



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

April 21, 2022

Administrator
Loving Care Cottage, LLC
7740 Hadley Avenue South
Cottage Grove, MN 55016

RE: Project Number(s) SL37940015

Dear Administrator:

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

The Minnesota Department of Health completed an initial evaluation on March 17, 2022, for the purpose of assessing compliance with state licensing statutes. At the time of the evaluation, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G.

The enclosed State Form documents the state licensing orders. The Department of Health documents state licensing correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Home Care Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute number and the corresponding text of the state statute out of compliance are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by . . ."

IMPOSITION OF FINES

In accordance with Minn. Stat. § 144G.31, Subd. 4, fines and enforcement actions may be imposed based on the level and scope of the violations and imposed immediately with no opportunity to correct the violation first as follows:

Level 1: no fines or enforcement.

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

Level 3: a fine of \$3,000 per violation per incident, in addition to any enforcement mechanism

authorized in § 144G.20.

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

In accordance with Minn. Stat. § 144G.20, Subd. 4(a)(5), the Department of Health imposes fine amounts of either \$1,000 or \$5,000 to licensees who are found to be responsible for maltreatment. The Department of Health imposes a fine of \$1,000 for each substantiated maltreatment violation that consists of abuse, neglect, or financial exploitation according to Minn. Stat. § 626.5572. Subds. 2, 9, 17. The Department of Health also may impose a fine of \$5,000 for each substantiated maltreatment violation consisting of sexual assault, death, or abuse resulting in serious injury.

In accordance with Minn. Stat. § 144G.31, Subd. 4(a)(5)(b), when a fine is assessed against a facility for substantiated maltreatment, the commissioner shall not also impose an immediate fine under this chapter for the same circumstance.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, no immediate fines are assessed.

DOCUMENTATION OF ACTION TO COMPLY

Per Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document any action taken to comply with the correction order by the correction order date. A copy of the provider's records documenting those actions may be requested for follow-up evaluations. The licensee is not required to submit a plan of correction for approval.

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the resident(s)/employee(s) identified in the correction order.
- Identify how the area(s) of noncompliance was corrected for all of the provider's residents/employees that may be affected by the noncompliance.
- Identify what changes to your systems and practices were made to ensure compliance with the specific statute(s).

CORRECTION ORDER RECONSIDERATION PROCESS

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

A state licensing order under Minn. Stat. § 144G.91 Subd. 8), Free from Maltreatment is associated with a maltreatment determination by the Office of Health Facility Complaints. If maltreatment is substantiated, you will receive a separate letter with the reconsideration process under Minn. Stat. § 626.557. Please email general reconsideration requests to: Health.HRD.Appeals@state.mn.us.

Loving Care Cottage, LLC

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Please address your cover letter for general reconsideration requests to:

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

Free from Maltreatment reconsideration requests should be addressed to:

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

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in this letter and the results of this visit with the President of your organization's Governing Body. If you have any questions, please contact me.

Sincerely,

A handwritten signature in black ink that reads "Jessica Sellner". The signature is written in a cursive style with a large, looping initial "J".

Jessica Sellner, Supervisor
State Rapid Response Team
85 East Seventh Place, Suite 220
P.O. Box 64970
St. Paul, MN 55164-0970
Telephone: 320-223-7370 Fax: 651-281-9796

PMB

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 37940	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/17/2022
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NAME OF PROVIDER OR SUPPLIER LOVING CARE COTTAGE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 7740 HADLEY AVENUE SOUTH COTTAGE GROVE, MN 55016
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0 000	<p>Initial Comments</p> <p>Initial comments *****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.</p> <p>Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p>INITIAL COMMENTS: SL379400015</p> <p>On March 16, 2022, through March 17, 2022, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were five residents receiving services under the provider's Provisional Assisted Living license.</p> <p>On March 22, 2022, the following immediate correction order is issued for SL37940015, tag identification 0110.</p> <p>The following correction orders are issued that are not immediate for SL37940015, tag identification 0250, 0470, 0510, 0550, 0570, 0580, 0640, 0810, 1300, 1370, 1380, 1450, 1470, 1480, 1650, 1690, 1710, 1730, 1880, 1910, 1940, and 2310.</p> <p>On April 8, 2022, the immediacy was removed</p>	0 000	<p>Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living 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 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 evaluators' findings is the Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.</p>	

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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0 000	Continued From page 1	0 000		
0 110 SS=F	<p>144G.10 Subdivision 1a Assisted living director license required</p> <p>Each assisted living facility must employ an assisted living director licensed or permitted by the Board of Executives for Long Term Services and Supports.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure employment of an assisted living director (LALD) licensed by the Board of Executives for Long Term Services and Supports (BELTSS). This had the potential to affect all residents receiving Assisted Living services. This resulted in an immediate correction order issued on March 22, 2022.</p> <p>On April 8, 2022, the immedicay was removed and citation 0110 was corrected when the facility ensured they had a LALD which was verified on the BELTTS website.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents).</p> <p>The findings included:</p>	0 110		

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0 110	<p>Continued From page 2</p> <p>On March 16, 2022, at approximately 1:00 p.m., director of nursing (DON)-D stated the licensee had begun the application for the LALD-IR license.</p> <p>During an interview, DON-D stated understanding of all requirements related to Minnesota Statute 144G.10 subd. 1a, including the requirement that an individual who has not completed LALD training and is currently working with a mentor is acceptable only if they have notified BELTSS of the mentoring arrangement in which case BELTSS would issue a licensed assisted living director in residency (LALD-IR) permit for that arrangement.</p> <p>Review of BELTSS license verification website on March 16, 2022, at approximately 2:00 p.m. did not indicate the DON-D was LALD licensed nor had a LALD-IR permit been issued.</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 110		
0 250 SS=F	<p>144G.20 Subdivision 1 Conditions</p> <p>(a) The commissioner may refuse to grant a provisional license, refuse to grant a license as a result of a change in ownership, refuse to renew a license, suspend or revoke a license, or impose a conditional license if the owner, controlling individual, or employee of an assisted living facility:</p> <p>(1) is in violation of, or during the term of the license has violated, any of the requirements in this chapter or adopted rules;</p>	0 250		

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0 250	Continued From page 3 (2) permits, aids, or abets the commission of any illegal act in the provision of assisted living services; (3) performs any act detrimental to the health, safety, and welfare of a resident; (4) obtains the license by fraud or misrepresentation; (5) knowingly makes a false statement of a material fact in the application for a license or in any other record or report required by this chapter; (6) denies representatives of the department access to any part of the facility's books, records, files, or employees; (7) interferes with or impedes a representative of the department in contacting the facility's residents; (8) interferes with or impedes ombudsman access according to section 256.9742, subdivision 4; (9) interferes with or impedes a representative of the department in the enforcement of this chapter or fails to fully cooperate with an inspection, survey, or investigation by the department; (10) destroys or makes unavailable any records or other evidence relating to the assisted living facility's compliance with this chapter; (11) refuses to initiate a background study under section 144.057 or 245A.04; (12) fails to timely pay any fines assessed by the commissioner; (13) violates any local, city, or township ordinance relating to housing or assisted living services; (14) has repeated incidents of personnel performing services beyond their competency level; or (15) has operated beyond the scope of the assisted living facility's license category. (b) A violation by a contractor providing the	0 250		

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0 250	<p>Continued From page 4</p> <p>assisted living services of the facility is a violation by the facility.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to show they met the requirements of licensure, by attesting the managerial officials who oversaw the day-to-day operations understood applicable statutes and rules; nor developed and/or implemented current policies and procedures as required with records reviewed. This had the potential to affect all residents, staff, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and 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).</p> <p>The findings include:</p> <p>During entrance conference on March 16, 2022, at approximately 10:00 a.m., director of nursing (DON)-D stated the licensee's employees in charge of the facility were familiar with the assisted living regulations and the licensee provided medication and treatment management services.</p> <p>The licensee's Application for Assisted Living License, section titled. Official Verification of Owner or Authorized Agent, (page four and five of the application), identified, I certify I have read and understand the following:</p>	0 250		

