{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: No further action required.	{01820}			
{01910} SS=F	144G.71 Subd. 22 Disposition of medications (a) Any current medications being managed by the assisted living facility must be provided to the resident when the resident's service plan ends or medication management services are no longer part of the service plan. Medications for a resident who is deceased or that have been discontinued or have expired may be provided for disposal. (b) The facility shall dispose of any medications remaining with the facility that are discontinued or expired or upon the termination of the service contract or the resident's death according to state	{01910}			

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{01910}	Continued From page 17 and federal regulations for disposition of medications and controlled substances. (c) Upon disposition, the facility must document in the resident's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition. This MN Requirement is not met as evidenced by: No further action required.	{01910}			
{01940} SS=F	144G.72 Subd. 3 Individualized treatment or therapy management 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	{01940}			

Minnesota Department of Health

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{01940}	Continued From page 18 documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes. This MN Requirement is not met as evidenced by: No further action required.	{01940}			
{01950} SS=F	144G.72 Subd. 4 Administration of treatments and therapy Ordered or prescribed treatments or therapies must be administered by a nurse, physician, or other licensed health professional authorized to perform the treatment or therapy, or may be delegated or assigned to unlicensed personnel by the licensed health professional according to the appropriate practice standards for delegation or assignment. When administration of a treatment or therapy is delegated or assigned to unlicensed personnel, the facility must ensure that the registered nurse or authorized licensed health professional has: (1) instructed the unlicensed personnel in the proper methods with respect to each resident and the unlicensed personnel has demonstrated the ability to competently follow the procedures; (2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's record; and This MN Requirement is not met as evidenced by: No further action required.	{01950}			

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Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

September 18, 2023

Licensee

Flourish Apartments, LLC
9000 Golden Valley Road
Golden Valley, MN 55427

RE: Project Number(s) SL36093015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on August 23, 2023, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, the MDH noted no 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 - 0510 - 144g.41 Subd. 3 - Infection Control Program - \$500.00

St - 0 - 1290 - 144g.60 Subdivision 1 - Background Studies Required - \$3,000.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$3,500.00**. 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

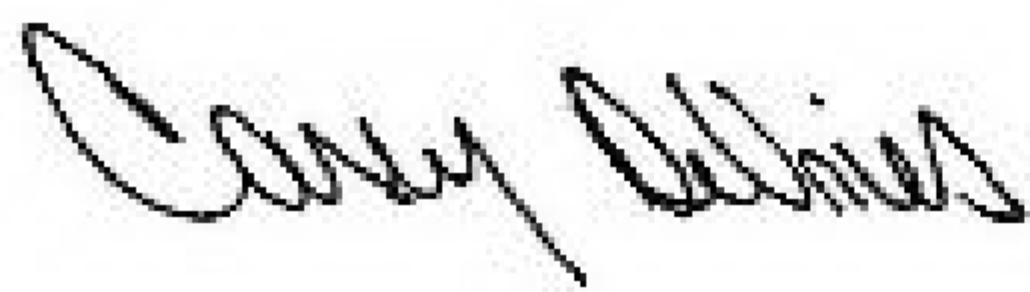
Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for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



Casey DeVries, Supervisor
State Evaluation Team
Email: casey.devries@state.mn.us
Telephone: 651-201-5917 Fax: 651-281-9796

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36093	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/23/2023
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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: SL36093015-0 On August 21, 2023, through August 23, 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 106 active residents; 22 of whom were receiving services under the Assisted Living license. An immediate correction order was identified on August 22, 2023, issued for SL36093015-0, tag identification 1290. On August 22, 2023, the immediacy of correction order 1290 was removed, however, non-compliance remained, and the scope and level remained the same.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction. 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.		
0 510 SS=F	144G.41 Subd. 3 Infection control program (a) All assisted living facilities must establish and	0 510			

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

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0 510	Continued From page 1 maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control. (b)The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities. (c) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to establish and maintain an effective infection control program that complied with accepted health care, medical and nursing standards for infection control related to gloving and hand hygiene for two of two unlicensed personnel ((ULP)-B, ULP-F). 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 August 22, 2023, at 7:27 a.m., the surveyor observed ULP-F perform hand hygiene and put on clean gloves. ULP-F then prepared medications for R9 in the resident's room. ULP-F handed the medications to R9 for self-administration, removed gloves and	0 510			

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0 510	Continued From page 2 discarded them in the trash. The surveyor did not observe ULP-F perform hand hygiene upon completion of medicaiton administration. On August 22, 2023, at 8:10 a.m., the surveyor observed ULP-B apply gloves and prepare medications for R8 in the nursing office on the main floor. ULP-B dispensed the medications into a medication cup then with gloves on carried the medications through the hallway into the elevator to the resident room in fourth floor. ULP-B administered the medications then removed gloves and washed hands. On August 22, 2023, at 9:10 a.m., ULP-B stated they wore the gloves through the hallway because they were carrying resident medications. ULP-B also stated nobody had told her that was wrong because that was what ULPs did when taking medications from the nursing office to resident rooms. On August 22, 2023, at 10:47 a.m., clinical nurse supervisor (CNS)-D, stated hands should be washed before going into residents' room, before cares, in between glove changes, and when visibly soiled after providing cares or medications. Licensee's undated Hand Hygiene policy indicated the following that hand washing shall be performed between resident cares and whenever direct physical contact with a resident takes place. Use of gloves does not replace hand washing. Hands should be washed or decontaminated: - Before and after direct contact with a resident - If moving from a contaminated-body site to a clean-body site during resident care - After contact with environmental surfaces or equipment in the immediate vicinity of the	0 510			

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0 510	Continued From page 3 resident - After removing gloves or gowns - Before eating and after using a restroom No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 510			
0 550 SS=F	144G.41 Subd. 7 Resident grievances; reporting maltreatment All facilities must post in a conspicuous place information about the facilities' grievance procedure, and the name, telephone number, and email contact information for the individuals who are responsible for handling resident grievances. The notice must also have the contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities and must have information for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center. The notice must also state that if an individual has a complaint about the facility or person providing services, the individual may contact the Office of Health Facility Complaints at the Minnesota Department of Health. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to post in a conspicuous place, information about the licensee's grievance procedure, the name, telephone number, and e-mail contact information for the individuals who are responsible for handling resident grievances. This had the	0 550			

