Electronically Delivered

May 23, 2023

Licensee
The Alton Memory Care
1306 Alton Street
Saint Paul, MN 55116

RE: Project Number(s) SL25829015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on May 17, 2023, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, the MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

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

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

The correction order documentation should include the following:

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

CORRECTION ORDER RECONSIDERATION PROCESS

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

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

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

Please address your cover letter for reconsideration requests to:

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

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

If you have any questions, please contact me.

Sincerely,

Jonathan Hill, Supervisor
State Evaluation Team
Email: jonathan.hill@state.mn.us
Telephone: 651-201-3993 Fax: 651-281-9796

PMB

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25829	A. BUILDING: _____ B. WING _____	05/17/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ALTON MEMORY CARE	1306 ALTON STREET SAINT PAUL, MN 55116

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments ******ATTENTION****** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL25829015-0 On May 15, 2023, through May 17, 2023, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were 47 active residents; all of whom received services under the Assisted Living with Dementia Care license.	0 000	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living with Dementia Care license providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3.	
0 470 SS=F	144G.41 Subdivision 1 Minimum requirements (11) develop and implement a staffing plan for	0 470		

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0 470	Continued From page 1 determining its staffing level that: (i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility; (ii) ensures sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; and (iii) ensures that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility; (12) ensure that one or more persons are available 24 hours per day, seven days per week, who are responsible for responding to the requests of residents for assistance with health or safety needs. Such persons must be: (i) awake; (ii) located in the same building, in an attached building, or on a contiguous campus with the facility in order to respond within a reasonable amount of time; (iii) capable of communicating with residents; (iv) capable of providing or summoning the appropriate assistance; and (v) capable of following directions; This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to post a 24-hour daily staffing schedule with the required information. This had the potential to affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a	0 470		

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0 470	Continued From page 2 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: On May 15, 2023, at 10:30 a.m., during the entrance conference, licensed assisted living director (LALD)-A stated the regular staffing included eight unlicensed personnel (ULP) on both the day (approximately 7:00 a.m.-3:00 p.m.) and evening (approximately 3:00 p.m.-11:00 p.m.) shifts, and four ULP on the night (approximately 11:00 p.m.-7:00 a.m.) shift. LALD-A further stated they staffed a licensed practical nurse (LPN) whenever possible. On May 15, 2023, at 11:45 a.m., surveyors observed facility staffing levels posted near the concierge desk at the front entrance to the facility. The posting was undated, and indicated: - 7:00 a.m. - 11:00 p.m.: 8 "Certified Nursing Assistants" (CNAs); - 8:00 a.m. - 4:00 p.m.: 1 registered nurse (RN), 1 LPN; - 3:00 p.m. - 11:00 p.m.: 1 LPN; - 11:00 p.m. - 7:00 a.m.: 4 CNAs, 1 LPN; and - "24/7 On-Call" RN. On May 16, 2023, at 2:45 p.m., surveyors observed facility staffing levels posted near the concierge desk at the front entrance to the facility. The posted information was undated, and had not changed from the previous days posting. The posting lacked the following required information: - include direct-care staff work schedules for each direct-care staff member showing all work shifts,	0 470		

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0 470	Continued From page 3 including days and hours worked; and - identify the direct-care staff member's resident assignments or work location. The staff schedule for May 15, 2023, indicated the following staff were scheduled: -6:45 a.m.-3:15 p.m.: 6 ULP, each with an indicated area ("Arlington-1", "Arlington-2", "Crosby", "Irvine-1", "Irvine-2", and "Phalen-1"), and 1 ULP assigned "First Fl. Float"; -6:45 a.m.-2:00 p.m.: 1 ULP assigned "Como"; -7:00 a.m.-3:00 p.m.: 1 LPN; -2:45 p.m.-11:15 p.m.: 1 LPN, 7 ULP with indicated areas, and 1 ULP assigned "First Fl. Float"; and -11:00 p.m.-7:00 a.m.: 3 ULP with indicated areas, and 1 ULP assigned "Float". The staff schedule for May 16, 2023, indicated: -6:45 a.m.-3:15 p.m.: 6 ULP with indicated areas and 1 ULP assigned "First Fl. Float"; -6:45 a.m.-2:00 p.m.: 1 ULP assigned "Como"; -7:00 a.m.-3:00 p.m.: 1 LPN; -8:00 a.m.-4:30 p.m.: 1 RN; -2:45 p.m.-11:15 p.m.: 7 ULP with indicated areas, and 1 ULP assigned "First Fl. Float"; -5:00 p.m.-11:00 p.m.: 2 LPN; -11:00 p.m.-7:00 a.m.: 3 ULP with indicated areas, and 1 ULP assigned "Float". The varying shift times and staff work locations indicated on the schedule were not identified on the 24-hour daily staffing schedule posting. On May 16, 2023, at 1:25 p.m., clinical nursing supervisor (CNS)-C stated the licensee attempted to provide the required information while also respecting staff and resident privacy, and maintaining daily flexibility with staffing locations throughout the facility.	0 470		

