DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

NOTICE OF REMOVAL OF CONDITIONAL LICENSE

Electronic Delivery
January 25, 2023

Licensee
Champlin Shores
119 East Hayden Lake Road
Champlin, MN 55316

RE: Initial License Number 405621
Health Facility Identification Number (HFID) 30284
Project Number(s) SL30284015

Dear Licensee:

On January 18, 2023, The Minnesota Department of Health (MDH) completed a follow-up evaluation of your facility to determine correction of orders found not corrected at the follow up evaluation completed on November 17, 2022.

The follow-up evaluation determined your facility had not fully corrected all of the state licensing orders issued pursuant to the July 27, 2022, initial evaluation. However, your facility has achieved substantial compliance. Based on these findings, the condition(s) on the license were removed effective January 18, 2023.

In accordance with Minn. Stat. § 144G.31, Subd. 4 (a), state licensing orders issued pursuant to the last evaluation completed on July 27, 2022, found not corrected at the time of the November 18, 2022, follow-up evaluation are as follows:

0510-Infection Control Program-144g.41 Subd. 3

The details of the violations noted at the time of this follow-up evaluation completed on January 18, 2023, (listed above), are on the attached State Form. Brackets around the ID Prefix Tag in the left hand column, e.g., {2 ----} will identify the uncorrected tag.

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), by the correction order date, the licensee must document in the provider's records any action taken to comply with the correction order. The commissioner may request a copy of this documentation and the assisted living facility's action to respond to the correction orders in future evaluations, upon a complaint evaluation, and as otherwise needed. 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 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).

IMPOSITION OF FINES:

Level 1: no fines or enforcement.
Level 2: a fine of $500 per violation, in addition to any enforcement mechanism authorized in § 144G.20 for widespread violations;
Level 3: a fine of $3,000 per violation per incident, in addition to any enforcement mechanism authorized in § 144G.20.
Level 4: a fine of $5,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20.

CORRECTION ORDER RECONSIDERATION PROCESS

In accordance with Minn. Stat. § 144G.32, Subd. 2, you may challenge the correction order 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. Please email general reconsideration requests to: **Health.HRD.Appeals@state.mn.us**.

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 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 Jessica Sellner at 320-223-7370.

Sincerely,

Maria King, RN
Division Director

Minnesota Department of Health
Health Regulation Division

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30284	A. BUILDING: _____ B. WING _____	R 01/18/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHAMPLIN SHORES	119 EAST HAYDEN LAKE ROAD CHAMPLIN, MN 55316

(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 On January 18, 2023, the Minnesota Department of Health conducted a licensing order follow-up related to correction orders issued for survey SL30284015. Champlin Shores was found to be in substantial compliance with state regulations.	{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 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. 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 SUBDIVISION 1-3.	
{0 510} SS=D	144G.41 Subd. 3 Infection control program (a) All assisted living facilities must establish and	{0 510}		

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{0 510}	Continued From page 1 maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control. (b)The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities. (c) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on observation, interview, and document review, the licensee failed to ensure infection control procedures were followed when one of one unlicensed personnel (ULP)-E failed to cleanse an insulin pen prior to connecting the needle when completing medication administration on one of one residents (R13). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). Findings Include: R13 admitted to the licensee May 14, 2020, with diagnoses including diabetes mellitus. R13's service plan dated January 19, 2023 indicated R13 received services including assistance with medication administration.	{0 510}		

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{0 510}	Continued From page 2 R13's physician orders indicated R13 received Novolog FlexPen 100 unit/milliliter (mL) 15 units subcutaneously three times daily including at 12:00 p.m. During an observation on January 18, 2023 at 11:49 a.m., ULP-E prepared R13's Novolog insulin pen for administration. ULP-E failed to wipe the pen with an alcohol swab after removing the pen cap and prior to applying the needle. ULP-E's training record indicated ULP-E demonstrated competency for injection medication administration on November 17, 2022. During an interview on January 18, 2023 at 12:15 p.m., ULP-E confirmed she completed re-training on insulin administration, including passing a skills check off. The licensee-provided document titled Injections-Subcutaneous, undated, indicated staff were to remove the pen cap and clean the pen with an alcohol wipe, then connect the needle to the pen. TIME PERIOD FOR CORRECTION: Fourteen (14) days.	{0 510}		
{0 780} SS=F	144G.45 Subd. 2 (a) (1) Fire protection and physical environment (a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: (1) for dwellings or sleeping units, as defined in	{0 780}		

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{0 780}	Continued From page 3 the State Fire Code: (i) provide smoke alarms in each room used for sleeping purposes; (ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms; (iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics; (iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and (v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated; This MN Requirement is not met as evidenced by:	{0 780}		
{0 800} SS=F	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. This MN Requirement is not met as evidenced by:	{0 800}		

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{0 810}	Continued From page 4	{0 810}		
{0 810} SS=F	144G.45 Subd. 2 (b)-(f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) employee actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill. This MN Requirement is not met as evidenced by:	{0 810}		

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{02040} SS=F	144G.81 Subdivision 1 Fire protection and physical environment An assisted living facility with dementia care that has a secured dementia care unit must meet the requirements of section 144G.45 and the following additional requirements: (1) a hazard vulnerability assessment or safety risk must be performed on and around the property. The hazards indicated on the assessment must be assessed and mitigated to protect the residents from harm; and (2) the facility shall be protected throughout by an approved supervised automatic sprinkler system by August 1, 2029. This MN Requirement is not met as evidenced by:	{02040}		

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

NOTICE OF EXTENSION TO CONDITIONAL LICENSE

Electronically Delivered
December 9, 2022

Administrator
Champlin Shores
119 East Hayden Lake Road
Champlin, MN 55316

RE: Conditional License Number 405621
Health Facility Identification Number (HFID) 30284
Project Number(s) SL30284015

Dear Administrator:

The Minnesota Department of Health (MDH) completed a follow-up evaluation on November 17, 2022, to determine correction of orders found on the evaluation completed July 27, 2022. Based on the follow-up evaluation results you were found not to be in substantial compliance with the laws pursuant to Minnesota Statutes, Chapter 144G.

As a result, MDH is extending the conditional license 60-days, due to expire on **January 29, 2023.**

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 Assisted Living Facilities. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute number and the corresponding text of the state statute out of compliance are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by . . ."

IMPOSITION OF FINES

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

Level 1: no fines or enforcement.
Level 2: a fine of $500 per violation, in addition to any enforcement mechanism authorized in § 144G.20 for widespread violations;
Level 3: a fine of $3,000 per violation per incident, in addition to any enforcement mechanism authorized in § 144G.20.
Level 4: a fine of $5,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20.

In accordance with Minn. Stat. § 144G.31 Subd. 4 (a), state licensing orders issued pursuant to the last evaluation completed on July 27, 2022, found not corrected at the time of the November 17, 2022, follow-up evaluation and/or subject to penalty assessment are as follows:

0250-Conditions-144g.20 Subdivision 1 - $500.00
0510-Infection Control Program-144g.41 Subd. 3 - $3,000.00
1330-Unlicensed Personnel-144g.60 Subd. 4 (b) - $500.00
1420-Delegation Of Assisted Living Services-144g.62 Subd. 2 - $500.00
1440-Supervision Of Staff Providing Delegated Nurs-144g.62 Subd. 4 - $500.00
1460-Orientation Of Staff And Supervisors-144g.63 Subdivision 1 - $500.00
1480-Orientation To Resident-144g.63 Subd. 3 - $500.00
1500-Required Annual Training-144g.63 Subd. 5 - $500.00
1700-Provision Of Medication Management Services-144g.71 Subd. 2
1750-Delegation Of Medication Administration-144g.71 Subd. 7 - $500.00
1890-Prescription Drugs-144g.71 Subd. 20
1950-Administration Of Treatments And Therapy-144g.72 Subd. 4
2170-Services For Residents With Dementia-144g.84 - $500.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is $7,500.00**. You will be invoiced after 15 days of the receipt of this notice, subject to appeal.

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 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 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.

Please email general reconsideration requests to: **Health.HRD.Appeals@state.mn.us**. 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

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration **or a hearing, but not both.**

REQUESTING A HEARING
Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the Department of Health within 15 business days of the correction order receipt date. Requests for hearing may be emailed to **Health.HRD.Appeals@state.mn.us**.

CONDITIONAL LICENSE ISSUED:
MDH will issue Champlin Shores an extension to the conditional assisted living facility license by an additional 60 calendar days from November 30, 2022. At an unannounced point in time, within the 60 calendar days, MDH will conduct an additional follow-up evaluation, as defined in Minn. Stat. § 144G.30, Subd. 6. Based on the results of the additional follow-up evaluation, MDH will determine if Champlin Shores is in substantial compliance.

The following condition is being rescinded, effective November 30, 2022:

- No New Admissions

In addition, the following conditions will remain in effect through the extended conditional license period and apply to the conditional assisted living facility license:

a. **No new substantiated maltreatment allegations:** If any new investigations begin in the conditional license period, and the allegations are substantiated, MDH may pursue additional enforcement actions up to and including immediate temporary suspension and revocation of the license.

b. Consultant: Champlin Shores will continue to contract with the MDH approved RN to provide consultation. The RN consultant must continue to have access to all resident(s) receiving services from Champlin Shores. The RN will continue to report to MDH until MDH notifies Champlin Shores and the RN consultant about a change. Champlin Shores will continue to be responsible for the expense of the contract with the RN.

c. Reports: The RN consultant will continue to provide MDH with reports on a weekly basis. Each report will be electronically submitted to Jessica Sellner, Evaluator Supervisor, State Evaluation Team, Health Regulation Division, at jessica.sellner@state.mn.us. Jessica Sellner can be reached at 320-223-7370 (office) with questions about the reports. The content of the reports will include information such as:

i. Progress towards correction of licensing orders;
ii. Observations of staff delivering assisted living services and the level of competency observed;
iii. Conversations with residents and family members about satisfaction with assisted living services;
iv. Conversations with staff about their level of knowledge about the tasks they perform, the people they serve and the health professionals who delegate to them;
v. Overall impressions about the quality of the assisted living services delivered;
vi. Overall impressions about the dignity with which the residents and their family members are treated;
vii. Concerns; and
viii. Any other information requested by the Department or considered important by the RN consultant(s).

d. Monitoring visits: MDH may make unannounced monitoring visits to assess the progress of Champlin Shores to correct the violations cited during the evaluations as well as to determine the overall practice of Champlin Shores in meeting the needs of the people it serves. In addition, the Office of Ombudsman for Long-Term Care (OOLTC) may also make unannounced monitoring visits to determine the level of satisfaction of those people who receive licensed assisted living services. The OOLTC will share their findings with MDH.

e. Follow-up Evaluation: At the time of the follow-up evaluation, MDH may pursue additional enforcement actions, up to and including immediate temporary suspension or revocation of the license if MDH identifies any level 3 or 4 violations or widespread care related violations.

f. Corrective Action Plan: Champlin Shores will continue to develop and work within a corrective action plan (CAP). The CAP is a working document that includes at least the following information:

i. A statement of the concern
ii. A description of what will happen to correct the concern
iii. A target date for when each correction will be complete
iv. Who is responsible to make sure it happens
v. Current status of correction work
vi. Description of a plan to monitor and ensure ongoing substantial compliance for each corrected order

RESULTS OF FOLLOW-UP EVALUATION DURING THE CONDITIONAL LICENSE PERIOD:
MDH will determine if Champlin Shores is in substantial compliance based on the results of the follow up evaluation. MDH will make this determination within the 60-day conditional license period. If MDH determines Champlin Shores is in substantial compliance on the follow up evaluation, MDH will remove the remaining conditions from Champlin Shores' assisted living facility license, and Champlin Shores will correct violations identified during the evaluation to come into substantial compliance. If MDH determines Champlin Shores is not in substantial compliance, MDH may take additional enforcement action against Champlin Shores, including placement of additional conditions, issuing a second conditional license, or employ any of the enforcement tools listed in Minn. Stat. § 144G.20 up to and including immediate temporary suspension and revocation.

REQUESTING A HEARING:
Pursuant to Minn. Stat. §144G.20, Subd. 17 (c), the licensee may appeal an order immediately temporarily suspending a license or issuing a conditional license. The appeal must be made in writing by certified mail or personal service. If mailed, the appeal must be postmarked and sent to the commissioner within five calendar days after the license holder receives notice. If an appeal is made by personal service, it must be received by the commissioner within five calendar days after the license holder received the order. The request for hearing 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
Health.HRD.Appeals@state.mn.us

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in this notice and the results of this visit with the President of your organization's Governing Body.

If you have any questions, please contact directly at: Jessica Sellner directly at: 320-223-7370.