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0 550	Continued From page 4 potential to affect all residents of the licensee. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: On August 21, 2023, at 9:56 a.m., during the facility tour, the surveyor observed the licensee lacked a posting of the above required content in a conspicuous place. On August 21, 2023, at 11:45 a.m., clinical nurse supervisor (CNS)-D provided the surveyor with a grievance form, the form lacked information to include the name, telephone number, and e-mail contact information for the individuals who are responsible for handling resident grievances. On August 22, 2023, at 2:25 p.m., CNS-D stated the required content had not been posted. CNS-D also stated licensee was not aware of the posting requirement and would update forms to reflect the statute requirement. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 550			
0 580 SS=F	144G.42 Subd. 2 Quality management	0 580			

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0 580	Continued From page 5 The facility shall engage in quality management appropriate to the size of the facility and relevant to the type of services provided. "Quality management activity" means evaluating the quality of care by periodically reviewing resident services, complaints made, and other issues that have occurred and determining whether changes in services, staffing, or other procedures need to be made in order to ensure safe and competent services to residents. Documentation about quality management activity must be available for two years. Information about quality management must be available to the commissioner at the time of the survey, investigation, or renewal. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to implement and maintain a quality management program (QMP) appropriate to the size of the facility and relevant to the type of services provided. 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: On August 21, 2023, at 10:35 a.m., during the entrance conference, licensed assisted living director (LALD)-C stated, "we [staff] just were at a conference last week and we were discussing	0 580			

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0 580	Continued From page 6 that we need to get this started and then State walked in this morning, so we have not had time to start, but it is on our list of things to get started." The licensee's Quality Management Plan policy, dated August 22, 2023, created while the surveyors were on site, read "The Assisted Living Director will develop a continuous quality improvement in management program to maintain the agency's continuous performance improvement efforts, consistent with current professional standards and the highest quality services for the residents. All staff will be involved in the implementation of performance improvement." No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 580			
0 630 SS=F	144G.42 Subd. 6 (b) Compliance with requirements for reporting ma (b) The facility must develop and implement an individual abuse prevention plan for each vulnerable adult. The plan shall contain an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults; the person's risk of abusing other vulnerable adults; and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. For purposes of the abuse prevention plan, abuse includes self-abuse. This MN Requirement is not met as evidenced	0 630			

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0 630	Continued From page 7 by: Based on interview and record review, the licensee failed to address the resident's susceptibility to abuse and the risk of abuse to others for all assisted living residents not receiving 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) 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: R5 signed the licensee's Resident Agreement on November 1, 2022. R5 did not receive assisted living services from the licensee. R5's record lacked an individualized review or assessment of the resident's susceptibility to abuse by another individual, including other vulnerable adults, the resident's risk of abusing other vulnerable adults and statements of the specific measures to be taken to minimize the risk of abuse to that resident or other vulnerable adults. On August 22, 2023, at approximately 7:18 a.m., clinical nurse supervisor (CNS)-D stated, "I looked through her whole file and I did not see an IAPP, and I am thinking it is because she is independent. We do not do those for any of our independent residents. I did not realize we needed to." The licensee's Individual Abuse Prevention Plans	0 630			

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0 630	Continued From page 8 policy, dated August 22, 2023, created while the surveyors were on site, read "An individual abuse prevention plan is developed for each assisted living resident." No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 630			
0 640 SS=F	144G.42 Subd. 7 Posting information for reporting suspected c The facility shall support protection and safety through access to the state's systems for reporting suspected criminal activity and suspected vulnerable adult maltreatment by: (1) posting the 911 emergency number in common areas and near telephones provided by the assisted living facility; (2) posting information and the reporting number for the Minnesota Adult Abuse Reporting Center to report suspected maltreatment of a vulnerable adult under section 626.557; and (3) providing reasonable accommodations with information and notices in plain language. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to support protection and safety by not posting information and phone numbers for reporting to the Minnesota Adult Abuse Reporting Center (MAARC) and failed to post the 911 emergency number in common areas and near telephones provided by the assisted living facility. This had the potential to affect all residents, staff, and visitors.	0 640			

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0 640	Continued From page 9 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: On August 21, 2023, at 9:50 a.m., during the facility tour, the surveyor observed the facility's main entry area and common areas lacked the required posted information as follows: - posting of 911 emergency number in common areas and near telephones provided by the Assisted Living facility; and - posting of information and the reporting number for the MAARC to report suspected maltreatment of a vulnerable adult under section 626.557. On August 21, 2023, at 11:27 a.m., clinical nurse supervisor (CNS)-D stated licensee was not aware of the requirement. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 640			
0 730 SS=F	144G.43 Subd. 3 Contents of resident record Contents of a resident record include the following for each resident: (1) identifying information, including the resident's name, date of birth, address, and telephone number;	0 730			

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0 730	Continued From page 10 (2) the name, address, and telephone number of the resident's emergency contact, legal representatives, and designated representative; (3) names, addresses, and telephone numbers of the resident's health and medical service providers, if known; (4) health information, including medical history, allergies, and when the provider is managing medications, treatments or therapies that require documentation, and other relevant health records; (5) the resident's advance directives, if any; (6) copies of any health care directives, guardianships, powers of attorney, or conservatorships; (7) the facility's current and previous assessments and service plans; (8) all records of communications pertinent to the resident's services; (9) documentation of significant changes in the resident's status and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional; (10) documentation of incidents involving the resident and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional; (11) documentation that services have been provided as identified in the service plan; (12) documentation that the resident has received and reviewed the assisted living bill of rights; (13) documentation of complaints received and any resolution; (14) a discharge summary, including service termination notice and related documentation, when applicable; and (15) other documentation required under this	0 730			