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0 470	Continued From page 4 The licensee's Staffing, Direct-care Staffing Plan and Schedule policy dated August 1, 2021, and reviewed April 2022, indicated, "The Clinical Nurse Supervisor will develop a 24-hour daily staffing schedule. The 24-hour daily staffing schedule will include: a. Direct-care staff work schedules for each direct-care staff member b. Indication of all work shifts, including days and hours worked c. Identify direct-care staff member's resident assignments or work location." The policy further indicated, "The daily work schedule will be posted at the beginning of each shift." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 470		
0 970 SS=C	144G.50 Subd. 5 Waivers of liability prohibited The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law. This MN Requirement is not met as evidenced by: Based on interview and record review, the facility failed to ensure the contract did not include language waiving the facility's liability for health,	0 970		

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0 970	Continued From page 5 safety, or personal property of a resident. This had the potential to affect all 47 residents living at the facility. 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 the potential to affect a large portion or all the residents). Findings include: R1, R2, R3, and R4's assisted living contract, titled Assisted Living Residency Agreement, signed May 2, 2023, March 2, 2022, March 2, 2022, and August 13, 2021, respectively, included the following language indicating waivers of liability: Section 24.0 Personal Property "Facility is not responsible for any loss or damage to Resident's personal property due to theft, or damage due to fire, water, tornado or other acts of nature and events beyond Facility's control. Resident is strongly encouraged to keep items of significant financial or sentimental value stored in a bank safe deposit box, and to obtain renter's insurance. In the event Resident's property is damaged or destroyed by fire, efforts to extinguish a fire, or other causes that may be covered by standard fire and extended coverage insurance, or by other insurance coverage, Resident waives: (a) all claims against Facility and its representatives and agents for any such loss or damage; and (b) all rights of subrogation of any insurance company carrying any insurance covering such loss, damage or destruction."	0 970		

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0 970	Continued From page 6 Section 29.0, Indemnification "As an occupant of the Facility, Resident assumes the risk for Resident's own safety and for the safety of Resident's personal property, guests and agents. Resident will indemnify and hold harmless Facility, its employees and agents from and against any and all claims, actions, damages, and liability and expense in connection with loss of life, personal injury or damage to property, arising from or out of the use by Resident or Resident's guests of the Apartment or any other part of Facility, or caused wholly or in part by an act or omission of Resident or Resident's guests or agents." In addition, the licensee's Resident Handbook, provided as addendum H to the contract, included the following language indicating waivers of liability: Section 2: Moving Preparation Checklist (page 2) "RENTER'S INSURANCE: Contact your insurance agent to get a policy that fits your needs. Remember, [Licensee] insurance only covers the structure and the land; none of our residents' personal belongings are covered."; and "PERSONAL BELONGINGS AND CLOTHING: Be sure to use a permanent fabric safe marker and place your initials and room number on all items of personal belongings and clothing. Other personal items including razors. electric toothbrushes, eye glasses, etc., should be marked. [Licensee] is not responsible for lost items." Section 4: Understanding Your Contract Personal Property (page 5) "Facility is not responsible for any loss or damage to Resident's personal property due to theft, or	0 970		

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0 970	Continued From page 7 damage due to fire, water, tornado or other acts of nature and events beyond Facility's control. Resident is strongly encouraged to keep items of significant financial or sentimental value stored in a bank safe deposit box and to obtain renter's insurance. In the event Resident's property is damaged or destroyed by fire, efforts to extinguish a fire, or other causes that may be covered by standard fire and extended coverage insurance, or by other insurance coverage, Resident waives: (a) all claims against Facility and its representatives and agents for any such loss or damage: and (b) all rights of subrogation of any insurance company carrying any insurance covering such loss, damage or destruction." Section 5: Community Information and Policies Personal Items (page 11) "It is important that all residents have personal items such as glasses, hearing-aides, and dentures properly marked with their name. We request that you limit or eliminate valuables from the community, including jewelry and antiques. [Licensee] is not responsible for lost or missing Items." On May 16, 2023, at 8:29 a.m., when asked about the waiver language in the contract, LALD-A stated, "I would need to ask counsel. I will make an inquiry this morning." -at 9:26 a.m., LALD-A stated the licensee was following counsel recommendation when implementing the contract. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 970		