Sincerely,

Maria King, RN
Division Director

Minnesota Department of Health
Health Regulation Division

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30284	A. BUILDING: _____ B. WING _____	R 11/17/2022

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CHAMPLIN SHORES	119 EAST HAYDEN LAKE ROAD CHAMPLIN, MN 55316

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{0 000}	Initial Comments Initial comments *****ATTENTION****** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER In accordance with Minnesota Statutes, section 144G.08 to 144G.95 this correction order(s) has been issued pursuant to a survey. Determination of whether a violation has been corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: Project # SL30284015-1 On November 16 through November 17, 2022, the Minnesota Department of Health conducted a follow-up evaluation at the above provider to verify correction of orders issued pursuant to a licensing evaluation completed on July 27, 2022. At the time of the evaluations, there were 88 residents receiving services under the Assisted Living with Dementia Care license. As a result of the follow-up evaluation, the following orders were reissued.	{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 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. 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 SUBDIVISION 1-3.	
{0 250} SS=F	144G.20 Subdivision 1 Conditions	{0 250}		

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{0 250}	Continued From page 1 (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: (1) is in violation of, or during the term of the license has violated, any of the requirements in this chapter or adopted rules; (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;	{0 250}		

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{0 250}	Continued From page 2 (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 assisted living services of the facility is a violation by the facility. 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. 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: During the follow up revisit on November 16-17, 2022 , registered nurse (RN)-A stated the licensee's employees in charge of the facility were familiar with the assisted living regulations	{0 250}		

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{0 250}	Continued From page 3 and the licensee provided medication and treatment management services. 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: [a check mark was placed before each of the following]: - 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	{0 250}		

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{0 250}	Continued From page 4 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 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. - 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. - 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. - I have examined this application and all attachments and checked the above boxes indicating my review and understanding of Minnesota Statutes, Rules, and requirements	{0 250}		

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{0 250}	Continued From page 5 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. - I attest to have all required policies and procedures of Minn. Stat. chapter 144G and Minn. Rules chapter 4659 in place upon licensure and to keep them current as applicable. Page seventeen was signed by licensed assisted living director (LALD)-B on October 27, 2021. The licensee had an assisted living license issued on December 28, 2021, with an expiration date of December 27, 2022. The licensee failed to ensure the following policies and procedures were developed and/or implemented in compliance with 144G statutes: - 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. On July 27, 2022, at 12:30 p.m., LALD-B confirmed the licensee provided assisted living with dementia care services but failed to develop corresponding policies and procedures in accordance with 144G statutes, as required.	{0 250}		

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{0 250}	Continued From page 6 As a result of this survey, the following order was issued #0250, 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 by the re-issusance of 13 licensing orders. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	{0 250}		
{0 510} SS=I	144G.41 Subd. 3 Infection control program (a) All assisted living facilities must establish and maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control. (b)The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities. (c) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on observation, interview, and document 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 related to COVID-19 when one of two staff, unlicensed personnel (ULP)-E, failed to complete hand hygiene and equipment disinfection in between resident contact. This had the potential to affect all residents, staff, and visitors.	{0 510}		

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{0 510}	Continued From page 7 This resulted in an immediate correction order on November 16, 2022. This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). Findings include: At the time of the licensing order follow up on November 16, 2022, the facility had 12 COVID-19 positive residents and two COVID-19 positive staff members. During observation on the memory care unit on November 16, 2022 at 10:35 a.m., ULP-E completed medication administration and COVID-19 screenings (temperature and oxygen saturation) on four residents. ULP-E failed to complete hand hygiene after passing medications to three of the four residents. ULP-E failed to disinfect the pulse oximeter between residents after using it to obtain the oxygen saturation levels on the four residents. During interview on November 16, 2022 at 11:15 a.m., consultant registered nurse (RN) stated infection control training has been scheduled for staff to be completed tomorrow and through the next week. During interview on November 16, 2022 at 12:47 a.m., registered nurse (RN)-N stated staff were	{0 510}		

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{0 510}	Continued From page 8 instructed to complete hand hygiene before and after medication administration, and in between residents. RN-N stated the pulse oximeter should be wiped down before and after every use with the provided disinfectant wipes. TIME PERIOD FOR CORRECTION: IMMEDIATE	{0 510}		
{0 780} SS=F	144G.45 Subd. 2 (a) (1) Fire protection and physical environment (a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: (1) for dwellings or sleeping units, as defined in the State Fire Code: (i) provide smoke alarms in each room used for sleeping purposes; (ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms; (iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics; (iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and (v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated; This MN Requirement is not met as evidenced by: NO FURTHER ACTION	{0 780}		

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{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: NO FURTHER ACTION	{0 800}		
{0 810} SS=F	144G.45 Subd. 2 (b)-(f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) employee actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the	{0 810}		

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{0 810}	Continued From page 10 proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill. This MN Requirement is not met as evidenced by: NO FURTHER ACTION	{0 810}		
{01330} SS=F	144G.60 Subd. 4 (b) Unlicensed personnel (b) Unlicensed personnel performing delegated nursing tasks in an assisted living facility must: (1) have successfully completed training and demonstrated competency by successfully completing a written or oral test of the topics in section 144G.61, subdivision 2, paragraphs (a) and (b), and a practical skills test on tasks listed in section 144G.61, subdivision 2, paragraphs (a), clauses (5) and (7), and (b), clauses (3), (5), (6), and (7), and all the delegated tasks they will perform; (2) satisfy the current requirements of Medicare for training or competency of home health aides or nursing assistants, as provided by Code of Federal Regulations, title 42, section 483 or 484.36; or (3) have, before April 19, 1993, completed a training course for nursing assistants that was approved by the commissioner. This MN Requirement is not met as evidenced	{01330}		

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{01330}	Continued From page 11 by: Based on interview and record review, the licensee failed to ensure six of six employees, unlicensed personnel (ULP)-E, ULP-G, ULP-L, ULP-O, ULP-P and ULP-Q, completed training and competency evaluations in all required training topics. This had the potential to affect all residents receiving services. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). Findings include: ULP-E had a hire date of November 8, 2017, under the comprehensive home care license, and began providing assisted living services on August 1, 2021. ULP-G had a hire date of October 15, 2019, under the comprehensive home care license, and began providing assisted living services on August 1, 2021. ULP-L had a hire date of January 13, 2022, under the assisted living license. ULP-O had a hire date of April 28, 2020, under the comprehensive home care license, and began providing assisted living services on August 1, 2021. ULP-P had a hire date of November 22, 2021, under the assisted living license.	{01330}		

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{01330}	Continued From page 12 ULP-Q had a hire date of March 31, 2022, under the assisted living license. All six employee records lacked documentation the employee successfully completed training and demonstrated competency by successfully completing a written or oral test of the topics in section 144G.61, subdivision 2, paragraphs (a) and (b), and a practical skills test on tasks listed in section 144G.61, subdivision 2, paragraphs (a), clauses (5) and (7), and (b), clauses (3), (5), (6), and (7), and all the delegated tasks they will perform. On November 16, 2022, at 11:15 a.m., consultant (CON)-M, stated staff training had not yet been completed but was scheduled to be provided over the next two weeks. The licensee's policy titled Competency Training Evaluations stated unlicensed personnel trained to perform delegated tasks must demonstrate competency to perform such tasks. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	{01330}		
{01420} SS=F	144G.62 Subd. 2 Delegation of assisted living services (b) When the registered nurse or licensed health professional delegates tasks to unlicensed personnel, that person must ensure that prior to the delegation the unlicensed personnel is trained in the proper methods to perform the tasks or procedures for each resident and is able to demonstrate the ability to competently follow the procedures and perform the tasks. If an	{01420}		

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{01420}	Continued From page 13 unlicensed personnel has not regularly performed the delegated assisted living task for a period of 24 consecutive months, the unlicensed personnel must demonstrate competency in the task to the registered nurse or appropriate licensed health professional. The registered nurse or licensed health professional must document instructions for the delegated tasks in the resident's record. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a registered nurse (RN) conducted training and competency evaluations in accordance with 144G statutes for six of six employees, unlicensed personnel (ULP)-E, ULP-G, ULP-L, ULP-O, ULP-P and ULP-Q, who performed delegated tasks. This had the potential to affect all residents receiving services. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). Findings include: ULP-E had a hire date of November 8, 2017, under the comprehensive home care license, and began providing assisted living services on August 1, 2021. ULP-G had a hire date of October 15, 2019, under the comprehensive home care license, and began providing assisted living services on August 1, 2021.	{01420}		

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{01420}	Continued From page 14 ULP-L had a hire date of January 13, 2022, under the assisted living license. ULP-O had a hire date of April 28, 2020, under the comprehensive home care license, and began providing assisted living services on August 1, 2021. ULP-P had a hire date of November 22, 2021, under the assisted living license. ULP-Q had a hire date of March 31, 2022, under the assisted living license. All six employee records lacked documentation that a registered nurse provided training and observed competencies per 144G.62 statute, subdivision 2, paragraph (b). On November 16, 2022, at 11:15 a.m., consultant (CON)-M, stated staff training had not yet been completed but was scheduled to be provided over the next two weeks. The licensee policy titled Competency Training Evaluations stated a registered nurse or licensed health professional must make certain staff demonstrated competency in providing delegated tasks. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	{01420}		
{01440} SS=F	144G.62 Subd. 4 Supervision of staff providing delegated nurs (a) Staff who perform delegated nursing or therapy tasks must be supervised by an	{01440}		

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{01440}	Continued From page 15 appropriate licensed health professional or a registered nurse according to the assisted living facility's policy where the services are being provided to verify that the work is being performed competently and to identify problems and solutions related to the staff person's ability to perform the tasks. Supervision of staff performing medication or treatment administration shall be provided by a registered nurse or appropriate licensed health professional and must include observation of the staff administering the medication or treatment and the interaction with the resident. (b) The direct supervision of staff performing delegated tasks must be provided within 30 calendar days after the date on which the individual begins working for the facility and first performs the delegated tasks for residents and thereafter as needed based on performance. This requirement also applies to staff who have not performed delegated tasks for one year or longer. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a registered nurse (RN) conducted direct supervision of staff performing a delegated task within 30 days of providing assisted living services in accordance with 144G statutes for six of six employees, unlicensed personnel (ULP)-E, ULP-G, ULP-L, ULP-O, ULP-P and ULP-Q, who performed delegated tasks. This had the potential to affect all residents receiving services. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive	{01440}		

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{01440}	Continued From page 16 or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). Findings include: ULP-E had a hire date of November 8, 2017, under the comprehensive home care license, and began providing assisted living services on August 1, 2021. ULP-G had a hire date of October 15, 2019, under the comprehensive home care license, and began providing assisted living services on August 1, 2021. ULP-L had a hire date of January 13, 2022, under the assisted living license. ULP-O had a hire date of April 28, 2020, under the comprehensive home care license, and began providing assisted living services on August 1, 2021. ULP-P had a hire date of November 22, 2021, under the assisted living license. ULP-Q had a hire date of March 31, 2022, under the assisted living license. All six employees' records lacked evidence the RN conducted direct supervision of the employee performing a delegated task within 30 days the employee had first performed the delegated assisted living tasks for residents. On November 16, 2022, at 11:15 a.m., consultant (CON)-M, stated staff training had not yet been completed but was scheduled to be provided over the next two weeks.	{01440}		

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{01440}	Continued From page 17 The licensee policy titled Competency Training Evaluations stated a registered nurse or licensed health professional must make certain staff demonstrated competency in providing delegated tasks. TIME PERIOD FOR CORRECTION: Twenty-One (21) days.	{01440}		
{01460} SS=F	144G.63 Subdivision 1 Orientation of staff and supervisors All staff providing and supervising direct services must complete an orientation to assisted living facility licensing requirements and regulations before providing assisted living services to residents. The orientation may be incorporated into the training required under subdivision 5. The orientation need only be completed once for each staff person and is not transferable to another facility. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure orientation to assisted living licensing requirements and regulations was provided for six of six employees, unlicensed personnel (ULP)-E, ULP-G, ULP-L, ULP-O, ULP-P and ULP-Q, with records reviewed. This had the potential to affect all residents receiving services. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive	{01460}		

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{01460}	Continued From page 18 or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). Findings include: ULP-E had a hire date of November 8, 2017, under the comprehensive home care license, and began providing assisted living services on August 1, 2021. ULP-G had a hire date of October 15, 2019, under the comprehensive home care license, and began providing assisted living services on August 1, 2021. ULP-L had a hire date of January 13, 2022, under the assisted living license. ULP-O had a hire date of April 28, 2020, under the comprehensive home care license, and began providing assisted living services on August 1, 2021. ULP-P had a hire date of November 22, 2021, under the assisted living license. ULP-Q had a hire date of March 31, 2022, under the assisted living license. All six employee records lacked documentation to indicate the assisted living facility training requirements were completed in accordance with 144G statutes. On November 16, 2022, at 11:15 a.m., consultant (CON)-M, stated staff training had not yet been completed but was scheduled to be provided over the next two weeks.	{01460}		

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{01460}	Continued From page 19 The licensee's policy titled Orientation of Staff and Supervisors & Content stated all staff providing and supervising direct services must complete an orientation to Assisted Living facility licensing requirements. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	{01460}		
{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 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 six of six employees, unlicensed personnel (ULP)-E, ULP-G, ULP-L, ULP-O, ULP-P and ULP-Q, with records reviewed. This had the potential to affect all residents receiving services. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). Findings include:	{01480}		

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{01480}	Continued From page 20 ULP-E had a hire date of November 8, 2017, under the comprehensive home care license, and began providing assisted living services on August 1, 2021. ULP-G had a hire date of October 15, 2019, under the comprehensive home care license, and began providing assisted living services on August 1, 2021. ULP-L had a hire date of January 13, 2022, under the assisted living license. ULP-O had a hire date of April 28, 2020, under the comprehensive home care license, and began providing assisted living services on August 1, 2021. ULP-P had a hire date of November 22, 2021, under the assisted living license. ULP-Q had a hire date of March 31, 2022, under the assisted living license. All six employee records lacked documentation of orientation to each individual resident and the resident's needs prior to staff providing services to residents at the facility, in accordance with 144G statutes. On November 16, 2022, at 11:15 a.m., consultant (CON)-M, stated staff training had not yet been completed but was scheduled to be provided over the next two weeks. The licensee's policy titled Orientation of Staff and Supervisors & Content stated all staff providing and supervising direct services must complete an orientation to Assisted Living facility	{01480}		

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{01480}	Continued From page 21 licensing requirements. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	{01480}		
{01500} SS=F	144G.63 Subd. 5 Required annual training (a) All staff that perform direct services must complete at least eight hours of annual training for each 12 months of employment. The training may be obtained from the facility or another source and must include topics relevant to the provision of assisted living services. The annual training must include: (1) training on reporting of maltreatment of vulnerable adults under section 626.557; (2) review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; (3) review of infection control techniques used in the home and implementation of infection control standards including a review of hand washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting communicable diseases; (4) effective approaches to use to problem solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders; (5) review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and	{01500}		

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{01500}	Continued From page 22 (6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person. (b) In addition to the topics in paragraph (a), annual training may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics: (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and challenges it poses to communication; (2) the health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or (3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure employees received at least eight hours of annual training for each 12 months of employment for three of three employees, unlicensed personnel (ULP)-E, ULP-G, and ULP-O, with records reviewed. This had the potential to affect all residents receiving services. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a	{01500}		

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{01500}	Continued From page 23 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). Findings include: ULP-E had a hire date of November 8, 2017, under the comprehensive home care license, and began providing assisted living services on August 1, 2021. ULP-G had a hire date of October 15, 2019, under the comprehensive home care license, and began providing assisted living services on August 1, 2021. ULP-O had a hire date of April 28, 2020, under the comprehensive home care license, and began providing assisted living services on August 1, 2021. All three employee records lacked documentation that staff had completed annual training in accordance with 144G statutes, including training in the following topics: -Training on reporting of maltreatment of vulnerable adults under section 626.557; -Review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; -Review of infection control techniques used in the home and implementation of infection control standards including a review of hand washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment;	{01500}		