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0 250	<p>Continued From page 5</p> <ul style="list-style-type: none"> - I have read and fully understand Minn. [Minnesota] Stat. [statute] sect. [section] 144G.45, my building(s) must comply with subdivisions 1-3 of the section, as applicable section Laws 2020, 7th Spec. [special] Sess [session]., chpt. [chapter] 1. art. [article] 6, sect. 17. - I have read and fully understand Minn. Stat. sect. 144G.80, 144G.81. and Laws 2020, 7th Spec. Sess., chpt. 1, art. 6, sect. 22, my building(s) must comply with these sections if applicable. - Assisted Living Licensure statutes in Minn. Stat. chpt. 144G. - Assisted Living Licensure rules in Minnesota Rules, chpt. 4659. - Reporting of Maltreatment of Vulnerable Adults. - Electronic Monitoring in Certain Facilities. - I understand pursuant to Minn. Stat. sect. 13.04 Rights of Subjects of Data, the Commissioner will use information provided in this application, which may include an in-person or telephone conference, to determine if the applicant meets requirements for assisted living licensing. I understand I am not legally required to supply the requested information; however, failure to provide information or the submission of false or misleading information may delay the processing of my application or may be grounds for denying a license. I understand that information submitted to the commissioner in this application may, in some circumstances, be disclosed to the appropriate state, federal or local agency and law 	0 250		

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0 250	<p>Continued From page 6</p> <p>enforcement office to enhance investigative or enforcement efforts or further a public health protective process. Types of offices include Adult Protective Services, offices of the ombudsmen, health-licensing boards, Department of Human Services, county or city attorneys' offices, police, local or county public health offices.</p> <p>- I understand in accordance with Minn. Stat. sect. 144.051 Data Relating to Licensed and Registered Persons (opens in a new window), all data submitted on this application shall be classified as public information upon issuance of a provisional license or license. All data submitted are considered private until MDH issues a license.</p> <p>- I declare that, as the owner or authorized agent, I attest that I have read Minn. Stat. chapter 144G, and Minnesota Rules, chapter 4659 governing the provision of assisted living facilities, and understand as the licensee I am legally responsible for the management, control, and operation of the facility, regardless of the existence of a management agreement or subcontract.</p> <p>- I have examined this application and all attachments and checked the above boxes indicating my review and understanding of Minnesota Statutes, Rules, and requirements related to assisted living licensure. To the best of my knowledge and believe, this information is true, correct, and complete. I will notify MDH, in writing, of any changes to this information as required.</p> <p>- I attest to have all required policies and procedures of Minn. Stat. chapter 144G and Minn. Rules chapter 4659 in place upon licensure</p>	0 250		

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0 250	<p>Continued From page 7</p> <p>and to keep them current as applicable.</p> <p>Page five was electronically signed by DON-D on May 25, 2021.</p> <p>The licensee had an assisted living license issued on August 1, 2021, with an expiration date of July 31, 2022.</p> <p>The licensee failed to ensure the following policies and procedures were developed and/or implemented:</p> <ul style="list-style-type: none"> - requirements in section 626.557, reporting of maltreatment of vulnerable adults; - orientation, training, and competency evaluations of staff, and a process for evaluating staff performance; - infection control practices; - reminders for treatments; - conducting appropriate screenings, or documentation of prior screenings, to show that staff are free of tuberculosis, consistent with current United States Centers for Disease Control and Prevention standards; - medication and treatment management; and - supervision of unlicensed personnel performing delegated tasks. <p>On March 16, 2022, at 10:00 a.m., DON-D confirmed the licensee provided orientation, training, competency evaluations of staff, evaluating staff performance, infection control practices, medication and treatment management, supervision of unlicensed personnel performing delegated tasks, but failed to implement corresponding policies and procedures, as required.</p> <p>As a result of this survey, the following orders were issued with tag identification 0110, 0470,</p>	0 250		

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0 250	Continued From page 8 0550, 0570, 0580, 0640, 1300, 1370, 1380, 1450, 1470, 1480, 1690, 1730 and 2310 indicating the licensee's understanding of the Minnesota statutes were limited, or not evident for compliance with Minnesota Statutes, section 144G.08 to 144G.95. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 250		
0 470 SS=F	144G.41 Subdivision 1 Minimum requirements (11) develop and implement a staffing plan for determining its staffing level that: (i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility; (ii) ensures sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; and (iii) ensures that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility; (12) ensure that one or more persons are available 24 hours per day, seven days per week, who are responsible for responding to the requests of residents for assistance with health or safety needs. Such persons must be: (i) awake; (ii) located in the same building, in an attached building, or on a contiguous campus with the facility in order to respond within a reasonable amount of time; (iii) capable of communicating with residents;	0 470		

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0 470	<p>Continued From page 9</p> <p>(iv) capable of providing or summoning the appropriate assistance; and (v) capable of following directions;</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure a staffing plan was developed, implemented, and evaluated for appropriateness of staffing levels as required. This had the potential to affect all of the licensee's residents, staff, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents).</p> <p>The findings include:</p> <p>The licensee holds an assisted living facility license with a current census of five residents and is licensed for a bed capacity of 6 residents.</p> <p>The licensee failed to develop and implement a staffing plan for determining its staffing level that:</p> <ul style="list-style-type: none"> - included an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility. - ensured sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; and - ensured that the facility can respond promptly and effectively to individual resident emergencies 	0 470		

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0 470	<p>Continued From page 10</p> <p>and to emergency, life safety, and disaster situations affecting staff or residents in the facility.</p> <p>During the provisional assisted living facility (PALF) entrance conference on March 16, 2022, at approximately 10:00 a.m., a copy of the facility's staffing plan was requested from the director of nursing (DON)-D. The DON-D stated the facility does not have a documented staffing plan in place.</p> <p>Licensee's Staffing and Scheduling policy dated August 1, 2021, directed the clinical nurse supervisor would develop and implement a written staffing plan that provided an adequate number of qualified direct-care staff to meet the resident's needs 24-hours a day, seven-days a week.</p> <p>No further information was provided.</p> <p>TIME PERIOD OF CORRECTION: Seven (7) days.</p>	0 470		
0 480 SS=F	<p>144G.41 Subd 1 (13) (i) (B) Minimum requirements</p> <p>(13) offer to provide or make available at least the following services to residents:</p> <p>(i) at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The following apply:</p> <p>(B) food must be prepared and served according</p>	0 480		

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0 480	<p>Continued From page 11</p> <p>to the Minnesota Food Code, Minnesota Rules, chapter 4626; and</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents).</p> <p>The findings include: Please refer to the included document titled, Food and Beverage Establishment Inspection Report dated March 16, 2022, for the specific Minnesota Food Code deficiencies.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 480		
0 510 SS=D	<p>144G.41 Subd. 3 Infection control program</p> <p>(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</p>	0 510		

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0 510	<p>Continued From page 12</p> <p>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.</p> <p>(c) The facility must maintain written evidence of compliance with this subdivision.</p> <p>This MN Requirement is not met as evidenced by: Based on observations, interview, and record review, the licensee failed to maintain an effective infection control program that complied with accepted health, medical and nursing standards for infection control related to hygiene for one of five residents (R3) observed during medication administration.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>On March 16, 2022, at 12:30 p.m., the surveyor observed unlicensed personnel (ULP)-A completing medication administration for R5 then remove her gloves and immediately turned to began wiping food off the face of R3 as the resident walked past ULP-A in the kitchen. ULP-A did not perform hand hygiene after removing her gloves and wiping R3's mouth with her bare hands.</p>	0 510		