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0 730	Continued From page 11 chapter and relevant to the resident's services or status. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the resident record included a discharge summary with the required content for one of one discharged resident (R6). 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: R6 was admitted to the licensee on January 18, 2020, and discharged to another facility on February 3, 2023. R6's record lacked a discharge summary that complied with part 4659.0120, subpart 9 to include: - diagnoses; - allergies; - treatments and therapies; - pertinent lab, radiology, and consultation results; and - a final summary of the resident's status from the latest assessment or review including baseline and current mental, behavioral, and functional status. On August 22, 2023, at 9:03 a.m., licensed	0 730			

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0 730	Continued From page 12 practical nurse (LPN)-A stated, "What is on that discharge summary form is all we do for the discharge summary." On August 23, 2023, at 9:10 a.m., via email, clinical nurse supervisor (CNS)-D indicated the facility did not have a policy on contents in resident's records. No further information was provided. TIME PERIOD FOR CORRECTIONS: Twenty-one (21) days	0 730			
0 790 SS=F	144G.45 Subd. 2 (a) (2)-(3) Fire protection and physical environment (2) install and maintain portable fire extinguishers in accordance with the State Fire Code; (3) install portable fire extinguishers having a minimum 2-A:10-B:C rating within Group R-3 occupancies, as defined by the State Fire Code, located so that the travel distance to the nearest fire extinguisher does not exceed 75 feet, and maintained in accordance with the State Fire Code; and This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain fire extinguishers in accordance with MN State Fire Code as required by MN Statute 144G.45 Subd.2 (a)(2). This had the potential to affect all current residents, staff, and visitors.	0 790			

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0 790	Continued From page 13 This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). Findings include: On August 23, 2023, at approximately 10:00 a.m., survey staff toured the facility with the Assisted Living Director (LALD)-C, Maintenance Person (MP)-G, and the Director of Maintenance (DOM)-H. During the facility tour, it was observed that portable fire extinguishers were tagged, showing the required annual service but lacked records to show the required monthly visual inspections were performed or recorded for all portable fire extinguishers throughout buildings. MP-G and LALD-C visually verified this deficient finding at the time of discovery. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 790			
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	0 810			

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0 810	Continued From page 14 rooms; (2) employee actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to maintain a fire safety and evacuation plan that showed the location and number of resident rooms; failed to provide procedures necessary for resident movement, evacuation, or relocation during a fire or similar emergency with identification of unique or unusual resident needs for the movement or	0 810			

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0 810	Continued From page 15 evacuation; failed to provide required employee training on fire safety and evacuation and failed to conduct required evacuation drills every other month. This had the potential to affect all staff, residents, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident 's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). Findings include: An interview and record review were conducted on August 23, 2023, at approximately 12:00 p.m. with the Assisted Living Director (LALD)-C, Maintenance Person (MP)-G, and the Director of Maintenance (DOM)-H on the fire safety and evacuation plan, fire safety and evacuation training for the facility, and fire safety and evacuation drills for the facility. On the facility tour, it was observed that the posted fire safety and evacuation plans did not show the location and number of resident rooms. This deficient condition was visually verified by LALD-C and MP-G accompanying the tour. Record review of the available documentation indicated that the fire safety and evacuation plan did not include the facility-specific 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. The facility plan did	0 810			

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0 810	Continued From page 16 include some provisions for the relocation of residents but did not specify how to move or evacuate residents or identify the unique and unusual needs of the residents. During the interview, LALD-C verified that the fire safety and evacuation plan for the facility lacked these provisions. Record review of the available documentation indicated that employees did not receive training twice per year after initial hire on the fire safety and evacuation plan. During the interview, LALD-C stated that the licensee provided annual training to employees, but not twice per year after the initial hire as required by statute, and confirmed that there was no further documented training for the staff on the fire safety and evacuation plan as required by statute. With a further review of the Emergency Preparedness Guide provided by LALD-C, it was observed that the Emergency Preparedness Guide did not include any employee training requirements on fire safety and evacuation plans. Record review also indicated that evacuation drills for employees had not been performed every other month as required. Review of the provided documentation provided by LALD-C indicated that the licensee had conducted fire drills on 1/20/2021 and 6/18/2020 only in the last couple of years. LALD-C verified that there were no further drills conducted besides those that were provided and verified this deficient condition. With a further review of the Emergency Preparedness Guide provided by LALD-C, it was observed that the Emergency Preparedness Guide did not include any drill requirements on fire safety and evacuation plans. TIME PERIOD FOR CORRECTION: Twenty-one	0 810			

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0 810	Continued From page 17 (21) days	0 810			
0 970 SS=F	144G.50 Subd. 5 Waivers of liability prohibited The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract did not include language waiving the facility's liability for health, safety, or personal property of a resident. This had the potential to affect all residents. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: During the entrance conference on August 21, 2023, at approximately 10:55 a.m., the surveyor requested a copy of the facility's assisted living contract.	0 970			

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0 970	Continued From page 18 The Assisted Living Agreement contract included the following language: - Page 18, section 10, Miscellaneous Provisions, subsection A., Insurance, "Resident is aware that Landlord and Manager are not responsible for, and will not insure, Resident or Resident's family members', visitors', guests', or invitees' furniture, vehicles, or other personal belongings located on the Premises ("Personal Property"). Landlord requires Resident, and Resident agrees, to obtain and to keep in full force and effect during the entire Term and any extensions, renewal or periods of holdover, a policy of renter's insurance." - Page 21, section 10, Miscellaneous Provisions, subsection Q. Hold Harmless, "You agree to hold harmless Landlord, its owners, management, all of their officers, trustees, staff, and personnel from any and all claims arising from an injury or illness incurred through natural or normal causes during his life at Landlord." - Page 22, section 10, Miscellaneous Provisions, subsection Q. Liability, "The Resident agrees to be liable and responsible for all obligations herein references, monetary and otherwise, of the Resident and where this Agreement has been executed by a party designated below. Or where a separate Responsible Party Agreement has been executed by a third party, said third party and the Resident shall be jointly and severally liable and responsible for all obligations, monetary and otherwise, of the Resident herein referenced." On August 22, 2023, at approximately 12:00 a.m., licensed assisted living director (LALD)-C confirmed the assisted living contract was utilized for all residents at the facility. LALD-C stated they	0 970			

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0 970	Continued From page 19 were unaware the current contract contained language that was not in compliance with regulations. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 970			
01290 SS=G	144G.60 Subdivision 1 Background studies required (a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information. (b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12. (c) Termination of an employee in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a background study (BGS) was submitted and a clearance received in affiliation with the assisted living licensee's current health facility identification (HFID) for one of three employees (unlicensed personnel (ULP)-E). This practice resulted in a level three violation (a	01290	On August 22, 2023, the immediacy of correction order 1290 was removed, however, non-compliance remained, and the scope and level remained the same.		