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{01500}	Continued From page 24 disinfecting environmental surfaces; and reporting communicable diseases; -Effective approaches to use to problem solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders; -Review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and -The principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person. On November 16, 2022, at 11:15 a.m., consultant (CON)-M, stated staff training had not yet been completed but was scheduled to be provided over the next two weeks. The licensee's policy titled Annual Required Staff Training stated all staff who perform direct care services will complete at least eight (8) hours of annual training for each 12 months of employment. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	{01500}		
{01700} SS=D	144G.71 Subd. 2 Provision of medication management services (a) For each resident who requests medication management services, the facility shall, prior to providing medication management services, have a registered nurse, licensed health professional, or authorized prescriber under section 151.37 conduct an assessment to determine what	{01700}		

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{01700}	Continued From page 25 medication management services will be provided and how the services will be provided. This assessment must be conducted face-to-face with the resident. The assessment must include an identification and review of all medications the resident is known to be taking. The review and identification must include indications for medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues. (b) The assessment must identify interventions needed in management of medications to prevent diversion of medication by the resident or others who may have access to the medications and provide instructions to the resident and legal or designated representatives on interventions to manage the resident's medications and prevent diversion of medications. For purposes of this section, "diversion of medication" means misuse, theft, or illegal or improper disposition of medications. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a registered nurse (RN) completed the medication management assessment for one of five residents (R20) 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) 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). Findings include:	{01700}		

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{01700}	Continued From page 26 R20's diagnoses included diabetes mellitus. R20's service plan, effective date November 10, 2022, indicated R20 received assistance with medications and housekeeping. A licensed practical nurse (LPN) completed R20's assessment titled Self Admin of Meds Assessment & Consent 564 Results, dated October 26, 2021. During the exit conference on November 17, 2022 at 2:15 p.m., licensed assisted living director (LALD)-B and registered nurse (RN)-N did not comment when the surveyors informed them an LPN completed the assessment. The licensee-provided policy titled Medication Management - Assessment, Monitoring & Reassessment, dated October 27, 2022, indicated the assessment must be completed by an RN. TIME PERIOD FOR CORRECTION: Seven (7) Days	{01700}		
{01750} SS=F	144G.71 Subd. 7 Delegation of medication administration When administration of medications is delegated to unlicensed personnel, the assisted living facility must ensure that the registered nurse has: (1) instructed the unlicensed personnel in the proper methods to administer the medications, and the unlicensed personnel has demonstrated the ability to competently follow the procedures; (2) specified, in writing, specific instructions for each resident and documented those instructions	{01750}		

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{01750}	Continued From page 27 in the resident's records; and (3) communicated with the unlicensed personnel about the individual needs of the resident. This MN Requirement is not met as evidenced by: Based on interview, observation, and record review, the licensee failed to ensure three of three unlicensed personnel (ULP)-E, ULP-G, and ULP-L demonstrated competency for administering medications. This had the potential to affect all residents receiving services. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). Findings include: ULP-E was hired November 8, 2017, under the licensee's comprehensive home care license. ULP-E began providing assisted living services on August 1, 2021. ULP-G had a hire date of October 15, 2019, under the comprehensive home care license, and began providing assisted living services on August 1, 2021. ULP-L had a hire date of January 13, 2022, under the assisted living license. On November 16, 2022, at 9:45 a.m., ULP-L was observed administering oral medication to R19.	{01750}		

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{01750}	Continued From page 28 On November 16, 2022, at 10:35 a.m., ULP-E was observed administering oral medication, an inhaler, and topical ointment to R23. On November 17, 2022, at 11:30 a.m., ULP-G was observed administering insulin to R13. All three employee records lacked evidence staff demonstrated competency in medication administration in accordance with 144G statutes. On November 16, 2022, at 11:15 a.m., consultant (CON)-M, stated staff training had not yet been completed but was scheduled to be provided over the next two weeks. The licensee's policy titled Competency Training Evaluations stated unlicensed personnel trained to perform delegated tasks must demonstrate competency to perform such tasks. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	{01750}		
{01890} SS=E	144G.71 Subd. 20 Prescription drugs A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure open medication was labeled with the expiration date	{01890}		

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{01890}	Continued From page 29 for time sensitive multi-use medication containers for three residents (R7, R24, R25). 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 pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive). Findings include: R7's diagnoses included macular degeneration. R7's service plan, dated November 10, 2022, indicated R7 received assistance with medication administration. R7's medication orders, signed November 9, 2022, indicated R7 received Lumigan ophthalmic solution 0.01% one drop into both eyes at bedtime. R24's diagnoses included diabetes mellitus type 2 and hypertension. R24's service plan, dated November 10, 2022, indicated R24 received assistance with medication administration. R24's medication orders, signed October 3, 2022, indicated R24 received Lumigan ophthalmic solution 0.01% one drop into both eyes at bedtime. R25's diagnoses included diabetes mellitus type 2 and atrial fibrillation. R25's service plan, dated November 10, 2022, indicated R25 received	{01890}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30284	A. BUILDING: _____ B. WING _____	R 11/17/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHAMPLIN SHORES	119 EAST HAYDEN LAKE ROAD CHAMPLIN, MN 55316

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{01890}	Continued From page 30 assistance with medication administration. R25's medication orders, signed November 8, 2022, indicated R5 received latanoprost ophthalmic solution 0.005% one drop in both eyes at bedtime. During an observation on November 17, 2022 at 10:10 a.m., R7's Lumigan, R24's Lumigan, and R25's latanoprost lacked open and/ or expiration dates. During an interview on November 16, 2022 at 12:47 p.m., registered nurse (RN)-N stated she checked the medication carts for open dates on medications. The licensee-provided policy titled Medication Storage, dated October 27, 2022, indicated time sensitive medications would be labeled with the open date on the container. TIME PERIOD FOR CORRECTION: Seven (7) Days	{01890}		
{01950} SS=D	144G.72 Subd. 4 Administration of treatments and therapy Ordered or prescribed treatments or therapies must be administered by a nurse, physician, or other licensed health professional authorized to perform the treatment or therapy, or may be delegated or assigned to unlicensed personnel by the licensed health professional according to the appropriate practice standards for delegation or assignment. When administration of a treatment or therapy is delegated or assigned to unlicensed personnel, the facility must ensure that the	{01950}		

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{01950}	Continued From page 31 registered nurse or authorized licensed health professional has: (1) instructed the unlicensed personnel in the proper methods with respect to each resident and the unlicensed personnel has demonstrated the ability to competently follow the procedures; (2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's record; and (3) communicated with the unlicensed personnel about the individual needs of the resident. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure unlicensed personnel were trained and demonstrated competency in treatments to a registered nurse (RN) for one of one unlicensed personnel (ULP-E) 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) 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). Findings include: ULP-E was hired November 8, 2017, under the licensee's comprehensive home care license. ULP-E began providing assisted living services on August 1, 2021. On November 16, 2022, at 10:10 a.m., ULP-E was observed checking R14's temperature and oxygen saturation readings. ULP-E was observed	{01950}		

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{01950}	Continued From page 32 putting the pulse oximeter in their pocket without sanitizing the device. On November 17, 2022, at 10:35 a.m., ULP was observed administering an inhaler and topical ointment to R23 in a public area during a group activity. ULP-E's employee record lacked evidence ULP-E demonstrated competency in administering treatments in accordance with 144G statutes. On November 16, 2022, at 11:15 a.m., consultant (CON)-M, stated staff training had not yet been completed but was scheduled to be provided over the next two weeks. The licensee's policy titled Competency Training Evaluations stated unlicensed personnel trained to perform delegated tasks must demonstrate competency to perform such tasks. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	{01950}		
{02040} SS=F	144G.81 Subdivision 1 Fire protection and physical environment An assisted living facility with dementia care that has a secured dementia care unit must meet the requirements of section 144G.45 and the following additional requirements: (1) a hazard vulnerability assessment or safety risk must be performed on and around the property. The hazards indicated on the assessment must be assessed and mitigated to protect the residents from harm; and (2) the facility shall be protected throughout by an approved supervised automatic sprinkler system	{02040}		

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{02040}	Continued From page 33 by August 1, 2029. This MN Requirement is not met as evidenced by: NO FURTHER ACTION	{02040}		
{02170} SS=F	144G.84 SERVICES FOR RESIDENTS WITH DEMENTIA (b) Each resident must be evaluated for activities according to the licensing rules of the facility. In addition, the evaluation must address the following: (1) past and current interests; (2) current abilities and skills; (3) emotional and social needs and patterns; (4) physical abilities and limitations; (5) adaptations necessary for the resident to participate; and (6) identification of activities for behavioral interventions. (c) An individualized activity plan must be developed for each resident based on their activity evaluation. The plan must reflect the resident's activity preferences and needs. (d) A selection of daily structured and non-structured activities must be provided and included on the resident's activity service or care plan as appropriate. Daily activity options based on resident evaluation may include but are not limited to: (1) occupation or chore related tasks; (2) scheduled and planned events such as entertainment or outings; (3) spontaneous activities for enjoyment or those that may help defuse a behavior; (4) one-to-one activities that encourage positive relationships between residents and staff such as telling a life story, reminiscing, or playing music;	{02170}		

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{02170}	Continued From page 34 (5) spiritual, creative, and intellectual activities; (6) sensory stimulation activities; (7) physical activities that enhance or maintain a resident's ability to ambulate or move; and (8) outdoor activities. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop individualized activity plans based on the activity assessments for three of three residents (R20, R21, R22) residing on the memory care unit 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) 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). Findings include: R20 resided on the licensee's memory care unit. R20's diagnoses included unspecified kidney and ureter disorder. R20's service plan dated November 10, 2022, indicated R20 received assistance with medication administration, laundry, and housekeeping. This service plan indicated R20 had moderate impairment of short- and long-term memory, requiring directions and reminders. R20's record lacked an individualized activity plan based on the activity assessment completed November 9, 2022. R21 resided on the licensee's memory care unit.	{02170}		

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{02170}	Continued From page 35 R21's diagnoses included paranoid personality disorder. R21's service plan dated November 10, 2022 indicated R21 received assistance with medication administration. This service plan indicated R21 had mild long-term memory impairment, requiring some directions and reminding. This plan also indicated a moderate impairment of short-term memory, requiring some directions and reminders. R21's record lacked an individualized activity plan based on the activity assessment completed November 9, 2022. R22 resided on the licensee's memory care unit. R22's diagnoses included Alzheimer's disease. R22's service plan dated November 10, 2022 indicated R22 received assistance with bathing, medication administration, and wheelchair mobility. R22's record lacked an individualized activity plan based on the activity assessment completed November 8, 2022. During an interview on November 17, 2022 at 11:00 a.m., LALD-B confirmed the licensee did not have activity plans based on the activity assessments. LALD-B stated the electronic record system did not include an activity plan. Until the plan is created in the system, staff will create and use a paper plan. The licensee-provided policy titled ALDC Life Enrichment Programs, Activities & Outdoor Space, dated October 31, 2022, indicated an individualized activity plan must be developed for each resident based on their activity evaluation, reflecting the resident's activity preferences and needs.	{02170}		

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{02170}	Continued From page 36 TIME PERIOD FOR CORRECTION: Twenty-One (21) Days	{02170}		

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

NOTICE OF CONDITIONAL LICENSE

Electronically Delivered

September 1, 2022

Administrator
Champlin Shores
119 East Hayden Lake Road
Champlin, MN 55316

RE: Conditional License Number 405621
Health Facility Identification Number (HFID) 30284
Project Number SL30284015

Dear Administrator:

The Minnesota Department of Health (MDH) completed a licensing evaluation on July 27, 2022, for the purpose of assessing compliance with state licensing statutes. Based on the licensing evaluation results you were found not to be in substantial compliance with the laws pursuant to Minnesota Statutes, Chapter 144G.

As a result, MDH is issuing a 90 day conditional license due to expire on November 30, 2022.

In accordance with Minn. Stat. §§ 144G.01 to 144G.9999, the following fines are assessed pursuant to this evaluation:

St - 0 - 0510 - 144g.41 Subd. 3 - Infection Control Program - $500.00

The total amount you are assessed is $500.00. You will be invoiced after 15 days of the receipt of this notice, subject to appeal.

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 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 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.

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

REQUESTING A HEARING
Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the Department of Health within 15 business days of the correction order receipt date. Requests for hearing may be emailed to **Health.HRD.Appeals@state.mn.us**.

Conditional License Issued:
MDH will issue Champlin Shores a conditional assisted living facility license for 90 calendar days from the date of this notice. At an unannounced point in time, within the 90 calendar days, MDH will conduct a follow-up evaluation, as defined in Minn. Stat. § 144G.30, Subd. 6. Based on the results of the follow-up evaluation, MDH will determine if Champlin Shores is in compliance.