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0 510	<p>Continued From page 13</p> <p>During an interview on March 16, 2022, at 1:00 p.m., ULP-A did recall being trained by the licensee about infection control measures and stated the licensee provided hand sanitizer.</p> <p>On March 17, 2022, at approximately 2:00 p.m., director of nursing (DON)-D stated staff members are trained to wear gloves and follow proper hand hygiene practices while performing assigned tasks with all residents.</p> <p>The licensee's Gloves policy dated August 1, 2021, noted after removal of disposable gloves an employee would wash their hands.</p> <p>The licensee's Hand Washing policy dated August 1, 2021, indicated proper handwashing techniques would be used to protect the spread of infection. The policy also indicated handwashing would be completed before and after resident cares.</p> <p>The licensee's Standard Precautions policy dated August 1, 2021, indicated the licensee ensured standard precautions would be used by the licensee's staff. The policy also indicated standard precautions included hand washing.</p> <p>No further information was provided.</p> <p>TIME PERIOD TO CORRECT: Seven (7) days</p>	0 510		
0 550 SS=F	<p>144G.41 Subd. 7 Resident grievances; reporting maltreatment</p> <p>All facilities must post in a conspicuous place information about the facilities' grievance procedure, and the name, telephone number, and e-mail contact information for the individuals who</p>	0 550		

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0 550	<p>Continued From page 14</p> <p>are responsible for handling resident grievances. The notice must also have the contact information for the state and applicable regional 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.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to post the required information related to the grievance procedure and contact information for the Office of Ombudsman for Long-Term Care and Mental Health and Developmental Disabilities. This had the potential to affect all residents receiving assisted living services, staff, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>The licensee lacked a posting in a common area of the grievance procedure which included the name, telephone number, and e-mail contact information for the individuals who were responsible for handling resident grievances. In addition, there was no posting in the common area regarding contact information for the state and applicable regional Office of Ombudsman for Long-Term Care and the Office of Ombudsman</p>	0 550		

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0 550	<p>Continued From page 15 for Mental Health and Developmental Disabilities.</p> <p>On March 16, 2022, during a facility tour at approximately 9:35 a.m., the surveyor observed the facility's common areas and noted the lack of the required posting of the grievance procedure and Ombudsman contact information.</p> <p>When interviewed on March 17, 2022, at 2:00 p.m., Administrator (Admin)-E stated the required information was not posted in the common areas of the facility.</p> <p>The licensee's Complaint/Grievance Posting policy dated August 1, 2021, indicated the licensee will post, in a conspicuous place, information about the complaint/grievance procedure, and the name, telephone number, and email contact information for the individual(s) who are responsible for handling resident complaint/grievances.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	0 550		
0 570 SS=C	<p>144G.42 Subdivision 1 Display of license</p> <p>The original current license must be displayed at the main entrance of each assisted living facility. The facility must provide a copy of the license to any person who requests it.</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to display the original current license at the main entrance of the assisted living facility as</p>	0 570		

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0 570	<p>Continued From page 16</p> <p>required. This had the potential to affect all of the licensee's current residents, staff and visitors.</p> <p>This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>Findings include:</p> <p>During observation on March 16, 2022, at 9:35 a.m. the surveyor noted the facility's common areas lacked the required posting of the provisional assisted living license near the entrance common area of the facility.</p> <p>During a tour of the licensee on March 16, 2022, at approximately 10:45 a.m., the provisional assisted living license was posted on the left side of the refrigerator in the kitchen.</p> <p>On March 17, 2022, at 2:00 p.m., administrator (Admin)-E stated the required information was not posted in the common areas of the facility, and it was in the kitchen on the refrigerator.</p> <p>The licensee's Assisted Living License and Posting policy dated August 1, 2021, indicated the licensee will maintain a current Assisted Living License issued by the Minnesota Department of Health. The issued license will be posted at the main entrance of the facility.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one</p>	0 570		

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0 570	Continued From page 17 (21) days	0 570		
0 580 SS=F	<p>144G.42 Subd. 2 Quality management</p> <p>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.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to engage in quality management activity appropriate to the size of the facility, relevant to the type of services provided, and failed to maintain documentation on quality management activities. This had the potential to affect all residents.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>Findings include:</p>	0 580		

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0 580	<p>Continued From page 18</p> <p>During the provisional assisted living facility (PALF) entrance conference on March 16, 2022, at 10:00 a.m., a copy of the facility's quality management plan was requested from the director of nursing (DON)-D. DON-D stated she did not have a documented quality management policy and that she had been working on a plan.</p> <p>The licensee's Quality Management Project policy dated August 1, 2021, indicated the licensee would have at least one documented quality management project in place at all times and retain records of such projects for at least two years.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 580		
0 640 SS=F	<p>144G.42 Subd. 7 Posting information for reporting suspected c</p> <p>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:</p> <p>(1) posting the 911 emergency number in common areas and near telephones provided by the assisted living facility;</p> <p>(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</p> <p>(3) providing reasonable accommodations with information and notices in plain language.</p>	0 640		

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0 640	<p>Continued From page 19</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to post the required content in common areas to include: 911 emergency number in common areas and near telephones provided by the assisted living facility and the reporting number for the Minnesota Adult Abuse Reporting Center (MAARC) to report suspected maltreatment of a vulnerable adult under section 626.557. This had the potential to affect all residents receiving assisted living services, staff, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>During observation on March 16, 2022, at 10:45 a.m., the surveyor noted the facility main entry area and common areas lacked the following required information:</p> <ul style="list-style-type: none"> - Posting of information and the reporting number for the MAARC to report suspected maltreatment of a vulnerable adult under section 626.557 <p>On March 17, 2022, at approximately 2:00 p.m., administrator (admin)-E stated the required information was not posted in the common areas of the facility.</p> <p>The licensee's Complaint/Grievance Posting</p>	0 640		

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0 640	Continued From page 20 policy dated August 1, 2021, indicated the licensee will post, in a conspicuous place, information about our complaint/ grievance procedure, and the name, telephone number, and email contact information for the individual(s) who are responsible for handling resident complaint/grievances. In addition, the posting will include information for reporting suspected maltreatment to the MAARC. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 640		
0 810 SS=F	144G.45 Subd. 2 (b)-(f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) employee actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in	0 810		

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0 810	<p>Continued From page 21</p> <p>their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year.</p> <p>(f) Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to provide the required fire safety training and evacuation plans for residents and staff. This has the potential to directly affect all residents, staff, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all residents).</p> <p>The findings include:</p> <p>During interview on March 17, 2022, at 1:45 p.m., the director of nursing (DON)-D and the administrator (Admin)-E stated the facility had not completed any of the required evacuation drills.</p> <p>Review of the Fire Safety Manual showed the following:</p>	0 810		

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0 810	<p>Continued From page 22</p> <p>1. No evacuation plan or documentation on specific procedures for the residents, including procedures for their movements and relocation during a fire or similar, and no written instructions for addressing any unique situation during evacuation, especially for residents who are wheelchair-bound and need assistance during an evacuation.</p> <p>2. No record of required employee evacuation drills.</p> <p>3. No fire safety and evacuation plan that showed the location and number of resident rooms. Plans only showed exit routes.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 810		
01300 SS=F	<p>144G.60 Subd. 2 Qualifications, training, and competency</p> <p>All staff persons providing assisted living services must be trained and competent in the provision of services consistent with current practice standards appropriate to the resident's needs, and promote and be trained to support the assisted living bill of rights.</p> <p>This MN Requirement is not met as evidenced by: Based on record review and interview, the licensee failed to ensure unlicensed personnel (ULP) were trained and competent in the provision of services with current practice standards appropriate to the residents' needs for three of three employees (ULP-A, ULP-B, and</p>	01300		

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01300	<p>Continued From page 23</p> <p>ULP-C) with records reviewed. This had the potential to affect all residents residing at the facility.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents).</p> <p>Findings include:</p> <p>ULP-A's employee record indicated a hire date of July 22, 2008, under the licensee's comprehensive home care licensure. ULP-A's employee record lacked evidence of orientation to 144G Assisted Living statutes that went into effect on August 1, 2021.</p> <p>ULP-B's employee record indicated her hire date was July 23, 2020, under the licensee's comprehensive home care licensure. ULP-B's employee record lacked evidence of orientation to 144G Assisted Living Statutes that went into effect on August 1, 2021.</p> <p>ULP-C's employee record indicated her hire date was September 22, 2020, under the licensee's comprehensive home care licensure. ULP-C's employee records lacked evidence of orientation to 144G Assisted Living statutes that went into effect on August 1, 2021.</p> <p>During an interview on March 17, 2022, at 2:00 p.m., director of nursing (DON)-D stated she provided orientation to the assisted living statutes for staff but did not document all training sessions</p>	01300		