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01290	Continued From page 20 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: ULP-E was hired on November 30, 2022, to perform direct care services to the licensee's residents. The licensee's August 1, 2023, through August 31, 2023, calendar indicated ULP-E had worked, or was scheduled to work from 3:00 p.m., until 11:00 p.m., on August 5, 6, 7, 14, 19, 20, and 28. ULP-E's employee record contained a background study dated October 28, 2022, affiliated to licensee's homecare HFID 29177. ULP-E's record lacked evidence the licensee submitted a background study for ULP-E under the current assisted living with dementia care license and affiliated to the current HFID number. On August 21, 2023, at 1:30 p.m., licensed assisted living director (LALD)-C and the surveyor went through the licensee's Department of Human Services NETStudy 2.0 rosters for their assisted living and comprehensive license accounts under the same ownership umbrella, and ULP-E's name was not listed under either account. On August 21, 2023, at 2:55 p.m., LALD-C stated, "I spoke to [ULP-E] and she said she was fingerprinted and received a clearance letter at	01290			

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01290	Continued From page 21 one point and she was going to see if she could find it, because when I look her up under any of the HFIDs she does not show up, and when I tried to run her background check it shows me she still needs to get finger printed." On August 22, 2023, at 8:55 a.m., clinical nurse supervisor, (CNS)-D stated, "We do not currently have a policy on background checks. We have an old one under the other license, but we will need to update it and make it for our license." On August 22, 2023, at 9:25 a.m., LALD-C and CNS-D indicated the August calendar was the most up to date schedule available. CNS-D stated, "On those dates you only see [ULP]-E, it's because she worked alone, that is something we just started trialing to see if having one [ULP] on would work or not." No further information was provided. TIME PERIOD FOR CORRECTION: IMMEDIATE	01290			
01360 SS=F	144G.61 Subdivision 1 Instructor and competency evaluation requirem Instructors and competency evaluators must meet the following requirements: (1) training and competency evaluations of unlicensed personnel who only provide assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), must be conducted by individuals with work experience and training in providing these services; and (2) training and competency evaluations of unlicensed personnel providing assisted living services must be conducted by a registered nurse, or another instructor may provide training	01360			

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01360	Continued From page 22 in conjunction with the registered nurse. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a registered nurse (RN) provided training and competency evaluations of unlicensed personnel (ULP) providing assisted living services for one of one 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) 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: ULP-B was hired June 14, 2022, to provide direct care services to licensee's assisted living residents. On August 21, 2023, at 12:06 p.m., the surveyor observed ULP-B check blood glucose and prepare insulin for R2 to self-administer. On August 22, 2023, from 7:28 a.m., through 8:34 a.m., the surveyor observed ULP-B administer medications to licensee's residents. On August 21, 2023, at 12:35 p.m., ULP-B stated, "I completed training by going through Educare (training software) modules and shadowing another ULP on the floor before starting alone." ULP-B could not remember if a nurse completed competencies with her.	01360			

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01360	Continued From page 23 ULP-B's Skill Competencies dated June 14, 2022, indicated licensed practical nurse (LPN)-A signed off ULP-B's competencies on the following topics: - OSHA & Infection control; - Client Mobility - Range of motion; - Client Mobility - Positioning; - Client Mobility - Lifting and Safe Transfers; - Client Mobility - Exercise and Ambulation; - Medication and treatment - oxygen; - Medication and treatment - CPAP; - Dining, Nutrition and Food Safety; - Medication & Treatment - Nebulizer & Inhalers; - Medication Administration - Routes; - Personal Protective Equipment (PPE); - Medication & Treatment - Wound Care; - Splint/Brace Application; - Medication & Treatment - Ace Wrap; - Medication & Treatment - Compression Stockings; - Medication & Treatment - Ostomy Care; - Medication & Treatment - Catheter Care; - Personal Cares; - Electronic Blood Pressure Monitor; - Wrist Blood Pressure Monitor; - Forehead Thermometer; - Medication & Treatment - Oxygen Saturations; and - Vital signs; On August 22, 2022, at 11:40 a.m., receptionist (REC)-I stated the licensee used to conduct training only through Educare (training software) modules, shadowing other experienced staff, and then the director of nursing at the time would check off the competencies. Additionally, REC-I stated when LPN-A was hired, they took over all staff training and competencies.	01360			

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01360	Continued From page 24 On August 22, 2023, at 2:20 p.m., clinical nurse supervisor (CNS)-D stated they were not aware of how training was conducted before starting with licensee. CNS-D stated that since taking over with licensee she was in charge of all staff training and completing competencies, but all staff who were working for the licensee before she was hired there could have all be trained with competencies checked off by a LPN. No further information was provided TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01360			
01620 SS=F	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 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	01620			

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01620	Continued From page 25 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 observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) conducted ongoing resident monitoring and reassessment to include all areas required on the uniform assessment tool for one of one resident (R2). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: R2's diagnoses included hypertension, diabetes type 2, atherosclerotic heart disease, and hyperlipidemia. R2's Service Plan/Agreement dated March 26, 2021, indicated R2 received services: medication set-up, medication administration, supervision/monitoring and reassessment within 14 days and at least every 90 days, laundry, and activities of daily living. R2's record included two 90-day nursing assessments dated January 11, 2023, and March 14, 2023. The assessment included pain, instrumental activities of daily living, activities of daily living, and emotional and mental health	01620			