The following conditions apply on the conditional assisted living facility license:

a. **No new substantiated maltreatment allegations:** If any new investigations begin in the conditional license period, and the allegations are substantiated, MDH may pursue additional enforcement actions up to and including immediate temporary suspension and revocation of the license.

b. **No new admissions:** Champlin Shores will not admit any new residents under its conditional assisted living facility license until the MDH removes the "no new admissions" condition. Champlin Shores must provide the Department:

    i. A list of the names and birthdates of any individuals Champlin Shores is

currently in the process of admitting. These individuals will be able to continue the admittance process.

ii. A list of all current residents by location including:
1. Name and birthdate of each resident
2. Physical location of each resident
3. Current payment source for services
4. If Elderly Waiver, the name and contact information of the care coordinator/case manager
5. If the resident is not able to make informed decisions, the name of their representative and how to contact the representative

c. Consultant: Champlin Shores will contract with an RN to provide consultation concerning all resident(s) to whom Champlin Shores provides licensed assisted living services under the conditional license. The consultant must have access to all resident(s) receiving services from Champlin Shores. The consultant will conduct initial and ongoing evaluations of the provider. Direct resident observation may be required based on the consultant's judgement or at the discretion of MDH. The RN must not have any affiliation with Champlin Shores and MDH must review the RN's credentials and approve the selection. Champlin Shores is responsible for the expense of the contract with the RN. The main purpose of the consultant is to provide guidance to Champlin Shores in an effort to help Champlin Shores align their practices with the requirements of Minn. Stat. §§ 144G.01 – 144G.9999 and to provide oral and written reports to MDH noting progress toward compliance and/or concerns about observations. Champlin Shores will develop and implement policies, procedures, and processes specific to the offered services in accordance with the guidance provided by the consultant to ensure ongoing monitoring and compliance with statutory requirements.

d. Reports: The RN consultant will provide MDH with regular reports at intervals specified by MDH. Reports will begin on a weekly basis until MDH notifies Champlin Shores and the RN consultant about a change. Each report will be electronically submitted to Jessica Sellner, RN, Evaluator Supervisor, State Evaluation Team, Health Regulation Division, at jessica.sellner@state.mn.us. Jessica Sellner can be reached at 320-223-7370 (office) with questions about reports. The content of the reports will include information such as:

i. Progress towards correction of licensing orders;
ii. Observations of staff delivering assisted living services and the level of competency observed;
iii. Conversations with residents and family members about satisfaction with assisted living services;
iv. Conversations with staff about their level of knowledge about the tasks they

perform, the people they serve and the health professionals who delegate to them;

v. Overall impressions about the quality of the assisted living services delivered;
vi. Overall impressions about the dignity with which the residents and their family members are treated;
vii. Concerns; and
viii. Any other information requested by the Department or considered important by the RN consultant(s).

e. Monitoring visits: MDH may make unannounced monitoring visits to assess the progress of Champlin Shores to correct the violations cited during the evaluation as well as to determine the overall practice of Champlin Shores in meeting the needs of the people it serves. In addition, the Office of Ombudsman for Long-Term Care (OOLTC) may also make unannounced monitoring visits to determine the level of satisfaction of those people who receive licensed assisted living services. The OOLTC will share their findings with MDH.

f. Follow-up Evaluation: At the time of the follow-up evaluation, MDH may pursue additional enforcement actions, up to and including immediate temporary suspension or revocation of the license if MDH identifies any level 3 or 4 violations or widespread care related violations.

g. Corrective Action Plan: Champlin Shores will develop and work within a corrective action plan (CAP). The CAP is a working document that includes at least the following information:

i. A statement of the concern
ii. A description of what will happen to correct the concern
iii. A target date for when each correction will be complete
iv. Who is responsible to make sure it happens
v. Current status of correction work
vi. Description of a plan to monitor and ensure ongoing compliance for each corrected order

Results of Follow-Up Survey During the Conditional License Period:
MDH will determine if Champlin Shores is in compliance based on the results of the follow up evaluation. MDH will make this determination within the 90-day conditional license period. If MDH determines Champlin Shores is in substantial compliance on the follow up evaluation, MDH will remove the conditions from Champlin Shores' assisted living facility license, and Champlin Shores will correct violations identified during the evaluation to come into full compliance. If MDH determines Champlin Shores is not in substantial compliance, MDH may take additional enforcement action against Champlin Shores, including placement of additional conditions, issuing a second conditional license, or employ any of the enforcement tools listed in Minn. Stat. § 144G.20 up to and including immediate temporary suspension and revocation.

Request a Hearing:
Pursuant to Minn. Stat. §144G.20, Subd. 17 (c), the licensee may appeal an order immediately temporarily suspending a license or issuing a conditional license. The appeal must be made in writing by certified mail or personal service. If mailed, the appeal must be postmarked and sent to the commissioner within five calendar days after the license holder receives notice. If an appeal is made by personal service, it must be received by the commissioner within five calendar days after the license holder received the order. The request for hearing 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
Health.HRD.Appeals@state.mn.us

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in this notice and the results of this visit with the President of your organization's Governing Body.

If you have any questions, please contact Jessica Sellner directly at: 320-223-7370.

Sincerely,

Maria King, RN
Division Director

Minnesota Department of Health
Health Regulation Division

HHH

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	30284	A. BUILDING: _____ B. WING _____	07/27/2022

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0 000	Initial Comments 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: SL30284015 On July 25, 2022 to July 27, 2022, the Minnesota Department of Health conducted a licensing evaluation at the above provider, and the following correction orders are issued. At the time of the licensing evaluation, there were 88 residents receiving services under the provider's Assisted Living Facility 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 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. 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 SUBDIVISION 1-3.	
0 250 SS=F	144G.20 Subdivision 1 Conditions	0 250		

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0 250	Continued From page 1 (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: (1) is in violation of, or during the term of the license has violated, any of the requirements in this chapter or adopted rules; (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;	0 250		

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0 250	Continued From page 2 (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 assisted living services of the facility is a violation by the facility. 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. 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: During the entrance conference on July 25, 2022, at 10:00 a.m., registered nurse (RN)-A stated the licensee's employees in charge of the facility were familiar with the assisted living regulations	0 250		

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	30284	A. BUILDING: _____ B. WING _____	07/27/2022

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0 250	Continued From page 3 and the licensee provided medication and treatment management services. 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: [a check mark was placed before each of the following]: - 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	0 250		

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0 250	Continued From page 4	0 250		

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 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.

- 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.

- 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.

- I have examined this application and all attachments and checked the above boxes indicating my review and understanding of Minnesota Statutes, Rules, and requirements

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0 250	Continued From page 5 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. - I attest to have all required policies and procedures of Minn. Stat. chapter 144G and Minn. Rules chapter 4659 in place upon licensure and to keep them current as applicable. Page seventeen was signed by licensed assisted living director (LALD)-B on October 27, 2021. The licensee had an assisted living license issued on December 28, 2021, with an expiration date of December 27, 2022. The licensee failed to ensure the following policies and procedures were developed and/or implemented in compliance with 144G statutes: - 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. On July 27, 2022, at 12:30 p.m., LALD-B confirmed the licensee provided assisted living with dementia care services but failed to develop corresponding policies and procedures in accordance with 144G statutes, as required.	0 250		

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0 250	Continued From page 6 As a result of this survey, the following order was issued #0250, 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 by the issusance of 45 licensing orders. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 250		
0 330 SS=D	144G.30 Subd. 4 Information provided by facility (a) The assisted living facility shall provide accurate and truthful information to the department during a survey, investigation, or other licensing activities. (b) Upon request of a surveyor, assisted living facilities shall within a reasonable period of time provide a list of current and past residents and their legal representatives and designated representatives that includes addresses and telephone numbers and any other information requested about the services to residents. This MN Requirement is not met as evidenced by: Based on interview and document review, the licensee provided altered facility documents for one of eighteen residents (R6) 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) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number	0 330		

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0 330	Continued From page 7 of staff are involved, or the situation has occurred only occasionally). Findings Include: R6 admitted to the licensee October 17, 2019, and resided on the memory care unit. R6's diagnoses included dementia. A service plan dated February 23, 2022, indicated R6 received services including housekeeping, medication administration, and transferring assistance. A licensee-provided document titled HIPAA Privacy Authorization Form, signed by R6's representative and dated October 17, 2019, displayed a "Champlin Shores" logo taped over another logo at the top of the form. Alicensee-provided document titled Statement of Home Care Services Comprehensive Home Care Provider, signed by R6's representative and dated October 17, 2019, displayed a label indicating "CHAMPLIN SHORES" which had been taped over a previous provider name. A licensee-provided document titled Authorization for Release of Resident Health Care Records to Brookdale Senior Living, signed by R6's representative and dated October 16, 2019, displayed white out over three areas of the authorization form and updated verbiage handwritten in ink over the white out. The terms handwritten over the white out included "health care providers", "Champlin Shores", and "to the Champlin Shores". The licensee failed to indicate whether these changes were made to the form prior to or after the resident's representative signed and dated the forms.	0 330		

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0 330	Continued From page 8 During an interview on July 27, 2022, at 12:30 p.m., licensed assisted living director (LALD)-B stated the changes to the forms were unprofessional and not acceptable. The licensee lacked an updated policy in accordance with Minnesota Statutes Chapter 144G. TIME PERIOD FOR CORRECTION: Two (2) Days	0 330		
0 430 SS=C	144G.40 Subd. 2 Uniform checklist disclosure of services (a) All assisted living facilities must provide to prospective residents: (1) a disclosure of the categories of assisted living licenses available and the category of license held by the facility; (2) a written checklist listing all services permitted under the facility's license, identifying all services the facility offers to provide under the assisted living facility contract, and identifying all services allowed under the license that the facility does not provide; and (3) an oral explanation of the services offered under the contract. (b) The requirements of paragraph (a) must be completed prior to the execution of the assisted living contract. (c) The commissioner must, in consultation with all interested stakeholders, design the uniform checklist disclosure form for use as provided under paragraph (a). This MN Requirement is not met as evidenced	0 430		

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0 430	Continued From page 9 by: Based on interview and document review, the licensee failed to provide documented evidence the residents or representatives received the uniform checklist disclosure of services (UDALSA) for 9 of 9 residents (R1, R2, R3, R5, R6, R7, R9, R13, R14) with resident agreement contracts reviewed. 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 admitted to the licensee June 30, 2021. R1's diagnoses included diabetes mellitus and hypertension. R1's service plan dated February 5, 2022, indicated R1 received assistance with glucose checks, medication administration, and housekeeping. R1 signed a resident agreement June 30, 2021. R1's record also included an unsigned resident agreement with an agreement date of July 31, 2021. The UDALSA in R1's record lacked a signature and date from the resident. R1's record lacked an acknowledgement of receipt of the UDALSA signed by the resident or representative. R2 admitted to the licensee May 25, 2022. R2's diagnoses included end stage renal disease (ESRD) and chronic pain. R2's service plan dated	0 430		

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0 430	Continued From page 10 July 25, 2022, indicated R2 received services including vital signs and observation of his dialysis shunt. R2's record lacked a UDALSA or an acknowledgment of receipt of the UDALSA signed by the resident or representative. R3 admitted to the licensee January 31, 2022. R3's diagnoses included heart failure, cardiac pacemaker, and weakness. R3's service plan dated June 23, 2022, indicated R3 received services including vital signs. The UDALSA in R3's record lacked a signature and date from the resident. R3's record lacked an acknowledgement of receipt of the UDALSA signed by the resident or representative. R5 admitted to the licensee on May 26, 2022. R5's diagnoses included Parkinson's disease and atrial fibrillation. R5's service plan dated July 21, 2022, indicated R5 received services including medication administration and toileting assistance. R5's record lacked a UDALSA or an acknowledgment of receipt of the UDALSA signed by the resident or representative. R6 admitted to the licensee October 17, 2019, and resided on the memory care unit. R6's diagnoses included dementia and chronic obstructive pulmonary disease (COPD). A signed service plan dated February 23, 2022, indicated R6 received services including escorts, medication administration, and assistance with toileting. R6's record lacked a UDALSA or an	0 430		

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0 430	Continued From page 11 acknowledgment of receipt of the UDALSA signed by the resident or representative. R7 admitted to the licensee February 7, 2020. R6's diagnoses included weakness, adult failure to thrive, and macular degeneration. A service plan dated October 22, 2020, indicated R7 received services including medication administration, vital signs, and toileting assistance as needed. R7's record lacked a UDALSA or an acknowledgment of receipt of the UDALSA signed by the resident or representative. R9 admitted to the licensee August 15, 2017. R9's diagnoses included end stage renal disease (ESRD) and hemiplegia. The licensee failed to provide a service plan. R9's record lacked a UDALSA or an acknowledgment of receipt of the UDALSA signed by the resident or representative. R13 admitted to the licensee May 14, 2020. R13's diagnoses included diabetes mellitus, sleep apnea, and epilepsy. The licensee failed to provide a service plan. R13's electronic medical record for July 2022, indicated R13 received medication administration and blood glucose monitoring. R13 record lacked a UDALSA or an acknowledgment of receipt of the UDALSA signed by the resident or representative. R14 admitted to the licensee July 9, 2020. R14's diagnoses included cerebral infarction, hemiplegia, and dysphagia. R14's service plan dated November 29, 2020, indicated R14	0 430		

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0 430	Continued From page 12 received services including transfer assistance, vital sign checks, an medication administration. R14's record lacked a UDALSA or an acknowledgment of receipt of the UDALSA signed by the resident or representative. During an interview on July 27, 2022 at 12:30 p.m., licensed assisted living director (LALD)-B stated the signed UDALSA or signed receipt would have been in the residents' business files. The licensee failed to provide a policy addressing the UDALSA in accordance with Minnesota Statutes Chapter 144G. TIME PERIOD FOR CORRECTION: Twenty-One (21) Days	0 430		
0 450 SS=C	144G.41 Subdivision 1 Minimum requirements All assisted living facilities shall: (1) distribute to residents the assisted living bill of rights; (2) provide services in a manner that complies with the Nurse Practice Act in sections 148.171 to 148.285; (3) utilize a person-centered planning and service delivery process; (4) have and maintain a system for delegation of health care activities to unlicensed personnel by a registered nurse, including supervision and evaluation of the delegated activities as required by the Nurse Practice Act in sections 148.171 to 148.285; This MN Requirement is not met as evidenced by: Based on interview and record review, the	0 450		

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0 450	Continued From page 13 licensee failed to provide documented evidence the residents or representatives received the Assisted Living (AL) Bill of Rights (BOR) for 9 out of 9 residents (R1, R2, R3, R5, R6, R7, R9, R13, R14) with resident agreements reviewed. 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 admitted to the licensee June 30, 2021. R1's diagnoses included diabetes mellitus and hypertension. R1's service plan dated February 5, 2022, indicated R1 received assistance with glucose checks, medication administration, and housekeeping. R1's record lacked an AL BOR or an acknowledgment of receipt of the AL BOR signed by the resident or representative. R2 admitted to the licensee May 25, 2022. R2's diagnoses included end stage renal disease (ESRD) and chronic pain. R2's service plan dated July 25, 2022, indicated R2 received services including vital signs and observation of his dialysis shunt. The AL BOR in R2's record lacked a signature and date from the resident or representative. R2's record lacked an acknowledgement of receipt of the AL BOR signed by the resident or representative.	0 450		