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NAME OF PROVIDER OR SUPPLIER LOVING CARE COTTAGE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 7740 HADLEY AVENUE SOUTH COTTAGE GROVE, MN 55016
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01300	Continued From page 24 or topics. Licensee's policy titled, Orientation to Staff and Supervisors & Content, dated August 1, 2021, indicated all staff providing and supervising direct services must complete an orientation to Assisted Living facility licensing requirements and regulations. No further information was provided. TIME PERIOD TO CORRECTION: Twenty-one (21) Days	01300		
01370 SS=F	144G.61 Subd. 2 Training and evaluation of unlicensed personn (a) Training and competency evaluations for all unlicensed personnel must include the following: (1) documentation requirements for all services provided; (2) reports of changes in the resident's condition to the supervisor designated by the facility; (3) basic infection control, including blood-borne pathogens; (4) maintenance of a clean and safe environment; (5) appropriate and safe techniques in personal hygiene and grooming, including: (i) hair care and bathing; (ii) care of teeth, gums, and oral prosthetic devices; (iii) care and use of hearing aids; and (iv) dressing and assisting with toileting; (6) training on the prevention of falls; (7) standby assistance techniques and how to perform them; (8) medication, exercise, and treatment	01370		

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01370	<p>Continued From page 25</p> <p>reminders;</p> <p>(9) basic nutrition, meal preparation, food safety, and assistance with eating;</p> <p>(10) preparation of modified diets as ordered by a licensed health professional;</p> <p>(11) communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family;</p> <p>(12) awareness of confidentiality and privacy;</p> <p>(13) understanding appropriate boundaries between staff and residents and the resident's family;</p> <p>(14) procedures to use in handling various emergency situations; and</p> <p>(15) awareness of commonly used health technology equipment and assistive devices.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a registered nurse (RN) trained and competency-evaluated staff in all required topics for three of three employees (unlicensed personnel (ULP)-A, ULP-B, and ULP-C) with employee records reviewed. This had the potential to affect all residents.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>ULP-A was hired on July 22, 2008, under the</p>	01370		

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01370	<p>Continued From page 26</p> <p>licensee's comprehensive home care license. ULP-A began providing assisted living services to licensee's residents on August 1, 2021.</p> <p>ULP-A's employee training records lacked evidence she successfully completed practical skills evaluations as required for training in accordance with assisted living 144G statutes in the following areas:</p> <ul style="list-style-type: none"> -documentation requirements for all services provided; -reports of changes in the resident's condition to the supervisor designated by the facility; -basic infection control; -appropriate and safe techniques in personal hygiene and grooming; -standby assistance techniques and how to perform them; -medication, exercise, and treatment reminders; -basic nutrition, meal preparation, food safety, and assistance with eating; -preparation of modified diets as ordered by a licensed health professional; -understanding of appropriate boundaries between staff and residents and the resident's family; -procedures to use in handling various emergency situations; and -awareness of commonly used health technology equipment and assistive devices. <p>ULP-B was hired on July 23, 2020, under the licensee's comprehensive home care license. ULP-B began providing assisted living services after August 1, 2021.</p> <p>ULP-B's employee training records lacked evidence she successfully completed practical skills evaluations as required for training in accordance with assisted living 144G statutes in</p>	01370		

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01370	<p>Continued From page 27</p> <p>the following areas:</p> <ul style="list-style-type: none"> -documentation requirements for all services provided; -reports of changes in the resident's condition to the supervisor designated by the facility; -basic infection control; -appropriate and safe techniques in personal hygiene and grooming; -standby assistance techniques and how to perform them; -medication, exercise, and treatment reminders; -basic nutrition, meal preparation, food safety, and assistance with eating; -preparation of modified diets as ordered by a licensed health professional; -understanding of appropriate boundaries between staff and residents and the resident's family; -procedures to use in handling various emergency situations; and -awareness of commonly used health technology equipment and assistive devices. <p>ULP-C was hired September 22, 2020, under the comprehensive home care license. ULP-C began providing assisted living cares to licensee's residents on August 1, 2021.</p> <p>ULP-C's employee training records lacked evidence she successfully completed practical skills evaluations as required for training in accordance with assisted living 144G statutes in the following areas:</p> <ul style="list-style-type: none"> -documentation requirements for all services provided; -reports of changes in the resident's condition to the supervisor designated by the facility; -basic infection control; -appropriate and safe techniques in personal hygiene and grooming; 	01370		

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01370	<p>Continued From page 28</p> <ul style="list-style-type: none"> -standby assistance techniques and how to perform them; -medication, exercise, and treatment reminders; -basic nutrition, meal preparation, food safety, and assistance with eating; -preparation of modified diets as ordered by a licensed health professional; -understanding of appropriate boundaries between staff and residents and the resident's family; -procedures to use in handling various emergency situations; and -awareness of commonly used health technology equipment and assistive devices. <p>On March 17, 2022, at 2:00 p.m., director of nursing (DON)-D stated she had provided employee training and competency evaluations regarding assisted living statutes, but was unaware staff needed to be re-oriented to all topics when the facility's licensure changed to assisted living August 1, 2021.</p> <p>The facility policy titled, Competency Training Evaluations, dated August 1, 2021, indicated unlicensed personnel must demonstrate competency in delegated tasks before providing services.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	01370		
01380 SS=F	<p>144G.61 Subd. 2 Training and evaluation of unlicensed personn</p> <p>(b) In addition to paragraph (a), training and competency evaluation for unlicensed personnel</p>	01380		

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01380	<p>Continued From page 29</p> <p>providing assisted living services must include:</p> <ol style="list-style-type: none"> (1) observing, reporting, and documenting resident status; (2) basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel; (3) reading and recording temperature, pulse, and respirations of the resident; (4) recognizing physical, emotional, cognitive, and developmental needs of the resident; (5) safe transfer techniques and ambulation; (6) range of motioning and positioning; and (7) administering medications or treatments as required. <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a registered nurse (RN) trained and competency-tested direct care staff in all required topics for three of three employees (unlicensed personnel (ULP)-A, ULP-B, and ULP-C) with employee records reviewed. This had the potential to affect all residents.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents).</p> <p>The findings include:</p> <p>ULP-A was hired on July 22, 2008, under the licensee's comprehensive home care license. ULP-A began providing assisted living services to</p>	01380		

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01380	<p>Continued From page 30</p> <p>licensee's residents after August 1, 2021.</p> <p>ULP-A's employee training records lacked evidence she successfully completed practical skills evaluations as required for training in accordance with assisted living 144G statutes in the following areas:</p> <ul style="list-style-type: none"> -observing, reporting, and documenting resident status; -basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel; -reading and recording temperature, pulse, respirations of the resident; -recognizing physical, emotional, cognitive, and developmental needs of the resident; -safe transfer and ambulation techniques and ambulation; -range of motion and positioning; -administering medications or treatments as required. <p>ULP-B was hired on July 23, 2020, under the licensee's comprehensive home care license. ULP-B began providing assisted living services to licensee's residents after August 1, 2021.</p> <p>ULP-B's employee training records lacked evidence he successfully completed practical skills evaluations as required for training in accordance with assisted living 144G statutes in the following areas:</p> <ul style="list-style-type: none"> -observing, reporting, and documenting resident status; -basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel; -reading and recording temperature, pulse, 	01380		