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01620	Continued From page 26 conditions. The nursing assessments lacked all other areas required on the uniform assessment tool to include: - the resident's personal lifestyle preferences; - physical health status; - cognition; - communication and sensory capabilities; - skin conditions; - nutritional and hydration status and preferences; - list of treatments, including type, frequency, and level of assistance needed; - nursing needs, including potential to receive nursing-delegated services; - risk indicators; and - who has decision-making authority for the resident. On August 22, 2023, at clinical nurse supervisor (CNS)-D stated the licensee was using paper forms to complete nursing assessments but had recently discovered they did not cover the required uniform assessment tool content. CNS-D also stated all resident assessments would be missing the same content noted above, however, recently licensee had upgraded to using a software program that covers all requirements. The licensee's Initial and Ongoing Nursing Assessment of Residents policy dated May 19, 2023, indicated a comprehensive assessment includes but may not be limited to the requirements outlined by Minnesota rules. The policy further highlighted all the missing content above should be included in an assessment. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01620			

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01640	Continued From page 27	01640			
01640 SS=F	144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to (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 observation, interview, and record review, the licensee failed to ensure current service plans included a signature or other authentication by the resident to document agreement on the services to be provided for two of three residents (R3, R4). In addition, the licensee failed to include in the resident service plan all the services the resident was receiving for one of three residents (R2). This practice resulted in a level two violation (a	01640			

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01640	Continued From page 28 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 admitted to licensee March 26, 2021, and started receiving assisted living services August 1, 2021. R2's diagnoses included hypertension, diabetes type 2, atherosclerotic heart disease, and hyperlipidemia. R2's Service Plan/Agreement dated March 26, 2021, indicated R2 received: medication set-up, medication administration, supervision/monitoring and reassessment within 14 days and at least every 90 days, laundry, and activities of daily living. On August 21, 2023, at 12:06 p.m., the surveyor observed ULP-B check R2's blood glucose and prepare insulin for R2 to self-administer. On August 21, 2023, at 12:15 p.m., R2 showed the surveyor a dressed wound on his left foot/ankle, and stated the licensee's nurse was doing a good job dressing the wound for him. R2's service plan lacked evidence of blood glucose monitoring and simple wound care dressing services R2 received.	01640			

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NAME OF PROVIDER OR SUPPLIER FLOURISH APARTMENTS, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 9000 GOLDEN VALLEY ROAD GOLDEN VALLEY, MN 55427		
(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 29 R3 R3 admitted to the licensee on September 11, 2021. R3's diagnoses included diabetes mellitus, leukemia, and stroke. R3's signed Individual Service Plan Agreement dated April 4, 2023, indicated R3 received assistance with A.M. and P.M. cares, bed making, medication administration, meal prep and set up, housekeeping, bathing, and ensuring at least one bottle of water is open in the fridge. R3's unsigned Service Plan with effective date August 21, 2023, indicated R3 received assistance with bathing, dressing, grooming, housekeeping, medication reminders, and laundry. R4 R4 admitted for assisted living services on October 31, 2022. R4's diagnoses included anemia and chronic obstruction pulmonary disease (COPD) R4's signed Individual Service Plan Agreement dated August 2, 2023, lacked a description of services provided. R4's unsigned Service Plan with effective date August 22, 2023, indicated R4 received assistance with bathing, housekeeping, linen, medication management, and medication administration. R3 and R4's service plans lacked a signature or authentication by the resident resident's representative to document on services to be	01640			

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01640	Continued From page 30 provided with a revision. On August 23, 2023, at 8:40 a.m., clinical nurse supervisor (CNS)-D stated that changes to the service were completed by having a discussion with the resident or family about changes in services. If the resident or resident's family agreed to the changes, the changes would be implemented. In addition, CNS-D stated signatures are obtained on the Individual Service Plan Agreement form when a resident initially moves in and agrees to begin receiving services but no further signatures are obtained for authorization of service plan revisions. Licensee's Service Plan Policy, dated March 29, 2023, stated that the service plan and any revisions must include a signature or other authentication by the RN or licensed health professional, and by the resident or resident representative documenting agreement on the services to be provided. No further information was provided. TIME PERIOD TO CORRECT: Twenty-one (21) days	01640			
01730 SS=F	144G.71 Subd. 5 Individualized medication management plan (a) For each resident receiving medication management services, the assisted living facility must prepare and include in the service plan a written statement of the medication management services that will be provided to the resident. The facility must develop and maintain a current individualized medication management record for each resident based on the resident's	01730			

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01730	Continued From page 31 assessment that must contain the following: (1) a statement describing the medication management services that will be provided; (2) a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; (3) documentation of specific resident instructions relating to the administration of medications; (4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis; (5) identification of medication management tasks that may be delegated to unlicensed personnel; (6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and (7) any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions. (b) The medication management record must be current and updated when there are any changes. (c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop an individual medication management plan (IMMP) to include all required content for two of two residents (R2, R4).	01730			

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01730	Continued From page 32 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: On August 21, 2023, at 10:50 a.m., the surveyor reviewed R2 and R4's medication administration record (MAR), service plan, and service checkoff forms, none contained all the required information for the IMMP. R2 R2's Service Plan/Agreement dated March 26, 2021, indicated R2 received: medication set-up, medication administration, supervision/monitoring, and reassessment within 14 days and at least every 90 days, laundry, and activities of daily living. On August 21, 2023, at 12:35 p.m., the surveyor observed unlicensed personnel (ULP)-B administer medications to R2. R4 R4's unsigned Service Plan with effective date August 22, 2023, indicated R4 received assistance with bathing, housekeeping, linen, medication management, and medication administration. On August 22, 2023, 9:57 a.m., the surveyor observed ULP-B administer medications to R4.	01730			