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01880	Continued From page 8	01880		
01880 SS=D	144G.71 Subd. 19 Storage of medications An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the facility failed to store all prescription medications according to the manufacturer's directions for one of one resident (R3) with refrigerated medications. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: R3 had diagnoses including diabetes. R3's service plan, dated April 5, 2023, indicated R3 had diagnoses including diabetes mellitus (DM) type II , Alzheimer's disease, and peripheral vascular disease (a condition, often caused by DM type II, that causes pain and restricted blood flow). The service plan further indicated R3 received services including assistance with medication management. R3's medication administration record for May 1	01880		

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01880	Continued From page 9 through 15, 2023, indicated daily administration of Lantus (insuline glargine,a long-acting insulin, for diabetes), 100 units (u)/milliliter (ml) 24 u subcutaneously daily; May 1-15, 2023. On May 16, 2023, at 7:45 a.m., unlicensed personnel (ULP)-G administered Lantus to R3. ULP-G stated R3's insulin dose was set up by the nurse, and the pre-filled syringes were stored in the medication cart. On May 16, 2023, at 12:59 p.m., the surveyor observed the medication refrigerator with licensed practical nurse (LPN)-B. The medication refrigerator contained a thermometer that indicated 34 degrees Fahrenheit (F). The licensee lacked a log to document regular monitoring of refrigerator temperatures. LPN-B stated she adjusted the refrigerator temperature earlier that day, and might have set it to too low of a temperature. -at 1:08 p.m., clinical nurse supervisor (CNS)-C stated there was no temperature log for the medication refrigerator. The medication refrigerator contained two Lantus SoloStar insulin pens labeled for R3. One pen was labeled as opened May 16, 2023. On May 16, 2023, at 2:08 p.m., LPN-B stated opened insulin pens were kept in the medication refrigerator, and the nurse would draw the correct dose from the pen into a syringe, for later administration by the ULP. Lantus SoloStar manufacturer instructions for use, revised December 2020, indicated, "Keep your SoloStar in cool storage (36°F-46°F [2°C-8°C]) until first use. Do not allow it to freeze." The instructions further indicated, "SoloStar in	01880		

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01880	Continued From page 10 use must not be stored in a refrigerator." The licensee's Storage of Medications policy, dated August 1, 2021, and reviewed April 2022, indicated, "Medications will be handled and stored per acceptable standards." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01880		

Minnesota Department of Health
Division of Environmental Health, FPLS
PO Box 64975
Saint Paul, 55164-0975
651-201-4500

Type: Full
Date: *05/16/23*
Time: 11:40:03
Report: 1023231104

Food and Beverage Establishment Inspection Report

Location:
The Alton Memory Care
1306 Alton Street
St Paul, MN55116
Ramsey County, 62

Establishment Info:
ID #: 0037832
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 6516992480
ID #:

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

No NEW orders were issued during this inspection.

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

THIS INSPECTION WAS CONDUCTED IN CONJUNCTION WITH MDH HEALTH REGULATORY DIVISION (HRD) SURVEY. INSPECTION CONDUCTED IN PRESENCE OF THE PERSON IN CHARGE.

FOOD SERVICE IS PROVIDED BY A THIRD PARTY VENDOR. THE THIRD PARTY VENDOR HAS AN ACTIVE LICENSE WITH THE FOOD, POOLS, AND LODGING SERVICES SECTION OF MDH AND THE FOOD SERVICE IS INSPECTED REGULARLY UNDER THAT LICENSE.

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 1023231104 of 05/16/23.

Certified Food Protection Manager:_____

Certification Number: _____ Expires: / /

Inspection report reviewed with person in charge and emailed.

Signed:_____
LINDA GARDLER
PERSON IN CHARGE

Signed: Gregory T Nelson
Gregory T. Nelson
Public Health Sanitarian
Freeman Building
651-201-4259
greg.nelson@state.mn.us