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01380	<p>Continued From page 31</p> <p>respirations of the resident; -recognizing physical, emotional, cognitive, and developmental needs of the resident; -safe transfer and ambulation techniques and ambulation; -range of motion and positioning; -administering medications or treatments as required.</p> <p>ULP-C was hired on September 22, 2020, under the licensee's comprehensive home care license. ULP-C began providing assisted living services to licensee's residents after August 1, 2021.</p> <p>ULP-C's employee training records lacked evidence she successfully completed practical skills evaluations as required for training in accordance with assisted living 144G statutes in the following areas: -observing, reporting, and documenting resident status; -basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel; -reading and recording temperature, pulse, respirations of the resident; -recognizing physical, emotional, cognitive, and developmental needs of the resident; -safe transfer and ambulation techniques and ambulation; -range of motion and positioning; -administering medications or treatments as required.</p> <p>On March 17, 2022, at 2:00 p.m., director of nursing (DON)-D stated she had provided employee training and competency evaluations regarding comprehensive home care statutes, but was unaware staff needed to be re-oriented to all</p>	01380		

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01380	Continued From page 32 topics when the facility's licensure changed to assisted living August 1, 2021. Licensee's policy titled, Competency Training Evaluations, dated August 1, 2021, indicated unlicensed personnel must demonstrate competency in delegated tasks before providing services. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	01380		
01450 SS=F	144G.62 Subd. 5 Documentation A facility must retain documentation of supervision activities in the personnel records. This MN Requirement is not met as evidenced by: Based on interview, observation, and record review, the licensee failed to ensure documentation of direct supervision of staff performing delegated tasks for three of three unlicensed personnel (ULP)-A, ULP-B, and ULP-C) with records reviewed. This had the potential to affect all residents. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include:	01450		

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01450	<p>Continued From page 33</p> <p>ULP-A was hired on July 22, 2008, under the licensee's comprehensive home care license. ULP-A began providing assisted living services to licensee's residents after August 1, 2021.</p> <p>ULP-A's employee training records lacked evidence of documentation a registered nurse (RN) supervised ULP-A performing delegated tasks in accordance with assisted living statutes beginning August 1, 2021.</p> <p>ULP-B was hired on July 23, 2020, under the licensee's comprehensive home care license. ULP-A began providing assisted living services to licensee's residents after August 1, 2021.</p> <p>ULP-B's employee training records lacked evidence of documentation a RN supervised ULP-A performing delegated tasks in accordance with assisted living statutes beginning August 1, 2021.</p> <p>ULP-C was hired on September 22, 2020, under the licensee's comprehensive home care license. ULP-A began providing assisted living services to licensee's residents after August 1, 2021.</p> <p>ULP-C's employee training records lacked evidence of documentation a RN supervised ULP-A performing delegated tasks in accordance with assisted living statutes beginning August 1, 2021.</p> <p>On March 16, 2022, at 12:20 p.m., the surveyor observed ULP-B administering crushed oral medication mixed with pudding to four residents (R2, R3, R4, and R5).</p> <p>On March 17, 2022, at 2:00 p.m., director of</p>	01450		

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01450	Continued From page 34 nursing (DON)-D stated she provided employee skills training at hire, but was unaware staff needed to be re-trained on all topics when the facility's licensure changed to assisted living August 1, 2021. Licensee's policy titled, Competency Training Evaluations, dated August 1, 2021, indicated a copy of all education, training, and competency testing will be kept in each employee's personnel file. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01450		
01470 SS=F	144G.63 Subd. 2 Content of required orientation (a) The orientation must contain the following topics: (1) an overview of this chapter; (2) an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person; (3) handling of emergencies and use of emergency services; (4) compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC); (5) the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; (6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person;	01470		

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01470	<p>Continued From page 35</p> <p>(7) handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints;</p> <p>(8) consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services; and</p> <p>(9) a review of the types of assisted living services the employee will be providing and the facility's category of licensure.</p> <p>(b) In addition to the topics in paragraph (a), orientation may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics:</p> <p>(1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and the challenges it poses to communication;</p> <p>(2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or</p> <p>(3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure three of three</p>	01470		

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01470	<p>Continued From page 36</p> <p>employees (unlicensed personnel (ULP)-A, ULP-B, and ULP-C) with records reviewed received orientation to 144G licensing requirements. The had the potential to affect all residents.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents).</p> <p>The findings include:</p> <p>ULP-A was hired on July 22, 2008, under the licensee's comprehensive home care license. ULP-A began providing assisted living services to licensee's residents after August 1, 2021.</p> <p>ULP-A's employee training record lacked evidence ULP-A was oriented to 144G licensing requirements in the following areas: -introduction and review of the licensee's policies and procedures relating to the provision of assisted living services under 144G statutes; -handling of residents' complaints, reporting of complaints, where to report; -consumer advocacy services; -review of the types of assisted living services the employees will be providing and the licensee's category of licensure; and -principles of person-centered planning and care.</p> <p>ULP-B was hired on July 23, 2020, under the licensee's comprehensive home care license. ULP-A began providing assisted living services to licensee's residents after August 1, 2021.</p>	01470		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 37940	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/17/2022
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NAME OF PROVIDER OR SUPPLIER LOVING CARE COTTAGE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 7740 HADLEY AVENUE SOUTH COTTAGE GROVE, MN 55016
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01470	<p>Continued From page 37</p> <p>ULP-B's employee training record lacked evidence ULP-B was oriented to 144G licensing requirements in the following areas: -introduction and review of the licensee's policies and procedures relating to the provision of assisted living services under 144G statutes; -handling of residents' complaints, reporting of complaints, where to report; -consumer advocacy services; -review of the types of assisted living services the employees will be providing and the licensee's category of licensure; and -principles of person-centered planning and care.</p> <p>ULP-C was hired on September 22, 2020, under the licensee's comprehensive home care license. ULP-A began providing assisted living services to licensee's residents after August 1, 2021.</p> <p>ULP-C's employee training record lacked evidence ULP-C was oriented to 144G licensing requirements in the following areas: -introduction and review of the licensee's policies and procedures relating to the provision of assisted living services under 144G statutes; -handling of residents' complaints, reporting of complaints, where to report; -consumer advocacy services; -review of the types of assisted living services the employees will be providing and the licensee's category of licensure; and -principles of person-centered planning and care.</p> <p>On March 17, 2022, at 2:00 p.m., director of nursing (DON)-D stated she provided employee orientation regarding comprehensive home care statutes, but was unaware staff needed to be re-oriented to all topics when the facility's licensure changed to assisted living August 1,</p>	01470		

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01470	Continued From page 38 2021. Licensee's policy titled, Orientation to Staff and Supervisors & Content, dated August 1, 2021, indicated all staff providing and supervising direct services must complete an orientation to Assisted Living facility licensing requirements and regulations. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	01470		
01480 SS=F	144G.63 Subd. 3 Orientation to resident Staff providing assisted living services must be oriented specifically to each individual resident and the services to be provided. This orientation may be provided in person, orally, in writing, or electronically. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure staff providing assisted living services were oriented specifically to each individual resident and the services to be provided to individual residents for three of three employees (unlicensed personnel (ULP)-A, ULP-B, and ULP-C), with employee records reviewed. This had the potential to affect all residents. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and	01480		

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01480	<p>Continued From page 39</p> <p>was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>ULP-A was hired on July 22, 2008, under the licensee's comprehensive home care license. ULP-A began providing assisted living services to licensee's residents after August 1, 2021.</p> <p>ULP-A's employee record lacked documentation of ULP-A's orientation to each individual resident and the resident's needs prior to ULP-A providing assisted living services to residents at the facility.</p> <p>ULP-B was hired on July 23, 2020, under the licensee's comprehensive home care license. ULP-B began providing assisted living services to licensee's residents after August 1, 2021.</p> <p>ULP-B's employee record lacked documentation of ULP-B's orientation to each individual resident and the resident's needs prior to ULP-B providing assisted living services to residents at the facility.</p> <p>ULP-C was hired on September 22, 2020, under the licensee's comprehensive home care license. ULP-C began providing assisted living services to licensee's residents after August 1, 2021.</p> <p>ULP-C's employee record lacked documentation of ULP-C's orientation to each individual resident and the resident's needs prior to ULP-C providing assisted living services to residents at the facility.</p> <p>On March 16, 2022, at 12:20 p.m., the surveyor observed ULP-B administering crushed oral medication mixed with pudding to four residents</p>	01480		

