Electronically Delivered

September 11, 2024

Licensee
Scenic Hills Alternative Care
2187 Bonnie Lane
Saint Paul, MN 55119

RE: Project Number(s) SL20271015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on August 7, 2024, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, 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.

MDH concludes the licensee is in substantial compliance. State law requires the facility must take action to correct the state correction orders and document the actions taken to comply in the facility's records. The Department reserves the right to return to the facility at any time should the Department receive a complaint or deem it necessary to ensure the health, safety, and welfare of residents in your care.

STATE CORRECTION ORDERS
The enclosed State Form documents the state correction orders. 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 . . ."

In accordance with Minn. Stat. § 144G.31 Subd. 4, MDH may assess fines based on the level and scope of the violations; **however, no immediate fines are assessed for this survey of your facility**.

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 MDH within 15 calendar days of the correction order receipt date.

To submit a reconsideration request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **https://forms.office.com/g/Bm5uQEpHVa**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at susan.winkelmann@state.mn.us or call 651-201-5952.

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,

Renee L. Anderson

Renee Anderson, Supervisor
State Evaluation Team
Email: renee.anderson@state.mn.us
Telephone: 651-201-5871 Fax: 1-866-890-9290

JMD

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	20271	A. BUILDING: _____ B. WING _____	08/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SCENIC HILLS ALTERNATIVE CARE	2187 BONNIE LANE SAINT PAUL, MN 55119

(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: SL20271015-0 On August 5, 2024, through, August 7, 2024, the Minnesota Department of Health conducted a full survey at the above provider, and the following correction orders are issued. At the time of the survey, there were six resident; six receiving services under the provider's Assisted Living Facility 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 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 pursuant to 144G.31 Subd. 1, 2 and 3.	
0 510 SS=D	144G.41 Subd. 3 Infection control program (a) All assisted living facilities must establish and maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control.	0 510		

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0 510	Continued From page 1 (b)The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities. (c) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review the licensee failed to establish and maintain an infection control program that complies with accepted health care, medical and nursing standards for infection control, including proper hand hygiene (HH) for one of one employee (unlicensed personnel (ULP)-D). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: ULP-D was hired January 9, 2024, to provide cares and services for residents. On August 6, 2024, at 9:00 a.m, ULP-D was observed to remove R1's soiled brief and assist R1 onto the toilet. Without removing the soiled gloves and performing HH, ULP-D retrieved R1's toothbrush and placed it on the bathroom	0 510		

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0 510	Continued From page 2 counter. ULP-D then applied a clean incontinent brief and assisted R1 to the bathroom sink to brush his teeth. Again, without removing gloves and performing HH, ULP-D placed toothpaste onto the toothbrush and handed the toothbrush to R1. Once R1 was finished brushing his teeth, ULP-D assisted R1 to the wheelchair, and then removed the soiled gloves and performed HH with soap and water. On August 6, 2024, at 10:00 a.m., registered nurse (RN)-A stated HH training was included in infection control training for all staff, and staff were trained to wash their hands after contact with any body fluids. RN-A stated she would monitor and reeducate ULP-D on hand hygiene with resident cares. The CDC guidance, CDC's Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings, revised April 12, 2024, indicated, standard precautions were to be used to care for all patients (residents) in all settings to include HH, and noted, "Use an alcohol-based hand rub or wash with soap and water for the following clinical indications: a. Immediately before touching a patient b. Before performing an aseptic task (e.g., placing an indwelling device) or handling invasive medical devices c. Before moving from work on a soiled body site to a clean body site on the same patient d. After touching a patient or the patient's immediate environment e. After contact with blood, body fluids or contaminated surfaces f. Immediately after glove removal." The licensee's Staff Training policy, dated March	0 510		

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0 510	Continued From page 3 26, 2022, indicated "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." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 510		
0 800 SS=F	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide the physical environment in a continuous state of good repair and operation with regard to the health, safety, and well-being of the residents. This had the potential to directly 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 widespread scope (when problems are pervasive or represent a systemic failure that has affected	0 800		

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0 800	Continued From page 4 or has the potential to affect a large portion or all of the residents). The findings include: On August 7, 2024, at 10:55 a.m., survey staff toured the facility with operations director (OD)-E and program manager (PM)-F. During the tour, survey staff observed the following: 1. The window opening crank handles were removed from both of the emergency escape and rescue opening windows in resident occupied sleeping room 3. Window opening crank handles are required to be installed and maintained on the window as designed in order to open the window for exiting from the inside in the event of a fire or similar emergency. 2. A screw was installed into the track of the patio door, preventing it from opening, in resident occupied sleeping room 4. Doors used as part of the emergency escape path must be maintained as designed for exiting from the inside in the event of a fire or similar emergency. The screw was removed from the patio door track during the tour. 3. In resident occupied sleeping room 4, the patio door used as part of the emergency escape path exited into a sunroom with an egress window. The patio door had a lock installed on the handle. Where egress windows are not required in existing residential occupancies, sleeping rooms of existing buildings having two separate and independent means of egress must pass through only one adjacent non-lockable room or area. OD-E and PM-F stated the patio door lock would be removed. 4. There was a missing electrical outlet cover in the garage. 5. There were several holes in the siding and one piece of window trim was loose on the home	0 800		

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0 800	Continued From page 5 exterior. During the facility tour on August 7, 2024, at 10:55 a.m., OD-E, and PM-F, verified the above listed observations while accompanying on the tour. TIME PERIOD FOR CORRECTION: Two (2) days	0 800		

Minnesota Department Of Health
Food, Pools, and Lodging Services
P.O. Box 64975
St. Paul, MN 55164-0975
651-201-4500

Type: Full
Date: *08/05/24*
Time: 10:45:36
Report: 1050241142

Food and Beverage Establishment Inspection Report

Location:
Scenic Hills Alternative Care
2187 Bonnie Lane
St Paul, MN55119
Ramsey County, 62

Establishment Info:
ID #: 0039066
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 6517355420
ID #:

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

No NEW orders were issued during this inspection.

Surface and Equipment Sanitizers

Hot Water: = at 180F Degrees Fahrenheit
Location: Dish Washer
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cold Holding/ Milk
Temperature: 41F Degrees Fahrenheit - Location:
Violation Issued: No

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

Announced inspection completed by MDH Andrew Spaulding and Program Manager Crystal Plagens. Jolene Bertelsen was the lead Health Regulation Division Nurse Evaluator. Facility had six residents on site at time of inspection. Meals are prepared on site.

This establishment has a residential kitchen. Food must be prepared for same day service only there are no leftovers. The kitchen has wood cabinets with a hollow base and new tile flooring. All found to be in good condition. Dish machine was tested using thermal label and had a utensil surface temperature of 180F.

Second kitchen in the basement is not in use as part of food operations 8/5/24.

Discussed the following:
-Employee illness policy and logging requirements
-Handwashing
-Glove-use and bare hand contact
-Food storage and preventing cross contamination

Food and Beverage Establishment Inspection Report

-Date marking
-Vomit clean up procedures
-Restrictions concerning serving a highly susceptible population

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 1050241142 of 08/05/24.

Certified Food Protection Manager Crystal Plagens

Certification Number: FM100241 Expires: 08/07/25

Inspection report reviewed with person in charge and emailed.

Signed: _____

Crystal Plagens
Senior Program Manager

Signed: _____

Andrew Spaulding
Public Health Sanitarian 2
FPLS Metro
651-201-5298
andrew.spaulding@state.mn.us