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01730	Continued From page 33 R2 and R4's record lacked an individual medication management plan with the following content: - a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; - identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis; - identification of medication management tasks that may be delegated to unlicensed personnel; - procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and - any resident-specific requirements relating to documenting medication administration. On August 22, 2023, at 2:15 p.m., clinical nurse supervisor (CNS)-D stated none of the resident's records would have an IMMP as licensee had not implemented a form with this content, but any available information would be in the resident medication administration record (MAR). The licensee's undated Individualized Medication Management Plan policy indicated resident medication management plan will be reviewed periodically and modified as needed. Also, the policy included a description of the medication management services that will be provided below: - a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions is listed on the MAR and in the RN assessment; - documentation of specific resident instructions relating to the administration of medications for	01730			

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01730	Continued From page 34 our staff on your MAR; - identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis; - identification of medication management tasks that may be delegated to unlicensed personnel are listed on your MAR; - Procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services as listed on the instructions to the ULP; and - any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01730			
01750 SS=F	144G.71 Subd. 7 Delegation of medication administration When administration of medications is delegated to unlicensed personnel, the assisted living facility must ensure that the registered nurse has: (1) instructed the unlicensed personnel in the proper methods to administer the medications, and the unlicensed personnel has demonstrated the ability to competently follow the procedures; (2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's records; and (3) communicated with the unlicensed personnel about the individual needs of the resident.	01750			

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01750	Continued From page 35 This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure prior to delegating the task of medication administration, the registered nurse (RN) trained the unlicensed personnel (ULP) in the proper methods to perform the task or procedure for each resident and verified the ULPs were able to demonstrate the ability to competently follow the procedure for one of two employees (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) 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: ULP-B was hired June 14, 2022, to provide direct care services to licensee's assisted living residents. On August 22, 2023, from 7:28 a.m., through 8:34 a.m., the surveyor observed ULP-B administer medications to licensee's residents. On August 21, 2023, at 12:35 p.m., ULP-B stated, "I completed medication administration training by going through Educare (training software) modules and shadowing another ULP on the floor before starting alone." ULP-B could not remember if a nurse completed medication administration competencies with her.	01750			

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01750	Continued From page 36 ULP-B's Skill Competencies dated June 14, 2022, indicated licensed practical nurse (LPN)-A signed off ULP-B's competencies on the following topics: - Medication Administration - Routes; oral, sublingual, buccal, topical, eye drops, eye ointment, ear drops, transdermal patch application, transdermal patch removal, and nasal spray. On August 22, 2022, at 11:40 a.m., receptionist (REC)-I stated, licensee used not to have someone to train ULPs. REC-I Also stated the training was conducted through Educare modules, shadowing other experienced staff and director of nursing at the time could check off the competencies. REC-I further stated when LPN-A was hired LPN-A took over all staff training and competencies. On August 22, 2023, at 2:20 p.m., clinical nurse supervisor (CNS)-D stated was not aware of trainings that happened before starting with licensee. CNS-D also stated that all staff who were working for the licensee before she was hired, could all be trained and competencies checked off by LPN-A. CNS-D further stated that since taking over with licensee she was in charge of all staff training and completing competencies. The licensee's undated Administration of Medication, Treatment and Therapy by Unlicensed Personnel policy indicated that unlicensed personnel that satisfy the training requirements, have been determined competent to follow the procedures and have been delegated the responsibility by the RN, may administer medications, orally, by suppository, through eye drops, through ear drops, by use of inhalant or nebulizer, gastric tube, insulin injection	01750			

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01750	Continued From page 37 or topically by following the RN's written instructions for administering the medications to the resident. No further information was provided TIME PERIOD FOR CORRECTION: Seven (7) days	01750			
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 interview and record review, the licensee failed to ensure written or electronically recorded prescriptions were obtained for one of two residents (R2). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, 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's diagnoses included hypertension, diabetes type 2, atherosclerotic heart disease, and hyperlipidemia.	01820			

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01820	Continued From page 38 R2's Service Plan/Agreement dated March 26, 2021, indicated R2 received: medication set-up, medication administration, supervision/monitoring and reassessment within 14 days and at least every 90 days, laundry, and activities of daily living. R2's Medication Administration Record (MAR) dated August 2023, indicated R2 was taking the following medications: aspirin 81 milligram (mg) tablet by mouth daily, furosemide 40 mg tablet by mouth daily, lisinopril 10 mg tablet by mouth daily, metformin 1000 mg tablet take one tablet by mouth twice daily, potassium cl 20 milliequivalent (meq) er tablet by mouth twice daily, carvedilol 12.5 mg tablet by mouth twice daily, melatonin 3 mg tablet take two tablets by mouth at bedtime, simvastatin 40 mg tablet by mouth daily at bedtime, ondansetron 4 mg tablet by mouth as needed every eight hours, and Metamucil powder one scoopful with water by mouth daily at bedtime as needed. On August 22, 2023, at 2:15 p.m., clinical nurse supervisor (CNS)-D stated licensee failed to receive prescriptions for the medications R2 received. CNS-D also stated the licensee normally received resident prescriptions from the pharmacy and they had provided all the available prescriptions to the surveyor but did not have those for R2. CNS-D further stated that licensee would request pharmacy to send them the missing prescriptions. The licensee's undated Renewal of Medication, Treatment or Therapy Prescriptions and Orders policy indicated an order for medications must be renewed at least every 12 months or more frequently as indicated by the assessment of the	01820			

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01820	Continued From page 39 resident by the Director of Nursing (DON), or Licensed Health Professional. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01820			
01910 SS=F	144G.71 Subd. 22 Disposition of medications (a) Any current medications being managed by the assisted living facility must be provided to the resident when the resident's service plan ends or medication management services are no longer part of the service plan. Medications for a resident who is deceased or that have been discontinued or have expired may be provided for disposal. (b) The facility shall dispose of any medications remaining with the facility that are discontinued or expired or upon the termination of the service contract or the resident's death according to state and federal regulations for disposition of medications and controlled substances. (c) Upon disposition, the facility must document in the resident's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide documentation in the resident's record regarding the disposition of medication to include the medication's name, strength, prescription number as applicable,	01910			