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01480	<p>Continued From page 40 (R2, R3, R4, and R5).</p> <p>On March 17, 2022, at 2:00 p.m., director of nursing (DON)-D stated she provided employee orientation regarding comprehensive home care statutes, but was unaware staff needed to be re-oriented to all topics when the facility's licensure changed to assisted living August 1, 2021.</p> <p>Licensee's policy titled, Orientation to Staff and Supervisors & Content, dated August 1, 2021, indicated all staff providing and supervising direct services must complete an orientation to Assisted Living facility licensing requirements and regulations.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01480		
01650 SS=F	<p>144G.70 Subd. 4 (f) Service plan, implementation and revisions to</p> <p>(f) The service plan must include: (1) a description of the services to be provided, the fees for services, and the frequency of each service, according to the resident's current assessment and resident preferences; (2) the identification of staff or categories of staff who will provide the services; (3) the schedule and methods of monitoring assessments of the resident; (4) the schedule and methods of monitoring staff providing services; and (5) a contingency plan that includes: (i) the action to be taken if the scheduled service cannot be provided;</p>	01650		

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01650	<p>Continued From page 41</p> <p>(ii) information and a method to contact the facility;</p> <p>(iii) the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency; and</p> <p>(iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the resident service plan included the required content for three of three residents (R1, R2, and R3) with records reviewed.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>R1's last complete service plan dated April 2, 2015, reviewed by director of nursing (DON)-D on February 1, 2022, indicated R1 received services, including medication management, assistance with activities of daily living (ADLs), meals,</p>	01650		

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01650	<p>Continued From page 42</p> <p>laundry, and housekeeping.</p> <p>R1's service plan modification dated February 1, 2022, lacked the following required content:</p> <ul style="list-style-type: none"> -a description of the services to be provided, the fees for services, and the frequency of each service, according to the resident's current assessment and resident preferences; -the identification of staff or categories of staff who will provide the services; -the schedule and methods of monitoring assessments of the resident; -the schedule and methods of monitoring staff providing services; and -a contingency plan that includes: <ul style="list-style-type: none"> -the action to be taken if the scheduled service cannot be provided; -information and a method to contact the facility; -the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency; and -the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters. <p>R2's service plan dated March 7, 2022, indicated R2 received services, including medication management, assistance with ADLs, meals, laundry, and housekeeping. R2's service plan lacked the following required content:</p> <ul style="list-style-type: none"> -a contingency plan that includes: <ul style="list-style-type: none"> -the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse 	01650		

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01650	<p>Continued From page 43</p> <p>change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency; and</p> <ul style="list-style-type: none"> -the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters. <p>R3's last complete service plan dated July 22, 2015, reviewed by DON-D on February 1, 2022, indicated R3 received services, including medication management, assistance with ADLs, meals, laundry, and housekeeping. R3's service plan modification dated February 1, 2022, lacked the following required content:</p> <ul style="list-style-type: none"> -a description of the services to be provided, the fees for services, and the frequency of each service, according to the resident's current assessment and resident preferences; -the identification of staff or categories of staff who will provide the services; -the schedule and methods of monitoring assessments of the resident; -the schedule and methods of monitoring staff providing services; and -a contingency plan that includes: <ul style="list-style-type: none"> -the action to be taken if the scheduled service cannot be provided; -information and a method to contact the facility; -the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency; and -the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations 	01650		

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01650	Continued From page 44 made by the resident under those chapters. On March 17, 2022, at 2:00 p.m., DON-D stated she was unaware residents' service plans were missing some required content. The licensee's policy titled, Service Plans, dated August 1, 2021, indicated all required content to be included in the service plans per 144G.70 subd. 4 statutes. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01650		
01710 SS=F	144G.71 Subd. 3 Individualized medication monitoring and reas The assisted living facility must monitor and reassess the resident's medication management services as needed under subdivision 2 when the resident presents with symptoms or other issues that may be medication-related and, at a minimum, annually. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure reassessment and monitoring of medication management services for three of three residents (R1, R2, and R3) with records reviewed. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and	01710		

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01710	<p>Continued From page 45</p> <p>was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>R1's last completed service plan dated April 2, 2015, and reviewed by the director of nursing (DON)-D on February 1, 2022, indicated R1 received services, including medication management, assistance with activities of daily living (ADLs), meals, laundry, and housekeeping.</p> <p>R1's medical record lacked evidence of, at minimum, annual reassessment and monitoring of medication management services.</p> <p>R2's service plan dated March 7, 2022, indicated R2 received services, including medication management, assistance with ADLs, meals, laundry, and housekeeping.</p> <p>R2's medical record lacked evidence of, at minimum, annual reassessment and monitoring of medication management services.</p> <p>R3's last completed service plan dated July 22, 2015, and reviewed by DON-D on February 1, 2022, indicated R3 received services including medication management, assistance with ADLs, meals, laundry, and housekeeping.</p> <p>R3's medical record lacked evidence of, at minimum, annual reassessment and monitoring of medication management services.</p> <p>On March 17, 2022, at approximately 2:00 p.m., DON-D stated resident records would be updated with medication management assessments as</p>	01710		

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01710	Continued From page 46 required. The licensee's policy titled, Medication Management-Assessment, Monitoring & Reassessment, dated August 1, 2021, indicated residents' medication management services will be reassessed annually, at a minimum. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01710		
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 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	01730		

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01730	<p>Continued From page 47</p> <p>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.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to develop an individualized medication management record with the required content for three of three residents (R1, R2, and R3) with records reviewed. This had the potential to affect all residents.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p>	01730		

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01730	<p>Continued From page 48</p> <p>R1's service plan dated April 2, 2015 and reviewed February 1, 2022, indicated R1 received services, including medication management, assistance with activities of daily living (ADLs), meals, laundry, and housekeeping.</p> <p>R1's medical record lacked evidence a medication management plan was ever completed.</p> <p>R2's service plan dated March 7, 2022, indicated R2 received services, including medication management, assistance with ADLs, meals, laundry, and housekeeping.</p> <p>R2's medication management plan documented on the Uniform Assessment Form dated March 1, 2022 lacked the following required content: - a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with manufacturer's directions, - documentation of specific resident instructions relating to the administration of medications, - any resident-specific requirements relating to documenting medication administration, verification that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions.</p> <p>R3's service plan dated July 22, 2015 and reviewed February 1, 2022, indicated R3 received services including medication management, assistance with activities of daily living (ADLs), meals, laundry, and housekeeping.</p> <p>R3's medication management plan documented on an undated Uniform Assessment Form lacked</p>	01730		