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0 450	Continued From page 14 R3 admitted to the licensee January 31, 2022. R3's diagnoses included heart failure, cardiac pacemaker, and weakness. R3's service plan dated June 23, 2022, indicated R3 received services including vital signs. The AL BOR in R3's record lacked a signature and date from the resident or representative. R3's record lacked an acknowledgement of receipt of the AL BOR signed by the resident or representative. R5 admitted to the licensee on May 26, 2022. R5's diagnoses included Parkinson's disease and atrial fibrillation. R5's service plan dated July 21, 2022, indicated R5 received services including medication administration and toileting assistance. R5's record lacked an AL BOR or an acknowledgment of receipt of the AL BOR signed by the resident or representative. R6 admitted to the licensee October 17, 2019 and resided on the memory care unit. R6's diagnoses included dementia and chronic obstructive pulmonary disease (COPD). A signed service plan dated February 23, 2022, indicated R6 received services including escorts, medication administration, and assistance with toileting. R6's record lacked an AL BOR or an acknowledgment of receipt of the AL BOR signed by the resident or representative. R7 admitted to the licensee February 7, 2020. R6's diagnoses included weakness, adult failure to thrive, and macular degeneration. A service plan dated October 22, 2020, indicated R7	0 450		

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0 450	Continued From page 15 received services including medication administration, vital signs, and toileting assistance as needed. R7's record lacked an AL BOR or an acknowledgment of receipt of the AL BOR signed by the resident or representative. R9 admitted to the licensee August 15, 2017. R9's diagnoses included end stage renal disease (ESRD) and hemiplegia. The licensee failed to provide a service plan. R9's record lacked an AL BOR or an acknowledgment of receipt of the AL BOR signed by the resident or representative. R13 admitted to the licensee May 14, 2020. R13's diagnoses included diabetes mellitus, sleep apnea, and epilepsy. The licensee failed to provide a service plan. R13's electronic medical record for July 2022, indicated R13 received medication administration and blood glucose monitoring. R13's record lacked an AL BOR or an acknowledgment of receipt of the AL BOR signed by the resident or representative. R14 admitted to the licensee July 9, 2020. R14's diagnoses included cerebral infarction, hemiplegia, and dysphagia. R14's service plan dated November 29, 2020, indicated R14 received services including transfer assistance, vital sign checks, an medication administration. R14's record lacked an AL BOR or an acknowledgment of receipt of the AL BOR signed by the resident or representative.	0 450		

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0 450	Continued From page 16 During an interview on July 27, 2022 at 12:30 p.m., licensed assisted living director (LALD)-B stated there should have been a BOR acknowledgment page in the residents' charts. The licensee-provided policy titled Resident Record Information and Content, no effective date or revised date, indicated the resident record must include documentation the resident received and reviewed the Assisted Living Bill of Rights. TIME PERIOD FOR CORRECTION: Twenty-One (21) Days	0 450		
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	0 470		

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	30284	A. BUILDING: _____ B. WING _____	07/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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0 470	Continued From page 17 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 interview and record review, the licensee failed to update the facility written staffing plan. This had the potential to affect all residents receiving services. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: On July 26, 2022, at 1:00 p.m., the facility staffing plan was reviewed. The staffing plan was dated July 24, 2020, and there was no evidence it had been updated twice a year as required by 144G statutes. During an interview on July 27, 2022, at 12:30 p.m., licensed assisted living director (LALD)-B stated she was unaware of the requirement to update the facility staffing plan twice a year and the facility did not have a current, updated staffing plan. The facility lacked a policy addressing development and updating of a facility staffing plan in accordance with 144G statutes.	0 470		

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0 470	Continued From page 18 TIME PERIOD FOR CORRECTION: Fourteen (14) days.	0 470		
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements (13) offer to provide or make available at least the following services to residents: (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: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the	0 480		

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0 480	Continued From page 19 potential to affect a large portion or all the residents). The findings include: Please refer to the included document titled, Food and Beverage Establishment Inspection Report, dated July 25, 2022, for the specific Minnesota Food Code deficiencies. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	0 480		
0 510 SS=F	144G.41 Subd. 3 Infection control program (a) All assisted living facilities must establish and maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control. (b)The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities. (c) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure staff followed infection control standards including hand hygiene and cleaning protocols during medication administration and blood glucose checks for 5 of 18 residents (R4, R10, R11, R17, R18) with records reviewed.	0 510		

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0 510	Continued From page 20 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). Findings include: R4 resided in the memory care unit. R4's diagnoses included dementia with behavioral disturbance and chronic obstructive pulmonary disease (COPD). R4's service plan dated May 17, 2022, indicated R4 received assistance with medication administration. This service plan indicated staff were to administer all medications including her nebulizer treatments. R4's service plan identified R4 as sometimes resistive to cares and requiring supervision or oversight. During an observation on July 25, 2022, at 12:10 p.m., R4 sat in a chair in a common area, unsupervised by staff while she received her nebulizer treatment. Three other residents were nearby during this treatment. During an observation on July 27, 2022, at 10:00 a.m., R4 sat at the dining room table, receiving her nebulizer treatment, while other residents were sitting at the same table. R10's diagnosis list included only carcinoma in situ of breast. R10's service plan dated June 7, 2022, indicated R10 received services including assistance with medication administration and blood glucose monitoring. R10's July 2022 electronic medication	0 510		

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0 510	Continued From page 21	0 510		

administration record (EMAR) indicated R10 received a continuous blood glucose sensor change every fourteen (14) days with blood glucose testing twice daily at 8:00 a.m. and 8:00 p.m., as well as insulin aspart (an insulin which starts lowering blood glucose after approximately fifteen (15) minutes) pen 100 units per milliliter (mL) 8 units injected subcutaneously before breakfast, lunch, and dinner.

R11's diagnoses included type 2 diabetes mellitus. R11's service plan dated May 25, 2022, indicated R11 received assistance with medication administration and blood glucose monitoring.

R11's July 2022 EMAR indicated R11 received blood glucose checks four times daily, including at 12:00 p.m.

R10 and R11 resided in the same apartment together at the licensee.

During an observation on July 25, 2022, at approximately 11:45 a.m., unlicensed personnel (ULP)-E checked R11's blood glucose then checked R10's blood glucose and administered insulin aspart. ULP-E failed to change gloves and perform hand hygiene after checking R11's blood glucose level. ULP-E utilized the same glucose monitor for both R10 and R11 and failed to clean and disinfect the machine in between residents. After this, ULP-E returned to the medication cart. ULP-E handled the used lancets and insulin aspart pen's used needle with bare hands and placed them in the sharps container.

During an interview on July 25, 2022, at approximately 11:55 a.m., ULP-E stated each resident had their own blood glucose monitor

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0 510	Continued From page 22 except for R10 because she had a continuous blood glucose monitor. This monitor, however, has not been working, so staff have been using R11's blood glucose monitor, approved by the couple's daughter. R17's diagnoses included Parkinson's disease and cancer. R17's service plan dated July 27, 2022 indicated R17 received services including medication administration. R17's July 2022 EMAR indicated R17 received refresh liquigel ophthalmic gel 1% one drop into both eyes four times daily, including at 8:00 a.m., brimonidine tartrate ophthalmic solution 0.2% one drop into both eyes twice daily including at 8:00 a.m. R17's EMAR also indicated R17 received medication administration at various times throughout the day including at 8:00 a.m. During an observation on July 26, 2022, at 8:30 a.m., ULP-E administered R17's eye drops, then administered oral medications. ULP-E did not remove gloves and perform hand hygiene. ULP-E then administered medications, picking the medications up and placing them directly into R17's mouth while wearing the same gloves. R18's diagnoses included retention of urine and abdominal pain. R18's service plan dated May 24, 2022, indicated R18 received services including medication administration and ACE wraps to his legs for twelve (12) hours daily. R18's July 2022 EMAR indicated R18's ACE wraps were applied at 8:00 a.m. and removed at 8:00 p.m. This EMAR also indicated R18 received medication administration including at 8:00 a.m. During an observation on July 26, 2022, at 8:15	0 510		

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0 510	Continued From page 23 a.m., ULP-E applied R18's ACE wraps, then administered the medications. ULP-E failed to remove gloves and perform hand hygiene in between applying ACE wraps and administering medication. During an interview on July 27, 2022, at 12:30 p.m., registered nurse (RN)-A stated when performing a blood glucose check, staff were supposed to perform hand hygiene apply gloves and gather equipment, cleanse the finger with an alcohol wipe, then complete the finger stick and collect the blood sample. When finished, staff were supposed to clean the glucose monitor. RN-A stated each resident had their own monitor and denied knowing two residents were temporarily sharing a monitor. RN-A stated staff could use a medication cup or a cup within a provided tote to transport the the used insulin needle and lancet back to the sharps container at the medication cart. RN-A stated staff needed to wear gloves when handling used sharps. RN-A also described hand hygiene after checking a blood glucose level as standard practice and stated staff should also be changing gloves and sanitizing their hands in between residents. Regarding nebulizer treatments, RN-A stated a resident in the memory care unit attempted to remove her nebulizer mask during treatments, so staff took turns monitoring her to ensure she didn't remove it. RN-A stated staff stored the nebulizer equipment in the resident's apartment or medication cart, but they did not leave it out in the open. The licensee failed to provide a policy in accordance with Minnesota Statutes Chapter 144G. TIME PERIOD FOR CORRECTION: Seven (7)	0 510		

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0 510	Continued From page 24 Days	0 510		
0 630 SS=F	144G.42 Subd. 6 (b) Compliance with requirements for reporting ma (b) The facility must develop and implement an individual abuse prevention plan for each vulnerable adult. The plan shall contain an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults; the person's risk of abusing other vulnerable adults; and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. For purposes of the abuse prevention plan, abuse includes self-abuse. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure individual abuse prevention plans (IAPP) containing all required content were completed on 9 of 10 residents (R1, R2, R5, R6, R7, R13, R14, R15, R16) 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) 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). Findings include: R1 admitted to the licensee June 30, 2021. R1's	0 630		

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0 630	Continued From page 25 diagnoses included diabetes mellitus and hypertension. R1's service plan dated February 5, 2022, indicated R1 received assistance with glucose checks, medication administration, and housekeeping. This service plan indicated: R1 did not have judgement issues, or current or history of issues with self-awareness, victimization, or exploitation. R1 did not have current or history or disruptive, aggressive, verbal, or socially inappropriate behavior, nor did she have current of history of substance use to the extent that it interfered with functioning. The licensee failed to provide an IAPP containing an individualized review or assessment of R1's susceptibility to abuse by another individual, including other vulnerable adults (VA); R1's risk of abusing other VAs; and statements of the specific measures to be taken to minimize the risk of abuse to R1 and other VAs. R2 admitted to the licensee May 25, 2022. R2's diagnoses included end stage renal disease (ESRD) and chronic pain. R2's service plan dated July 25, 2022, indicated R2 received services including bathing assistance, housekeeping, and daily observations of dialysis shunt. This service plan indicated: R2 did not have judgement issues, or current or history of issues with self-awareness, victimization, or exploitation. R2 did not have a current or history of disruptive, aggressive, verbal or socially inappropriate behavior, nor did he have current of history of substance use to the extent that it interfered with functioning. The licensee failed to provide an IAPP containing an individualized review or assessment of R2's susceptibility to abuse by another individual,	0 630		

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0 630	Continued From page 26 including other VAs; R2's risk of abusing other VAs; and statements of the specific measures to be taken to minimize the risk of abuse to R2 and other VAs. R5 admitted to the licensee May 26, 2022 and resided on the memory care unit. R5's diagnoses included Parkinson's disease, atrial fibrillation, and metabolic encephalopathy. R5's service plan dated July 21, 2022, indicated R5 received services including assistance with transfers, meals, and medication administration. This service plan indicated: R5 did not have judgement issues, or current or history of issues with self-awareness, victimization, or exploitation. R5 did not have a current or history of disruptive, aggressive, verbal or socially inappropriate behavior, nor did he have current of history of substance use to the extent that it interfered with functioning. The licensee failed to provide an IAPP containing an individualized review or assessment of R5's susceptibility to abuse by another individual, including other VAs; R5's risk of abusing other VAs; and statements of the specific measures to be taken to minimize the risk of abuse to R5 and other VAs. R6 admitted to the licensee October 17, 2019 and resided on the memory care unit. R6's diagnoses included dementia and chronic obstructive pulmonary disease (COPD). A service plan dated April 20, 202,2 indicated R6 received services including assistance with toileting, personal hygiene, and medication administration. This service plan indicated: R6 had chronic awareness issues, required supervision due to inability to discern and avoid situations in which she might be abused neglected, or exploited and there may	0 630		

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0 630	Continued From page 27 have been a behavior management plan in place. R6 had poor judgement issues and required protection and supervision because she made unsafe or inappropriate decisions and there may have been a behavior management plan in place. R6 did not have behavior issues including current or history of disruptive, aggressive, verbal or socially inappropriate behavior. R6 did not have current or history of substance use to the extent that it interfered with functioning. The licensee failed to provide an IAPP containing an individualized review or assessment of R6's susceptibility to abuse by another individual, including other VAs; R6's risk of abusing other VAs; and statements of the specific measures to be taken to minimize the risk of abuse to R6 and other VAs. R7 admitted to the licensee February 7, 2020. R7's diagnoses included weakness, adult failure to thrive, and macular degeneration. R7's service plan dated October 20, 2020, indicated R7 received services including medication administration, bathing, and housekeeping. This service plan indicated: R7 had no judgement issues. R7 had current or history of occasional inability to discern and avoid situations that she may be abused, neglected, or exploited and there may have been a behavior management plan in place. R7 did not have behavior issues including current or history of disruptive, aggressive, verbal or socially inappropriate behavior, nor did she have current of history of substance use to the extent that it interfered with functioning. The licensee failed to provide an IAPP containing an individualized review or assessment of R7's susceptibility to abuse by another individual, including other VAs; R7's risk of abusing other	0 630		

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0 630	Continued From page 28 VAs; and statements of the specific measures to be taken to minimize the risk of abuse to R7 and other VAs. R13 admitted to the licensee May 14, 2020. R13's diagnoses included diabetes mellitus, sleep apnea, and epilepsy. The licensee failed to provide a service plan. The licensee failed to provide an IAPP containing an individualized review or assessment of R13's susceptibility to abuse by another individual, including other VAs; R13's risk of abusing other VAs; and statements of the specific measures to be taken to minimize the risk of abuse to R13 and other VAs. R14 admitted to the licensee July 9, 2020. R14's diagnoses included cerebral infarction, hemiplegia, and dysphagia. R14's service plan dated June 14, 2022, indicated R14 received services including medication administration and assistance with bathing. This service plan indicated: R14 did not have current or history of issues with self-awareness, victimization, or exploitation. R14 did not have current of history of disruptive, aggressive, verbal or socially inappropriate behavior, nor did he have current or history of substance use to the extent that it interfered with functioning. The licensee failed to provide an IAPP containing an individualized review or assessment of R14's susceptibility to abuse by another individual, including other VAs; R14's risk of abusing other VAs; and statements of the specific measures to be taken to minimize the risk of abuse to R14 and other VAs.	0 630		