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01910	Continued From page 40 quantity, date of disposition, and names of staff and other individuals involved in the disposition for one of one discharged resident (R6). 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: R6 was admitted to the licensee on January 18, 2020, and discharged to another facility on February 3, 2023. R6's Discharge Summary lacked information regarding the disposition of medication to include the medication's name, strength, prescription number, and quantity. On August 22, 2023, at 9:03 a.m., licensed practical nurse (LPN)-A stated, "We do not have any form or anything that we fill out for disposition of medication other than that one sentence that says were medications sent with resident or family that you see on the discharge summary." Clinical nurse supervisor (CNS)-D who was present for the interview with LPN-A, stated this was correct. The licensee's Disposition or Disposal of Medication policy, dated March 13, 2023, read "Staff will document in the resident's record the name of the person to whom the medications were given, the time and date, the name of each medication and the amount of medication	01910			

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01910	Continued From page 41 remaining." No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01910			
01940 SS=F	144G.72 Subd. 3 Individualized treatment or therapy managemen For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following: (1) a statement of the type of services that will be provided; (2) documentation of specific resident instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any	01940			

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01940	Continued From page 42 changes. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop an individual treatment management plan (ITMP) to include all required content for one of one resident (R2). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, 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's Service Plan/Agreement dated March 26, 2021, indicated R2 received services: medication set-up, medication administration, supervision/monitoring and reassessment within 14 days and at least every 90 days, laundry, and activities of daily living. On August 21, 2023, at 10:50 a.m., the surveyor reviewed R2's medication administration record (MAR), service plan, and service checkoff form, none contained the required information for the ITMP. On August 21, 2023, at 12:06 p.m., the surveyor observed ULP-B check R2's blood glucose and prepare insulin for R2 to self-administer. On August 21, 2023, at 12:15 a.m., the surveyor	01940			

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01940	Continued From page 43 requested to know what R2's blood glucose parameters were, ULP-B stated they were not sure but would report to the nurse anything below 70 and above 300. On August 21, 2023, at 12:15 p.m., R2 showed the surveyor a dressed wound in his left foot ankle, and stated the licensee's nurse was doing a good job dressing the wound for him. R2's record lacked ITMP with all required content to include: - a statement of the type of services that will be provided; - documentation of specific resident instructions relating to the treatments or therapy administration; - identification of treatment or therapy tasks that will be delegated to unlicensed personnel; - procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and - any resident-specific requirements relating to documentation of treatment and therapy received. On August 22, 2023, at 2:15 p.m., clinical nurse supervisor (CNS)-D stated employees had access to the parameters in their charting software. CNS-D also stated none of the licensee residents with a treatment would have an ITMP in their records as licensee did not have a form to document, but any available information will be in the resident medication administration record. The licensee's undated Individualized Treatment and Therapy Management Plan policy indicated licensee had included a description of the treatment and therapy management services that will be provided below by our facility staff:	01940			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36093	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/23/2023
NAME OF PROVIDER OR SUPPLIER FLOURISH APARTMENTS, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 9000 GOLDEN VALLEY ROAD GOLDEN VALLEY, MN 55427		
(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 44 - the type of services that will be provided will be recorded in your TAR; - documentation of specific resident instructions relating to the treatments or therapy administration will be recorded in your TAR; - identification of treatment or therapy tasks that will be delegated to unlicensed personnel in your TAR; - procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and - any resident-specific requirements relating to documentation of treatment and therapy received. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01940			
01950 SS=F	144G.72 Subd. 4 Administration of treatments and therapy Ordered or prescribed treatments or therapies must be administered by a nurse, physician, or other licensed health professional authorized to perform the treatment or therapy, or may be delegated or assigned to unlicensed personnel by the licensed health professional according to the appropriate practice standards for delegation or assignment. When administration of a treatment or therapy is delegated or assigned to unlicensed personnel, the facility must ensure that the registered nurse or authorized licensed health professional has: (1) instructed the unlicensed personnel in the proper methods with respect to each resident and the unlicensed personnel has demonstrated the ability to competently follow the procedures;	01950			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36093	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/23/2023
NAME OF PROVIDER OR SUPPLIER FLOURISH APARTMENTS, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 9000 GOLDEN VALLEY ROAD GOLDEN VALLEY, MN 55427		
(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
01950	Continued From page 45 (2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's record; and This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure prior to delegating nursing tasks of treatment administration, the unlicensed personnel (ULP) were trained in the proper methods to perform the task or procedure for each resident, and were able to demonstrate, to the registered nurse (RN), the ability to competently follow the procedure 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) 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: ULP-B was hired June 14, 2022, to provide direct care services to licensee's assisted living residents. On August 21, 2023, at 12:06 p.m., the surveyor observed ULP-B check blood glucose and prepare insulin for self-administration for R2 in his room. On August 21, 2023, at 12:35 p.m., ULP-B stated, "I completed training by going through Educare (training software) modules and shadowing	01950			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36093	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/23/2023
NAME OF PROVIDER OR SUPPLIER FLOURISH APARTMENTS, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 9000 GOLDEN VALLEY ROAD GOLDEN VALLEY, MN 55427			
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01950	Continued From page 46 another ULP on the floor before starting alone." ULP-B could not remember if a nurse completed competencies with her. ULP-B's Skill Competencies dated June 14, 2022, indicated licensed practical nurse (LPN)-A signed off ULP-B's competencies on the following topics: - Medication and treatment - oxygen; - Medication and treatment - CPAP; - Dining, Nutrition and Food Safety; - Medication & Treatment - Nebulizer & Inhalers; - Medication & Treatment - Wound Care; - Splint/Brace Application; - Medication & Treatment - Ace Wrap; - Medication & Treatment - Compression Stockings; - Medication & Treatment - Ostomy Care; - Medication & Treatment - Catheter Care; and - Medication & Treatment - Oxygen Saturations. On August 22, 2022, at 11:40 a.m., receptionist (REC)-I stated the licensee used to conduct training only through Educare (training software) modules, shadowing other experienced staff, and then the director of nursing at the time would check off the competencies. Additionally, REC-I stated when LPN-A was hired, they took over all staff training and competencies. On August 22, 2023, at 2:20 p.m., clinical nurse supervisor (CNS)-D stated they were not aware of how training was conducted before starting with licensee. CNS-D stated that since taking over with licensee she was in charge of all staff training and completing competencies, but all staff who were working for the licensee before she was hired there could have all be trained with competencies checked off by a LPN.	01950			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36093	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/23/2023
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01950	Continued From page 47 No further information was provided TIME PERIOD FOR CORRECTION: Seven (7) days	01950			