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01730	Continued From page 49 the following required content: - a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with manufacturer's directions, - documentation of specific resident instructions relating to the administration of medications, - any resident-specific requirements relating to documenting medication administration, verification that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions. On March 16, 2022, at 12:20 p.m., the surveyor observed ULP-B administering crushed oral medication mixed in pudding to four residents (R2, R3, R4, and R5). On March 17, 2022, at 2:00 p.m., director of nursing (DON)-D stated resident records would be updated with individualized medication management plans as required. The licensee's policy titled, Medication Management Individualized Plan, dated August 1, 2021, indicated the licensee will develop and maintain a current individualized medication management record for each resident based on the resident's assessment. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01730		
01880 SS=F	144G.71 Subd. 19 Storage of medications An assisted living facility must store all	01880		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 37940	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/17/2022
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NAME OF PROVIDER OR SUPPLIER LOVING CARE COTTAGE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 7740 HADLEY AVENUE SOUTH COTTAGE GROVE, MN 55016
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01880	<p>Continued From page 50</p> <p>prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and document review, the licensee failed to ensure security and accountability for the overall management, control, and disposition of medications. This had the potential to affect all five residents receiving assisted living services, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>During observation on March 16, 2022, at 9:35 a.m. the surveyor observed the food service and common areas had two medication storage boxes affixed to the underside of the kitchen cabinetry. Each medication storage box was left unlocked. The unsecured medication storage boxes contained five (5) medication planner boxes (a plastic medication box with designated compartments for days and times), each containing medication for later administration by the unlicensed personnel (ULP).</p> <p>During observation on March 16, 2022, at 10:00 a.m., the surveyor noted licensee's narcotic medications were not stored in a double-locked system. Resident prescription medications were</p>	01880		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 37940	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/17/2022
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01880	<p>Continued From page 51</p> <p>stored in a file cabinet.</p> <p>During interview on March 16, 2022, at approximately 10:00 a.m., director of nursing (DON)-D confirmed the licensee provided medication management services to all the licensee's current residents. DON-D stated the facility did not have a dedicated double-locked storage system for narcotic medications in place.</p> <p>The licensee's policy titled, Medication Storage, dated August 1, 2021, indicated the medications will be kept securely locked and stored per manufacturer's directions, accessible only to authorized staff. The policy also indicated Schedule II Drugs will be stored under a double lock system and stored separately from other medications.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01880		
01910 SS=F	<p>144G.71 Subd. 22 Disposition of medications</p> <p>(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.</p> <p>(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</p>	01910		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 37940	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/17/2022
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NAME OF PROVIDER OR SUPPLIER LOVING CARE COTTAGE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 7740 HADLEY AVENUE SOUTH COTTAGE GROVE, MN 55016
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01910	<p>Continued From page 52</p> <p>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.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to document in resident records disposition of medications with the the signature and verification of two staff members accounting for the medications. This had the potential to affect all residents.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>Findings include:</p> <p>During interview on March 16, 2022, at 10:00 a.m., director of nursing (DON)-D stated the licensee provided medication management services to all of the licensee's current residents.</p> <p>The licensee's narcotic disposition procedure and logs were reviewed. A Disposition of Medications log was provided, which included handwritten pages with the resident's name, date, medication name and dose, prescription number, quantity of medication, where the medication was disposed,</p>	01910		

Minnesota Department of Health

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01910	<p>Continued From page 53</p> <p>and signed. There was no indication of a co-signer on the logs.</p> <p>On March 17, 2022, at 2:00 p.m., DON-D verified the disposition of resident medications was not completed properly to include the required co-signer information on the A Disposition of Medications log.</p> <p>The licensee's Medication and Disposal policy dated August 1, 2021, indicated the licensee will dispose any medication, as needed, in a proper way including following the guidelines of the Minnesota Board of Pharmacy. Upon disposition, the facility must document in the resident's record the disposition of the expired medication including the medication's name, strength, prescription number as applicable, quantity, date of disposition, and names of staff (including a witness) and other individuals involved in the disposition.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01910		
01940 SS=D	<p>144G.72 Subd. 3 Individualized treatment or therapy managemen</p> <p>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</p>	01940		

Minnesota Department of Health

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01940	<p>Continued From page 54</p> <p>contain at least the following:</p> <ul style="list-style-type: none"> (1) a statement of the type of services that will be provided; (2) documentation of specific resident instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes. <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop a treatment management plan to include all required content and/or revised as needed for one of three residents (R1) with record reviewed.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p>	01940		

Minnesota Department of Health

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01940	<p>Continued From page 55</p> <p>The findings include:</p> <p>R1's last completed service plan dated April 2, 2015, and reviewed by the director of nursing (DON)-D on February 1, 2022, indicated R1 received service,s including medication management, assistance with activities of daily living (ADLs), meals, laundry, and housekeeping.</p> <p>R1's medication administration record (MAR) dated February 1, 2022, to February 28, 2022, directed continuous oxygen at 4 liters for shortness of breath; may take off when ambulating.</p> <p>The licensee lacked a treatment and therapy management plan for oxygen management to include:</p> <ul style="list-style-type: none"> -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, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. <p>On March 16, 2022, the surveyor observed R1 using oxygen on March 16, 2022, at approximately 11:08 a.m.</p> <p>On March 17, 2022, at 2:00 p.m., director of nursing (DON)-D verified R1 lacked a treatment</p>	01940		

Minnesota Department of Health

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01940	Continued From page 56 and therapy plan for oxygen care. The licensee's policy titled, Treatment & Therapy Management Plan, dated August 1, 2021, indicated the licensee will develop and maintain a current individualized treatment and therapy management record for each resident. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01940		
02310 SS=D	144G.91 Subd. 4 Appropriate care and services (a) Residents have the right to care and assisted living services that are appropriate based on the resident's needs and according to an up-to-date service plan subject to accepted health care standards. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure care and services were provided according to a suitable and up-to-date plan and subject to accepted health care and medical standards for one of five residents (R4) observed for transfers. 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).	02310		

Minnesota Department of Health

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02310	<p>Continued From page 57</p> <p>The findings include:</p> <p>R4's service plan dated March 1, 2022, indicated R4 received services, including medication management, assistance with activities of daily living (ADLs), repositioning and transfer assistance six times a day with two staff members or a Hoyer lift (a mechanical device to aide in transfer of persons with limited weight bearing ability). R4's was bedbound and had contractures of the extremities. R4 required full assistance with all ADLs, including assistance with transfers with no device and the assistance of two staff members. R4 required the assistance of one staff member using a transfer sheet with bed mobility.</p> <p>On March 16, 2022, at approximately 11:54 a.m., the surveyor observed the director of nursing (DON)-D pushing R4 in her wheelchair from the dining area to R4's room. DON-D positioned R4's wheelchair at an approximate 45-degree angle facing the left side of R4's bed and locked the wheels of the wheelchair. R4's bed was positioned in the far corner of the room with the right side of the bed against the outer wall and the headboard against the adjacent wall. DON-D locked the wheelchair brakes and was facing the wheelchair. DON-D placed her arm under R4's legs and the other arm behind R4's back in a cradling position. DON-D then lifted R4, pivoted herself and R4 towards the bed, and placed R4 down onto the bed on her back. R4 did not show visible signs of discomfort while being transferred. DON-D stated R4 weighed approximately 73 pounds.</p> <p>During interview on March 17, 2022, at 2:00 p.m., DON-D stated the proper way to transfer a</p>	02310		

Minnesota Department of Health

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02310	<p>Continued From page 58</p> <p>resident who was an assist of two staff members would be a lift or two staff members assisting the resident while standing on each side of the resident to assist.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	02310		



Minnesota Department of Health
Food, Pools, and Lodging Services
625 Robert Street North
St. Paul
6512014500

Type: Full
Date: 03/16/22
Time: 10:00:36
Report: 1029221085

Food and Beverage Establishment Inspection Report

Page 1

Location:

Loving Care Cottage Llc
7740 Hadley Avenue South
Cottage Grove, MN55016
Washington County, 82

Establishment Info:

ID #: 0039253
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 6122240528
ID #:

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

The following orders were issued during this inspection.

3-500D Microbial Control: disposition of food

3-501.18A

**** Priority 1 ****

MN Rule 4626.0405A Discard all TCS food prepared in the establishment or opened commercially packaged food when the time exceeds 7 days from the preparation or opening date or if the container or package is not marked.

SHREDDED CHEESE IN ZIPLOC BAG WITH 2/26/22 DATE FOUND IN FRIDGE. DISCARDED.

Comply By: 03/16/22

4-500 Equipment Maintenance and Operation

4-502.13

MN Rule 4626.0830 Discontinue re-use of any single-service and single-use articles.

SINGLE-USE GATORADE BOTTLE USED TO REMIX SOLUTION. DISCONTINUE PRACTICE AND USE CONTAINER THAT CAN WITHSTAND CONTINUOUS WASHING.

Comply By: 03/23/22

6-300 Physical Facility Numbers and Capacities

6-301.14A

MN Rule 4626.1457 Provide a sign or poster at all handwashing sinks used by food employees that notifies them to wash their hands

NO HANDWASHING REMINDER SIGN AT THE BATHROOM SINK. PROVIDE SIGNAGE.