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0 630	Continued From page 29 R15 admitted to the licensee March 31, 2022. R15's diagnoses included diabetes mellitus type 2 and hypertension. R15's service plan dated June 28, 2022, indicated R15 received services including medication administration, blood glucose monitoring, and housekeeping. This service plan indicated: R15 had no judgement issues, nor did she have current or history of issues with self-awareness, victimization, or exploitation. R15 had no current or history of disruptive, aggressive, verbal or socially inappropriate behavior, nor did she have current of history of substance use to the extent that it interfered with functioning. The licensee failed to provide an IAPP containing an individualized review or assessment of R15's susceptibility to abuse by another individual, including other VAs; R15's risk of abusing other VAs; and statements of the specific measures to be taken to minimize the risk of abuse to R15 and other VAs. R16 admitted to the licensee March 31, 2022. R16's diagnoses included Parkinson's disease and glaucoma. R16's service plan dated July 7, 2022, indicated R16 received services including medication administration. This service plan indicated: R16 did not have judgement issues, nor did he have current or history of issues with self-awareness, victimization, or exploitation. R16 did not have current or history of disruptive, aggressive, verbal or socially inappropriate behavior, nor did he have a current of history of substance use to the extent that it interfered with functioning. The licensee failed to provide an IAPP containing an individualized review or assessment of R16's susceptibility to abuse by another individual,	0 630		

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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
0 630	Continued From page 30 including other VAs; R16's risk of abusing other VAs; and statements of the specific measures to be taken to minimize the risk of abuse to R16 and other VAs. During an interview on July 27, 2022, registered nurse (RN)-A stated she did not know the IAPPs needed to be individualized. RN-A stated the assessment completed on the computer generated the service plan which included abuse. The licensee failed to provide a policy in accordance with Minnesota Statutes Chapter 144G. TIME PERIOD FOR CORRECTION: Seven (7) Days	0 630		
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness (a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing tenant residents.	0 680		

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	30284	A. BUILDING: _____ B. WING _____	07/27/2022

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0 680	Continued From page 31 (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review the licensee failed to develop a written emergency disaster preparedness plan with all the required content and failed to post an emergency preparedness plan prominently. This had the potential to affect all residents receiving services under the assisted living license. 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: During entrance conference on July 25, 2022, at 10:00 a.m., a request was made to view the licensee's emergency disaster preparedness plan. During a facility tour at 11:00 a.m. there was no observed signage posted or information regarding the licensee's emergency plan in any of the shared areas, entrance, or elsewhere in the	0 680		

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0 680	Continued From page 32 facility. licensed assisted living director (LALD)-B provided the emergency disaster preparedness plan on July 26, 2022, at 8:10 a.m. The licensee's emergency plan, dated April 2016, lacked evidence of the following required content: - development of policies/procedures to address: - a tracking system used to document locations of volunteers in the facility - a communication plan that included: - names and contact information for staff, resident physicians, other facilities - contact information for federal, state, tribal, local EP staff, ombudsman - primary and alternative means for communicating with facility staff, federal, state, regional and local emergency management agencies - EP training and testing program - EP training program for staff (including documentation of training provided) - EP testing/annual testing requirements The licensee's emergency plan, dated April 2016, had not been updated annually, as required by 144G statutes. On July 27, 2022, at 12:30 p.m., LALD-B stated the emergency plan had been updated earlier in 2022, although the date on the document did not reflect that. LALD-B stated training was completed twice per year, including unannounced drills, however there was no documentation of these training's and drills. The licensee's undated Disaster Planning and Emergency Preparedness policy indicated the licensee would have in place an emergency preparedness plan that would comply with Centers for Medicare & Medicaid Services (CMS)	0 680		

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0 680	Continued From page 33 Appendix Z. TIME PERIOD FOR CORRECTION: Twenty-One (21) days.	0 680		
0 700 SS=F	144G.43 Subdivision 1 Resident record (b) Resident records, whether written or electronic, must be protected against loss, tampering, or unauthorized disclosure in compliance with chapter 13 and other applicable relevant federal and state laws. The facility shall establish and implement written procedures to control use, storage, and security of resident records and establish criteria for release of resident information. This MN Requirement is not met as evidenced by: Based on observation, interview, the licensee failed to ensure resident records remained locked in a secured area. This had the potential to affect all residents. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). Findings include: During an observation on July 26, 2022 at 7:15 a.m., both doors to the resident assistance office on the second floor were propped open completely. No staff were inside or outside of the	0 700		

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0 700	Continued From page 34 office. The surveyor observed a three-ring binder with the assisted living residents' face sheets and medication lists in the office on a desk. During an interview on July 27, 2027 at 12:30 p.m., registered nurse (RN)-A and licensed assisted living director (LALD)-B both stated the door should have been shut. A licensee-provided policy titled Resident Record Access & Storage, no effective or revised dated listed, indicated resident records would be kept confidential and locked in a secured area where only authorized staff would have access. TIME PERIOD FOR CORRECTION: Twenty-One (21) Days	0 700		
0 720 SS=F	144G.43 Subd. 2 Access to records The facility must ensure that the appropriate records are readily available to employees and contractors authorized to access the records. Resident records must be maintained in a manner that allows for timely access, printing, or transmission of the records. The records must be made readily available to the commissioner upon request. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide records in a timely manner to the Minnesota Department of Health (MDH) on behalf of the commissioner when requested. This practice resulted in a level two violation (a violation that did not harm a resident's health or	0 720		

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0 720	Continued From page 35 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). Findings include: On July 25, 2022, at 9:00 a.m., the surveyors entered the licensee. On July 25, 2022, at approximately 10:07 a.m., the surveyors initiated the entrance conference with registered nurse (RN)-A. During the entrance conference at 11:00 a.m., the surveyors provided RN-A a state survey form titled Records Request which indicated various documents the surveyors required. On July 25, 2022, at 3:45 p.m., the surveyors informed licensed assisted living director (LALD)-B all requested documents still had not been provided including policies and procedures and resident charts. The surveyors provided another list and requested all information be ready and available by 7:00 a.m., on July 26, 2022. Upon arrival to the licensee on July 26, 2022, at 7:00 a.m., the licensee did not have any of the requested documents available for the surveyors. On July 26, 2022, at 8:40 a.m., the surveyors asked RN-A and LALD-B for the previously requested documents. RN-A and LALD-B stated the documents were not ready. During an interview on July 27, 2022, at 12:30 p.m., LALD-B stated as she gathered the files, a	0 720		

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0 720	Continued From page 36 member from the management team told LALD-B certain documents shouldn't be given to the surveyors because they were private. A licensee-provided policy titled Resident Record Access & Storage, no effective or revised date listed, indicated records would be readily available to those authorized to access the records. This policy indicated resident records would be made available to MDH as requested. TIME PERIOD FOR CORRECTION: Two (2) Days	0 720		
0 730 SS=C	144G.43 Subd. 3 Contents of resident record Contents of a resident record include the following for each resident: (1) identifying information, including the resident's name, date of birth, address, and telephone number; (2) the name, address, and telephone number of the resident's emergency contact, legal representatives, and designated representative; (3) names, addresses, and telephone numbers of the resident's health and medical service providers, if known; (4) health information, including medical history, allergies, and when the provider is managing medications, treatments or therapies that require documentation, and other relevant health records; (5) the resident's advance directives, if any; (6) copies of any health care directives, guardianships, powers of attorney, or conservatorships; (7) the facility's current and previous assessments and service plans; (8) all records of communications pertinent to the	0 730		

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0 730	Continued From page 37 resident's services; (9) documentation of significant changes in the resident's status and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional; (10) documentation of incidents involving the resident and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional; (11) documentation that services have been provided as identified in the service plan; (12) documentation that the resident has received and reviewed the assisted living bill of rights; (13) documentation of complaints received and any resolution; (14) a discharge summary, including service termination notice and related documentation, when applicable; and (15) other documentation required under this chapter and relevant to the resident's services or status. This MN Requirement is not met as evidenced by: Based on interview and record review the licensee failed to complete a discharge summary for three of three discharged residents (R19, R20, R21) with records reviewed. 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).	0 730		

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0 730	Continued From page 38 The findings include: R19 was discharged on April 14, 2022. R20 was discharged on March 1, 2022. R21 was discharged on April 14, 2022. All three resident records lacked evidence a discharge summary was completed. On July 27, 2022, at 12:30 p.m. registered nurse (RN)-A, confirmed discharge summaries had not been completed for R19, R20 or R21. RN-A stated discharge summaries should be completed and she was unsure why they were not done. The licensee lacked a policy regarding discharge of residents in accordance with 144G statutes. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	0 730		
0 780 SS=F	144G.45 Subd. 2 (a) (1) Fire protection and physical environment (a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: (1) for dwellings or sleeping units, as defined in the State Fire Code: (i) provide smoke alarms in each room used for sleeping purposes; (ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms; (iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics;	0 780		

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0 780	Continued From page 39 (iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and (v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated; This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide smoke alarms that are interconnected throughout the facility. This had the ability to affect all staff and 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 was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). Findings include: 1) During the facility tour on July 25, 2022, between 11:08 a.m. and 2:40 p.m., survey staff toured the facility with an unlicensed personnel (ULP)-C, it was observed that all smoke alarms in room 347 were removed. 2) During the facility tour on July 25, 2022, between 11:08 a.m. and 2:40 p.m., survey staff toured the facility with the ULP-C, it was observed that a smoke alarm in room 352 was beeping due	0 780		

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0 780	Continued From page 40 to a low battery. ULP-C verbally confirmed survey staff observations during the facility tour. TIME PERIOD FOR CORRECTION: Seven (7) days	0 780		
0 800 SS=F	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to 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 and staff. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: On July 25, 2022, between 11:08 a.m. and 2:40 p.m., survey staff toured the facility with an	0 800		

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0 800	Continued From page 41 unlicensed personnel (ULP)-C. During the facility tour, survey staff observed the following: 1. The bathroom door in room 315 is damaged. 2. The bottom drawer of the oven does not fit properly on the tracks in room 315. 3. The mechanical room light did not work when ULP-C attempted to turn them on. 4. The baseboard heat shield was off in rooms 302 and 114. 5. Room 347 is used for a workroom and has storage of a large amount of latex paint. 6. The bathroom door and walls are severely damaged in room 334. 7. The dryer vent near room 221 was not connected and has a large accumulation of lint. 8. The toilet is not working properly and the sink was leaking when tested in room 217. ULP-C verbally confirmed survey staff observations during the facility tour. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 800		
0 810 SS=F	144G.45 Subd. 2 (b)-(f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) employee actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and	0 810		

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0 810	Continued From page 42 (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop a fire safety and evacuation plan with required elements, failed to provide required employee and resident training on fire safety and evacuation, and failed to conduct required evacuation drills. This had the potential to affect all staff, residents, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when	0 810		

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0 810	Continued From page 43 problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). On July 25, 2022 between 11:08 a.m. and 2:40 p.m., licensed assisted living director (LALD)-B failed to provide documents for review. Documents were reviewed by survey staff on July 25, 2022 between 11:08 a.m. and 2:40 p.m., 1. The licensee failed to provide employee training logs for fire safety and evacuation. 2. The licensee failed to provide the required employee training frequency. 3. The licensee failed to provide documentation of resident evacuation training. Training documentation were requested by survey staff but were not provided. The LALD-B verbally confirmed survey staff observations during the facility tour. No additional information was provided TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810		
0 900 SS=F	144G.50 Subdivision 1 Contract required (a) An assisted living facility may not offer or provide housing or assisted living services to any individual unless it has executed a written contract with the resident. (b) The contract must contain all the terms concerning the provision of: (1) housing;	0 900		

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0 900	Continued From page 44 (2) assisted living services, whether provided directly by the facility or by management agreement or other agreement; and (3) the resident's service plan, if applicable. (c) A facility must: (1) offer to prospective residents and provide to the Office of Ombudsman for Long-Term Care a complete unsigned copy of its contract; and (2) give a complete copy of any signed contract and any addendums, and all supporting documents and attachments, to the resident promptly after a contract and any addendum has been signed. (d) A contract under this section is a consumer contract under sections 325G.29 to 325G.37. (e) Before or at the time of execution of the contract, the facility must offer the resident the opportunity to identify a designated representative according to subdivision 3. (f) The resident must agree in writing to any additions or amendments to the contract. Upon agreement between the resident and the facility, a new contract or an addendum to the existing contract must be executed and signed. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure new signed residency agreement contracts were on file for Assisted Living Licensure for 5 of 9 residents (R1, R6, R7, R9, R13) with resident agreement contracts reviewed. This practice resulted in a level two violation (a violation that did not harm a resident's health or	0 900		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30284	A. BUILDING: _____ B. WING _____	07/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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0 900	Continued From page 45 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). Findings include: R1 admitted to the licensee June 30, 2021. R1's diagnoses included diabetes mellitus and hypertension. R1's service plan dated February 5, 2022, indicated R1 received assistance with glucose checks, medication administration, and housekeeping. R1's Assisted Living (AL) residency agreement contract dated July 31, 2021, lacked a signature from R1 or R1's representative. R6 admitted to the licensee October 17, 2019 and resided on the memory care unit. R6's diagnoses included dementia and chronic obstructive pulmonary disease (COPD). A signed service plan dated February 23, 2022, indicated R6 received services including escorts, medication administration, and assistance with toileting. R6's AL residency agreement contract dated July 31, 2021, lacked a signature from R6 or R6's representative. R7 admitted to the licensee February 7, 2020. R6's diagnoses included weakness, adult failure to thrive, and macular degeneration. A service plan dated October 22, 2020, indicated R7 received services including medication administration, vital signs, and toileting assistance as needed.	0 900		