Minnesota Department of Health
Food, Pools, & Lodging Services
P.O. Box 64975
Saint Paul, MN 55164-0975
651-201-4500

Type: Full
Date: 08/22/23
Time: 11:40:44
Report: 1004231105

Food and Beverage Establishment Inspection Report

Page 1

Location:

Flourish Senior Living
9000 Golden Valley Road
Golden Valley, MN55427
Hennepin County, 27

Establishment Info:

ID #: 0038318
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 7635439000
ID #:

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

No NEW orders were issued during this inspection.

Surface and Equipment Sanitizers

Wash Temp. Gauge: = at 150 Degrees Fahrenheit
Location: DISH MACHINE
Violation Issued: No

Rinse Temp. Gauge: = at 180 Degrees Fahrenheit
Location: DISH MACHINE
Violation Issued: No

Utensil Surface Temp.: = at 167 Degrees Fahrenheit
Location: DISH MACHINE
Violation Issued: No

Quaternary Ammonia: = 200PPM at Degrees Fahrenheit
Location: WIPING CLOTH BUCKET
Violation Issued: No

Quaternary Ammonia: = 200PPM at Degrees Fahrenheit
Location: WIPING CLOTH BUCKET
Violation Issued: No

Food and Equipment Temperatures

Process/Item: HAM
Temperature: 39 Degrees Fahrenheit - Location: WALK-IN COOLER
Violation Issued: No

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

Type: Full
Date: 08/22/23
Time: 11:40:44
Report: 1004231105
Flourish Senior Living

Food and Beverage Establishment Inspection Report

Page 2

Process/Item: SOUP
Temperature: 179 Degrees Fahrenheit - Location: SOUP WELL
Violation Issued: No

Process/Item: SOUP
Temperature: 188 Degrees Fahrenheit - Location: STEAM WELL
Violation Issued: No

Process/Item: GROUND BEEF
Temperature: 168 Degrees Fahrenheit - Location: STEAM WELL
Violation Issued: No

Process/Item: TUNA
Temperature: 40 Degrees Fahrenheit - Location: PREP TOP COOLER
Violation Issued: No

Process/Item: AMBIENT TEMPERATURE
Temperature: <39 Degrees Fahrenheit - Location: REACH-IN PREP COOLER
Violation Issued: No

Process/Item: MILK
Temperature: 40 Degrees Fahrenheit - Location: NORLAKE STANDING COOLER
Violation Issued: No

Process/Item: BURGER PATTY
Temperature: 40 Degrees Fahrenheit - Location: DELFIELD REACH-IN COOLER
Violation Issued: No

Process/Item: SLICED TOMATO
Temperature: 40 Degrees Fahrenheit - Location: DELFIELD REACH-IN COOLER
Violation Issued: No

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

INSPECTION WAS CONDUCTED BY MOLLY DOUGHERTY (FPLS) IN CONJUNCTION WITH A HEALTH REGULATIONS DIVISION (HRD) SURVEY CONDUCTED BY BENARD NYANGENA.

DISCUSSED:

- EMPLOYEE ILLNESS POLICY AND LOG
- HANDWASHING
- SANITIZER USE AND TEST KITS
- WIPING CLOTH USE AND STORAGE
- CLEANING/SANITIZING FOOD CONTACT SURFACES AND UTENSILS
- HIGH TEMPERATURE SANITIZING DISH MACHINE TEMPERATURE VERIFICATION
- DATE MARKING PROCEDURES
- COOLING PROCEDURES
- REHEATING PROCEDURES
- THERMOMETER USE AND CALIBRATION
- SERVING A HIGHLY SUSCEPTIBLE POPULATION (NO RAW/UNDERCOOKED ANIMAL FOODS, NO UNPASTEURIZED JUICE, MILK, ETC)
- FOOD SOURCE
- RECEIVING DELIVERIES PROCEDURES

Type: Full
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Report: 1004231105
Flourish Senior Living

Food and Beverage Establishment Inspection Report

Page 3

-FOOD SERVICE PROCEDURES

-PEST CONTROL

-LOGS (COOLER TEMPERATURE, COOKING TEMPERATURES, COOLING TEMPERATURES, SANITIZER CONCENTRATIONS, ETC)

-PHYSICAL FACILITIES AND MAINTENANCE

*IF ANY RESIDENT COMPLAINS OF ILLNESS, CONTACT THE MINNESOTA DEPARTMENT OF HEALTH AND PROVIDE THE FOODBORNE ILLNESS HOTLINE PHONE NUMBER TO THE RESIDENT, OR CALL ON THEIR BEHALF. THE FOODBORNE ILLNESS HOTLINE PHONE NUMBER IS 1-877-366-3455.

*NO VIOLATIONS OBSERVED DURING TIME OF INSPECTION

*REPORT WAS DISCUSSED WITH KITCHEN STAFF MEMBERS AND WITH THE NURSE EVALUATOR, BENARD.

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 1004231105 of 08/22/23.

Certified Food Protection Manager SANDY THIRAKUL

Certification Number: FM91123 Expires: 10/14/23

Signed: _____

STAR
FOOD SERVICE STAFF

Signed: Molly Dougherty

Molly Dougherty
Public Health Sanitarian
Metro District Office
651-201-3978
molly.dougherty@state.mn.us