Comply By: 03/23/22

Surface and Equipment Sanitizers

Type: Full
Date: 03/16/22
Time: 10:00:36
Report: 1029221085
Loving Care Cottage Llc

Food and Beverage Establishment Inspection Report

HOT WATER: = at 180 Degrees Fahrenheit
Location: DISH MACHINE
Violation Issued: No

Food and Equipment Temperatures

Process/Item: POTATO SALAD
Temperature: 38 Degrees Fahrenheit - Location: REFRIGERATOR
Violation Issued: No

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

THIS INSPECTION WAS CONDUCTED IN CONJUNCTION WITH AN HRD SURVEY AT LOVING CARE COTTAGE ALF AT 7740 HADLEY AVE S, COTTAGE GROVE, MN 55016. THE INSPECTION WAS CONDUCTED IN THE PRESENCE OF DEREK WEINREICH, CO-OWNER AND CFPM. ALL ISSUES WERE SEPARATELY DISCUSSED WITH DEREK, AND LEAD HRD SURVEYOR, JAMES LARSON BSN RN PHN NREMT, FOLLOWING THE INSPECTION.

KITCHEN FLOOR IS HARDWOOD AND KITCHEN CEILING IS PARTIALLY POPCORN CEILING TEXTURE. KITCHEN HAS LAMINATE COUNTER TOPS AND WOODEN CABINETS. KITCHEN IS IN GOOD CONDITION.

STROGANOFF (DATED 3/12) AND CUT LEAFY GREENS (DATED 3/15) WERE FOUND IN THE REFRIGERATOR. DEREK STATED THAT THE ITEMS DATED WERE EMPLOYEE FOOD, AND THAT THEY WERE NOT FOR RESIDENT CONSUMPTION. INFORMED DEREK THAT FOOD PREPARED FOR THE RESIDENTS SHOULD BE SERVED THE SAME DAY AS PREPARATION. INSTRUCTED DEREK TO DEMARCATATE AND CLEARLY LABEL AN AREA OF THE REFRIGERATOR WHERE ONLY THE EMPLOYEES' MEALS ARE HELD TO AVOID ANY CONFUSION AND TO ELIMINATE THE POSSIBILITY OF SERVING THE FOOD TO RESIDENTS.


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 1029221085 of 03/16/22.

Certified Food Protection Manager: DEREK J. WEINREICH

Certification Number: FM109602 Expires: 02/07/25

Signed: _____
DEREK WEINREICH
OWNER

Signed:  _____
Trevor McCliment
Public Health Sanitarian
Metro District Office
651-201-3957
trevor.mccliment@state.mn.us

Report #: 1029221085

Food Establishment Inspection Report



Minnesota Department of Health
Food, Pools, and Lodging Services
 625 Robert Street North
 St. Paul

No. of RF/PHI Categories Out	2	Date	03/16/22
No. of Repeat RF/PHI Categories Out	0	Time In	10:00:36
Legal Authority MN Rules Chapter 4626		Time Out	

Loving Care Cottage Llc	Address 7740 Hadley Avenue South	City/State Cottage Grove, MN	Zip Code 55016	Telephone 6122240528
License/Permit # 0039253	Permit Holder	Purpose of Inspection Full	Est Type	Risk Category

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item Mark "X" in appropriate box for COS and/or R

IN=in compliance OUT=not in compliance N/O= not observed N/A=not applicable COS=corrected on-site during inspection R=repeat violation

Compliance Status	Description	COS	R
Supervision			
1	<input checked="" type="radio"/> IN <input type="radio"/> OUT PIC knowledgeable; duties & oversight		
2	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A Certified food protection manager; duties		
Employee Health			
3	<input checked="" type="radio"/> IN <input type="radio"/> OUT Mgmt/Staff; knowledge, responsibilities & reporting		
4	<input checked="" type="radio"/> IN <input type="radio"/> OUT Proper use of reporting, restriction & exclusion		
5	<input checked="" type="radio"/> IN <input type="radio"/> OUT Procedures for responding to vomiting & diarrheal events		
Good Hygienic Practices			
6	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/O Proper eating, tasting, drinking, or tobacco use		
7	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O No discharge from eyes, nose, & mouth		
Preventing Contamination by Hands			
8	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O Hands clean & properly washed		
9	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O No bare hand contact with RTE foods or pre-approved alternate procedure properly followed		
10	<input type="radio"/> IN <input checked="" type="radio"/> OUT Adequate handwashing sinks supplied/accessible		
Approved Source			
11	<input checked="" type="radio"/> IN <input type="radio"/> OUT Food obtained from approved source		
12	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O Food received at proper temperature		
13	<input checked="" type="radio"/> IN <input type="radio"/> OUT Food in good condition, safe, & unadulterated		
14	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O Required records available; shellstock tags, parasite destruction		
Protection from Contamination			
15	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O Food separated and protected		
16	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A Food contact surfaces: cleaned & sanitized		
17	<input checked="" type="radio"/> IN <input type="radio"/> OUT Proper disposition of returned, previously served, reconditioned, & unsafe food		

Compliance Status	Description	COS	R
Time/Temperature Control for Safety			
18	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O Proper cooking time & temperature		
19	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O Proper reheating procedures for hot holding		
20	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O Proper cooling time & temperature		
21	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O Proper hot holding temperatures		
22	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A Proper cold holding temperatures		
23	<input type="radio"/> IN <input checked="" type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Proper date marking & disposition		
24	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O Time as a public health control: procedures & records		
Consumer Advisory			
25	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A Consumer advisory provided for raw/undercooked food		
Highly Susceptible Populations			
26	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A Pasteurized foods used; prohibited foods not offered		
Food and Color Additives and Toxic Substances			
27	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A Food additives: approved & properly used		
28	<input checked="" type="radio"/> IN <input type="radio"/> OUT Toxic substances properly identified, stored, & used		
Conformance with Approved Procedures			
29	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A Compliance with variance/specialized process/HACCP		

Risk factors (RF) are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. **Public Health Interventions (PHI)** are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is **not** in compliance Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation

Compliance Status	Description	COS	R
Safe Food and Water			
30	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A Pasteurized eggs used where required		
31	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A Water & ice obtained from an approved source		
32	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A Variance obtained for specialized processing methods		
Food Temperature Control			
33	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Proper cooling methods used; adequate equipment for temperature control		
34	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O Plant food properly cooked for hot holding		
35	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O Approved thawing methods used		
36	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A Thermometers provided & accurate		
Food Identification			
37	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A Food properly labeled; original container		
Prevention of Food Contamination			
38	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A Insects, rodents, & animals not present		
39	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A Contamination prevented during food prep, storage & display		
40	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A Personal cleanliness		
41	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A Wiping cloths: properly used & stored		
42	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A Washing fruits & vegetables		

Compliance Status	Description	COS	R
Proper Use of Utensils			
43	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A In-use utensils: properly stored		
44	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A Utensils, equipment & linens: properly stored, dried, & handled		
45	<input checked="" type="radio"/> X <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A Single-use/single service articles: properly stored & used		
46	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A Gloves used properly		
Utensil Equipment and Vending			
47	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
48	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A Warewashing facilities: installed, maintained, & used; test strips		
49	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A Non-food contact surfaces clean		
Physical Facilities			
50	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A Hot & cold water available; adequate pressure		
51	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A Plumbing installed; proper backflow devices		
52	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A Sewage & waste water properly disposed		
53	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A Toilet facilities: properly constructed, supplied, & cleaned		
54	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A Garbage & refuse properly disposed; facilities maintained		
55	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A Physical facilities installed, maintained, & clean		
56	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A Adequate ventilation & lighting; designated areas used		
57	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A Compliance with MCIAA		
58	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A Compliance with licensing & plan review		

Food Recalls:

Person in Charge (Signature)

Date: 03/16/22

Inspector (Signature)