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0 900	Continued From page 46 R7's record lacked a new AL residency agreement contract dated after July 31, 2021. R9 admitted to the licensee August 15, 2017. R9's diagnoses included end stage renal disease (ESRD) and hemiplegia. The licensee failed to provide a service plan. R9's record lacked a new AL residency agreement contract dated after July 31, 2021. R13 admitted to the licensee May 14, 2020. R13's diagnoses included diabetes mellitus, sleep apnea, and epilepsy. The licensee failed to provide a service plan. R13's electronic medical record for July 2022, indicated R13 received medication administration and blood glucose monitoring. R13's record lacked a new AL residency agreement contract dated after July 31, 2021. During an interview on July 27, 2022 at 12:30 p.m., licensed assisted living director (LALD)-B stated she put out a notice and made herself available if residents or representatives had questions about the new resident agreements. LALD-B stated she distributed the new agreements and attempted to get them signed, but it was challenging. The licensee failed to provide a contract policy in accordance with Minnesota Statutes Chapter 144G. TIME PERIOD FOR CORRECTION: Twenty-One (21) Days	0 900		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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0 950	Continued From page 47	0 950		
0 950 SS=F	144.50 Subd. 3 Designation of representative (a) Before or at the time of execution of an assisted living contract, an assisted living facility must offer the resident the opportunity to identify a designated representative in writing in the contract and must provide the following verbatim notice on a document separate from the contract: "RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES. You have the right to name anyone as your "Designated Representative." A Designated Representative can assist you, receive certain information and notices about you, including some information related to your health care, and advocate on your behalf. A Designated Representative does not take the place of your guardian, conservator, power of attorney ("attorney-in-fact"), or health care power of attorney ("health care agent"), if applicable." (b) The contract must contain a page or space for the name and contact information of the designated representative and a box the resident must initial if the resident declines to name a designated representative. Notwithstanding subdivision 1, paragraph (f), the resident has the right at any time to add, remove, or change the name and contact information of the designated representative. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to designate a resident representative and designated the facility registered nurse (RN)-A as the emergency contact for 4 of 9 residents (R2, R3, R5, R14)	0 950		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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0 950	Continued From page 48 with resident agreement contracts reviewed. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). Findings include: R2 admitted to the licensee May 25, 2022. R2's diagnoses included end stage renal disease (ESRD) and chronic pain. R2's service plan dated July 25, 2022, indicated R2 received services including vital signs and observation of his dialysis shunt. R2 signed an assisted living (AL) residency agreement contract May 25, 2022. Under section IV titled Assisted Living Services, subsection 6 titled Emergency Plan the contract indicated in case of emergency or significant adverse change in the resident's condition, staff shall notify RN-A. RN-A's name and telephone number were both typed in the "name" and telephone number" areas in this section. Underneath RN-A's name and phone number, the contract indicated an in case of emergency, R2's emergency contact had authorization to sign on R2's behalf. R3 admitted to the licensee January 31, 2022. R3's diagnoses included heart failure, cardiac pacemaker, and weakness. R3's service plan dated June 23, 2022, indicated R3 received services including vital signs. R3's representative signed an AL residency	0 950		

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0 950	Continued From page 49 agreement contract January 31, 2022. Under section IV titled Assisted Living Services, subsection 6 titled Emergency Plan the contract indicated in case of emergency or significant adverse change in the resident's condition, staff shall notify RN-A. RN-A's name and telephone number were both typed in the "name" and telephone number" areas in this section. R5 admitted to the licensee on May 26, 2022. R5's diagnoses included Parkinson's disease and atrial fibrillation. R5's service plan dated July 21, 2022, indicated R5 received services including medication administration and toileting assistance. R5's representative signed an AL residency agreement contract May 25, 2022. Under section IV titled Assisted Living Services, subsection 6 titled Emergency Plan the contract indicated in case of emergency or significant adverse change in the resident's condition, staff shall notify RN-A. RN-A's name and telephone number were both typed in the "name" and telephone number" areas in this section. Underneath RN-A's name and phone number, the contract indicated an in case of emergency, R5's emergency contact had authorization to sign on R5's behalf. R14 admitted to the licensee July 9, 2020. R14's diagnoses included cerebral infarction, hemiplegia, and dysphagia. R14's service plan dated November 29, 2020, indicated R14 received services including transfer assistance, vital sign checks, an medication administration. R14 signed an AL residency agreement contract January 31, 2022. Under section IV titled Assisted Living Services, subsection 6 titled Emergency Plan the contract indicated in case of emergency	0 950		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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0 950	Continued From page 50 or significant adverse change in the resident's condition, staff shall notify RN-A. RN-A's name and telephone number were both typed in the "name" and telephone number" areas in this section. During an interview on July 26, 2022 at 9:30 a.m., director of community relations(DCR)-I stated this meant staff would call RN-A for emergencies. During an interview on July 27, 2022 at approximately 12:30 p.m., RN-A stated she wondered how her name got listed as the emergency contact in the contracts, and it must have been a typo. During an interview on July 27, 2022 at 12:30 p.m., licensed assisted living director (LALD)-B stated they needed to get it changed. The licensee failed to provide a contract policy in accordance with Minnesota Statutes Chapter 144G. TIME PERIOD FOR CORRECTION: Twenty-One (21) Days	0 950		
0 970 SS=F	144.50 Subd. 5 Waivers of liability prohibited The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law.	0 970		

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0 970	Continued From page 51 This MN Requirement is not met as evidenced by: Based on interview and document review, the licensee included a waiver of liability for the health and safety or personal property of a resident and included a provision implying a lesser standard of care or responsibility than required by law for 4 of 4 residents (R2, R3, R5, R14) with contracts reviewed. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). Findings include: R2 admitted to the licensee May 25, 2022. R2's diagnoses included end stage renal disease (ESRD). R2's service plan dated July 25, 2022, indicated R2 received services including vital signs and observation of his dialysis shunt. R2 signed an assisted living (AL) residency agreement contract on May 25, 2022. R3 admitted to the licensee January 31, 2022. R3's diagnoses included heart failure and weakness. R3's service plan dated June 23, 2022, indicated R3 received services including vital signs. R3's representative signed an AL residency agreement contract on January 31, 2022. R5 admitted to the licensee on May 26, 2022.	0 970		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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0 970	Continued From page 52 R5's diagnoses included Parkinson's disease and atrial fibrillation. R5's service plan dated July 21, 2022, indicated R5 received services including medication administration and toileting assistance. R5's representative signed an AL residency agreement contract on May 26, 2022. R14 admitted to the licensee July 9, 2020. R14's diagnoses included hemiplegia and dysphagia. R14's service plan dated November 29, 2020, indicated R14 received services including transfer assistance, vital sign checks, an medication administration. R14 signed an AL residency agreement contract on July 30, 2021. Under section VI titled General Terms, the AL residency agreement contract for R2, R3, and R5, and R14 included the following: "2. Indemnification and Insurance To the extent allowed by law, we will not be liable for, and you agree to indemnify, defend, and hold us harmless from, claims, damages, and expenses, including attorneys' fees and court costs, resulting from any injury or death to persons and any damages to property to the extent caused by, resulting from, attributable to, or in any way connected with your negligent or intentional acts or omissions or that of your guests. Resident is responsible for providing any insurance to protect against such losses at your own expense. You are strongly urged to procure insurance including health, life, disability, property, renter's and, if applicable, motor vehicle for your own protection.	0 970		

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0 970	Continued From page 53 3. Force Majure[sic] The occurrence of an event which materially interferes with the ability of Community to perform its obligations or duties hereunder which in not within the reasonable control of Community or any of its Affiliates, and which could not with the exercise of diligent efforts have been avoided ("Force Majeure Event"), including, but not limited to, war, rebellion, natural disasters (including act of God, pandemic, epidemic, outbreak of infectious diseases or other public health crisis, including quarantine or other employee restrictions, acts of authority or change in Law, shall not relieve Community from the performance of its obligations or duties under this Agreement, but shall merely suspend such performance during the Force Majeure Event. Community shall promptly notify Resident of the occurrence and particulars of such Force Majeure Event and shall provide Resident, from time to time, with its best estimate of the duration of such Force Majeure Event and with notice of the termination thereof. Community shall use diligent efforts to avoid or remove such causes of non-performance as soon as is reasonably practicable. Upon termination of the Force Majeure Event, the performance of any suspended obligation or duty shall recommence upon the implementation by Community of its reconstituted operations. Community shall not be liable to Resident for any default, breach or damages arising out of or relating to the suspension or termination of any of its obligations or duties under this Agreement by reason of the occurrence of a Force Majeure Event, provided Community complies in all material respects with its obligations under this Section." Under section VI titled General Terms, the assisted living residency contract also included	0 970		

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0 970	Continued From page 54 the following: "5. Liability The Community is not liable to Resident or Resident's guests for any injury, death or property damages occurring in the Apartment or on the Community's premises unless such injury, death or property damage occurs as the result of an equipment malfunction or hazardous conditions within the building not caused by Resident or Resident's guests. The Community is also not liable for any injury, death or damage occurring as the result of Resident's receipt of health-related, supportive or other services from third party providers. The Community may be liable to Resident for its own negligent acts of those of its employees or agents. Unless caused by one of the aforementioned excepted reasons, Resident agrees to hold the Community harmless from any and all claims for injuries, property damage or any other loss resulting from an accident or other occurrence in the Apartment or on the Community's premises. Resident will not be liable to the Community, or any other person claiming through or under the Community by right of subrogation or otherwise, for damage to the Apartment or to the Community's premises from causes or risks normally covered by standard fire and extended coverage insurance, or which are actually covered by any other insurance. The parties to this Agreement shall procure from their insurers a waiver of all rights of subrogation which one insurer under said policies might have as against another, said waiver to be in writing for the express benefit of the other." R3's representative signed an acknowledgment	0 970		

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0 970	Continued From page 55 regarding sections VI-2 and VI-5 of the AL contract on March 16, 2022. R14 signed an acknowledgment regarding sections VI-2 and VI-5 of the AL contract on March 24, 2022. This acknowledgement, undated, indicated the following: " ...Section VI-2 which is titled "INDEMNIFICATION AND INSURANCE," is hereby amended to be titled "INSURANCE" and to read as follows: You are strongly urged to procure insurance including health, life, disability, property, renter's and, if applicable, motor vehicle for your own protection. Additionally, Section VI-5 titled "LIABILITY" has been reworded to clarify its purpose. Section VI-5 is hereby amended to read as follows: Provider may be liable to Resident for its own negligent acts or those of its employees or agents. Resident understands that pursuant to Minnesota law, Provider is unlikely to be liable to Resident or Resident's guests for any injury, death, or property damage occurring in the Apartment Unit or on Provider's premises if such injury, death, or property damage occurs as a result of circumstances created and/or caused by Resident or Resident's guests. Resident further understands that Provider is also unlikely to be liable for any injury, death or damage occurring as the result of Resident's receipt of health-related, supportive, or other services from third-party providers.	0 970		

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0 970	Continued From page 56 Please disregard the original language of Section VI-2 and Section VI-5. In amending Section VI-2 and Section VI-5 of the Contract, Resident and/or Responsible Person acknowledges Provider is eliminating language that was never intended to but may be erroneously construed as a waiver of liability. No additional obligations are imposed on Resident through these changes and Resident is hereby relieved of any implied or assumed obligations established by the original language of the contract. By signing below, Resident acknowledges receipt of this clarification and agrees to the amended terms of Provider's Assisted Living Contract. Because these changes only reduce possible misinterpreted obligations attributable to Resident and do not reduce Provider's obligations to Resident in any way, Provider will not attempt to enforce the original language of Sections VI-2 and VI-5 of the Assisted Living Contract, even if Resident fails to execute this Acknowledgement." The licensee failed to ensure R2 and R5 or their representatives signed this acknowledgement. During an interview on July 27, 2022 at approximately 12:30 p.m., licensed assisted living director (LALD)-B stated she had a meeting with the licensee's compliance team to discuss needing to add the addendum to the new contracts. After this meeting, LALD-B sent out the addendums and some were returned. LALD-B stated they would continue to get the addendums signed. The licensee failed to provide a contract policy in accordance with Minnesota Statutes Chapter	0 970		

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0 970	Continued From page 57 144G. TIME PERIOD FOR CORRECTION: Seven (7) Days	0 970		
01330 SS=F	144G.60 Subd. 4 (b) Unlicensed personnel (b) Unlicensed personnel performing delegated nursing tasks in an assisted living facility must: (1) have successfully completed training and demonstrated competency by successfully completing a written or oral test of the topics in section 144G.61, subdivision 2, paragraphs (a) and (b), and a practical skills test on tasks listed in section 144G.61, subdivision 2, paragraphs (a), clauses (5) and (7), and (b), clauses (3), (5), (6), and (7), and all the delegated tasks they will perform; (2) satisfy the current requirements of Medicare for training or competency of home health aides or nursing assistants, as provided by Code of Federal Regulations, title 42, section 483 or 484.36; or (3) have, before April 19, 1993, completed a training course for nursing assistants that was approved by the commissioner. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure four of four employees, unlicensed personnel (ULP)-D, ULP-E. ULP-F, and ULP-G, completed training and competency evaluations in all required training topics. This had the potential to affect all residents receiving services. This practice resulted in a level two violation (a	01330		

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01330	Continued From page 58 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: ULP-D had a hire date of June 7, 2022. ULP-E had a hire date of November 8, 2017, under the comprehensive home care license, and began providing assisted living services on August 1, 2021. ULP-F had a hire date of September 18, 2017, under the comprehensive home care license, and began providing assisted living services on August 1, 2021. ULP-G had a hire date of October 15, 2019, under the comprehensive home care license, and began providing assisted living services on August 1, 2021. All four employee records lacked documentation the employee successfully completed training and demonstrated competency by successfully completing a written or oral test of the topics in section 144G.61, subdivision 2, paragraphs (a) and (b), and a practical skills test on tasks listed in section 144G.61, subdivision 2, paragraphs (a), clauses (5) and (7), and (b), clauses (3), (5), (6), and (7), and all the delegated tasks they will perform. On July 27, 2022, at 12:30 p.m., registered nurse (RN)-A, stated training had been completed	01330		

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01330	Continued From page 59 during stand-ups and team meetings. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	01330		
01420 SS=F	144G.62 Subd. 2 Delegation of assisted living services (b) When the registered nurse or licensed health professional delegates tasks to unlicensed personnel, that person must ensure that prior to the delegation the unlicensed personnel is trained in the proper methods to perform the tasks or procedures for each resident and is able to demonstrate the ability to competently follow the procedures and perform the tasks. If an unlicensed personnel has not regularly performed the delegated assisted living task for a period of 24 consecutive months, the unlicensed personnel must demonstrate competency in the task to the registered nurse or appropriate licensed health professional. The registered nurse or licensed health professional must document instructions for the delegated tasks in the resident's record. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure a registered nurse (RN) conducted training and competency evaluations for four of four unlicensed personnel (ULP)-D, ULP-E, ULP-F, and ULP-G, who performed delegated tasks. This had the potential to affect all residents receiving services. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a	01420		

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01420	Continued From page 60	01420		

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:

ULP-D was hired on June 7, 2022, to provide direct care services to residents of the facility.

On July 26, 2022, at 7:48 a.m., ULP-D was observed providing urinary catheter care to R11 in his apartment.

ULP-D's employee record lacked documentation to indicate ULP-D received training and demonstrated competency in the provision of catheter care, in accordance with 144G statutes.

ULP-E had a hire date of November 8, 2017, under the comprehensive home care license, and began providing assisted living services on August 1, 2021.

On July 26, 2022, at 7:28 a.m., ULP-E was observed checking R16's blood glucose, utilizing a glucometer and lancet.

ULP-E's employee record lacked documentation to indicate ULP-E received training and demonstrated competency in the provision of blood glucose checks, in accordance with 144G statutes.

ULP-F had a hire date of September 18, 2017, under the comprehensive home care license, and began providing assisted living services on August 1, 2021. ULP-G had a hire date of October 15, 2019, under the comprehensive home care license, and began providing assisted

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01420	Continued From page 61 living services on August 1, 2021. On July 25, 2022, at 1:06 p.m., ULP-F and ULP-G were observed transferring R6 from her wheelchair to her bed. ULP-F and ULP-G then provided peri care and changed R6's diaper before re-dressing her and setting her up for her nap. ULP-F and ULP-G's records lacked documentation to indicate they had received training and demonstrated competency in transfers, toileting, and dressing residents, in accordance with 144G statutes. On July 27, 2022, at approximately 12:30 p.m., RN-A, stated training had been completed during stand-ups and team meetings. The licensee lacked a policy addressing development and updating of a facility staffing plan in accordance with 144G statutes. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	01420		
01440 SS=F	144G.62 Subd. 4 Supervision of staff providing delegated nurs (a) Staff who perform delegated nursing or therapy tasks must be supervised by an appropriate licensed health professional or a registered nurse according to the assisted living facility's policy where the services are being provided to verify that the work is being performed competently and to identify problems and solutions related to the staff person's ability to perform the tasks. Supervision of staff	01440		

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01440	Continued From page 62 performing medication or treatment administration shall be provided by a registered nurse or appropriate licensed health professional and must include observation of the staff administering the medication or treatment and the interaction with the resident. (b) The direct supervision of staff performing delegated tasks must be provided within 30 calendar days after the date on which the individual begins working for the facility and first performs the delegated tasks for residents and thereafter as needed based on performance. This requirement also applies to staff who have not performed delegated tasks for one year or longer. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure a registered nurse (RN) conducted direct supervision of staff performing a delegated task within 30 days of providing assisted living services for four of four unlicensed personnel, (ULP)-D, ULP-E, ULP-F, and ULP-G, who performed delegated tasks. This had the potential to affect all residents receiving services. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: ULP-D began providing assisted living services for the provider on June 7, 2022.	01440		

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01440	Continued From page 63 ULP E, ULP-F, and ULP-G began providing assisted living services for the provider on August 1, 2021; however, all three employees began working for the provider prior to August 1, 2021, under the comprehensive home care license. On July 25, 2022, at 1:06 p.m., ULP-F and ULP-G were observed transferring R6 from her wheelchair to her bed. ULP-E and ULP-F then provided peri care and changed R6's incontinence brief before re-dressing her and setting her up for her nap. On July 26, 2022, at 7:28 a.m., ULP-E was observed checking R16's blood glucose, utilizing a glucometer and lancet. On July 26, 2022, at 7:48 a.m., ULP-D was observed providing catheter care to R11 in his apartment. All four employees' records lacked evidence the RN conducted direct supervision of the employee performing a delegated task within 30 days the employee had first performed the delegated assisted living tasks for residents. On July 27, 2022, at 12:30 p.m., RN-A, stated training had been completed during stand-ups and team meetings. The licensee lacked a policy addressing supervision of staff in accordance with 144G statutes. TIME PERIOD FOR CORRECTION: Twenty-One (21) days.	01440		

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01460	Continued From page 64	01460		
01460 SS=F	144G.63 Subdivision 1 Orientation of staff and supervisors All staff providing and supervising direct services must complete an orientation to assisted living facility licensing requirements and regulations before providing assisted living services to residents. The orientation may be incorporated into the training required under subdivision 5. The orientation need only be completed once for each staff person and is not transferable to another facility. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure orientation to assisted living licensing requirements and regulations was provided for five of five employees, registered nurse (RN)-A, unlicensed personnel (ULP)-D, ULP-E, ULP-F, and ULP-G, with records reviewed. This had the potential to affect all residents receiving services. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: RN-A was hired on April 5, 2021, to provide direct care assisted living services to residents of the facility and to supervise direct care staff. ULP-D was hired on June 7, 2022, to provide	01460		

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01460	Continued From page 65 direct care assisted living services to residents of the facility. ULP-E had a hire date of November 8, 2017, under the comprehensive home care license, and began providing assisted living services on August 1, 2021. ULP-F had a hire date of September 18, 2017, under the comprehensive home care license, and began providing assisted living services on August 1, 2021. ULP-G had a hire date of October 15, 2019, under the comprehensive home care license, and began providing assisted living services on August 1, 2021. All five employee records lacked documentation to indicate the assisted living facility training requirements were completed in accordance with 144G statutes. On July 27, 2022, at 12:30 p.m., licensed assisted living director (LALD)-B and RN-A, stated training had been completed, however there was no documentation of 144G training. The licensee lacked a policy addressing staff training and orientation in accordance with 144G statutes. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	01460		
01480 SS=F	144G.63 Subd. 3 Orientation to resident Staff providing assisted living services must be oriented specifically to each individual resident	01480		

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01480	Continued From page 66 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 four of four employees (unlicensed personnel) ULP-D, ULP-E, ULP-F, and ULP-G with employee records reviewed. This had the potential to affect all residents receiving services. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: ULP-D was hired on June 7, 2022, to provide direct care assisted living services to residents of the facility. On July 26, 2022, at 7:48 a.m., ULP-D was observed providing catheter care to R11 in his apartment. ULP-E had a hire date of November 8, 2017, under the comprehensive home care license, and began providing assisted living services on August 1, 2021.	01480		

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01480	Continued From page 67 On July 26, 2022, at 7:28 a.m., ULP-E was observed checking R16's blood glucose, utilizing a glucometer and lancet. ULP-F had a hire date of September 18, 2017, under the comprehensive home care license, and began providing assisted living services on August 1, 2021. ULP-G had a hire date of October 15, 2019, under the comprehensive home care license, and began providing assisted living services on August 1, 2021. On July 25, 2022, at 1:06 p.m., ULP-F and ULP-G were observed transferring R6 from her wheelchair to her bed. ULP-E and ULP-F then provided peri care and changed R6's incontient brief before re-dressing her and setting her up for her nap. All four employee records lacked documentation of orientation to each individual resident and the resident's needs prior to staff providing services to residents at the facility, in accordance with 144G statutes. On July 27, 2022, at 12:30 p.m., licensed assisted living director (LALD)-B and registered nurse (RN)-A, stated training had been completed, however there was no documentation of 144G training. The licensee lacked correlating policies to include the new Assisted Living Licensure requirements effective August 1, 2021. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	01480		

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01500	Continued From page 68	01500		
01500 SS=F	144G.63 Subd. 5 Required annual training (a) All staff that perform direct services must complete at least eight hours of annual training for each 12 months of employment. The training may be obtained from the facility or another source and must include topics relevant to the provision of assisted living services. The annual training must include: (1) training on reporting of maltreatment of vulnerable adults under section 626.557; (2) review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; (3) review of infection control techniques used in the home and implementation of infection control standards including a review of hand washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting communicable diseases; (4) effective approaches to use to problem solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders; (5) review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and (6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person. (b) In addition to the topics in paragraph (a), annual training may also contain training on	01500		

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01500	Continued From page 69 providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics: (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and challenges it poses to communication; (2) the health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or (3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure employees received at least eight hours of annual training for each 12 months of employment for four of four employees, registered nurse (RN)-A and unlicensed personnel (ULP)-E, ULP-F, and ULP-G with employee records reviewed. This had the potential to affect all residents receiving services. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents).	01500		

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01500	Continued From page 70 The findings included: RN-A was hired April 5, 2021, under the licensee's comprehensive home care license. RN-A began providing assisted living services on August 1, 2021. ULP-E was hired November 8, 2017, under the licensee's comprehensive home care license. ULP-E began providing assisted living services on August 1, 2021. ULP-F was hired September 18, 2017, under the licensee's comprehensive home care license. ULP-F began providing assisted living services on August 1, 2021. ULP-G was hired October 15, 2019, under the licensee's comprehensive home care license. ULP-G began providing assisted living services on August 1, 2021. All four employee records lacked documentation that staff had completed annual training in accordance with 144G statutes, including training in the following topics: -Training on reporting of maltreatment of vulnerable adults under section 626.557; -Review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; -Review of infection control techniques used in the home and implementation of infection control standards including a review of hand washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor	01500		

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01500	Continued From page 71 blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting communicable diseases; -Effective approaches to use to problem solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders; -Review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and -The principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person. On July 27, 2022, at 12:30 p.m., licensed assisted living director (LALD)-B and RN-A, stated training had been completed, however there was no documentation of 144G training. The licensee lacked correlating policies to include the new Assisted Living Licensure requirements effective August 1, 2021. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01500		
01540 SS=F	144G.64 (a) TRAINING IN DEMENTIA CARE REQUIRED (3) for assisted living facilities with dementia care, direct-care employees must have completed at least eight hours of initial training on topics specified under paragraph (b) within 80 working hours of the employment start date. Until this initial training is complete, an employee must not provide direct care unless there is another employee on site who has completed the initial	01540		

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01540	Continued From page 72 eight hours of training on topics related to dementia care and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for consultation with the new employee until the training requirement is complete. Direct-care employees must have at least two hours of training on topics related to dementia for each 12 months of employment thereafter; This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure five of five employees, registered nurse (RN)-A, unlicensed personnel (ULP)-D, ULP-D, ULP-F and ULP-G received the required amount of dementia care training in the required time frames. 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 finding include: RN-A was hired April 5, 2021, under the licensee's comprehensive home care license. RN-A began providing assisted living services on August 1, 2021. ULP-D was hired June 7, 2022, under the licensee's assisted living license.	01540		

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01540	Continued From page 73 ULP-E was hired November 8, 2017, under the licensee's comprehensive home care license. ULP-E began providing assisted living services on August 1, 2021. ULP-F was hired September 18, 2017, under the licensee's comprehensive home care license. ULP-F began providing assisted living services on August 1, 2021. ULP-G was hired October 15, 2019, under the licensee's comprehensive home care license. ULP-G began providing assisted living services on August 1, 2021. All four employee files lacked documentation that 8 hours of dementia training was completed within 80 hours of employees providing assisted living services, in accordance with 144G statutes. On July 27, 2022, at 12:30 p.m., licensed assisted living director (LALD)-B and RN-A, stated training had been completed, however there was no documentation of 144G training. The licensee lacked correlating policies to include the new Assisted Living Licensure requirements effective August 1, 2021. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	01540		
01610 SS=F	144G.70 Subd. 2 (a-b) Initial reviews, assessments, and monitoring (a) Residents who are not receiving any services shall not be required to undergo an initial nursing assessment. (b) An assisted living facility shall conduct a	01610		

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01610	Continued From page 74 nursing assessment by a registered nurse of the physical and cognitive needs of the prospective resident and propose a temporary service plan prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. If necessitated by either the geographic distance between the prospective resident and the facility, or urgent or unexpected circumstances, the assessment may be conducted using telecommunication methods based on practice standards that meet the resident's needs and reflect person-centered planning and care delivery. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide documented initial assessments for 9 of 9 residents (R1, R2, R3, R5, R6, R7, R9, R13, R14) 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) 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). Findings include: R1 admitted to the licensee June 30, 2021. R1's diagnoses included diabetes mellitus and hypertension. R1's service plan dated February 5, 2022, indicated R1 received assistance with glucose checks, medication administration, and housekeeping.	01610		

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01610	Continued From page 75 R2 admitted to the licensee May 25, 2022. R2's diagnoses included end stage renal disease (ESRD) and chronic pain. R2's service plan dated July 25, 2022, indicated R2 received services including vital signs and observation of his dialysis shunt. R3 admitted to the licensee January 31, 2022. R3's diagnoses included heart failure, cardiac pacemaker, and weakness. R3's service plan dated June 23, 2022, indicated R3 received services including vital signs. R5 admitted to the licensee on May 26, 2022. R5's diagnoses included Parkinson's disease and atrial fibrillation. R5's service plan dated July 21, 2022 ,indicated R5 received services including medication administration and toileting assistance. R6 admitted to the licensee October 17, 2019 and resided on the memory care unit. R6's diagnoses included dementia and chronic obstructive pulmonary disease (COPD). A signed service plan dated February 23, 2022, indicated R6 received services including escorts, medication administration, and assistance with toileting. R7 admitted to the licensee February 7, 2020. R7's diagnoses included weakness, adult failure to thrive, and macular degeneration. A service plan dated October 22, 2020, indicated R7 received services including medication administration, vital signs, and toileting assistance as needed. R9 admitted to the licensee August 15, 2017. R9's diagnoses included end stage renal disease (ESRD) and hemiplegia. The licensee failed to	01610		

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01610	Continued From page 76 provide a service plan. R13 admitted to the licensee May 14, 2020. R13's diagnoses included diabetes mellitus, sleep apnea, and epilepsy. The licensee failed to provide a service plan. R13's electronic medical record for July 2022, indicated R13 received medication administration and blood glucose monitoring. R14 admitted to the licensee July 9, 2020. R14's diagnoses included cerebral infarction, hemiplegia, and dysphagia. R14's service plan dated November 29, 2020, indicated R14 received services including transfer assistance, vital sign checks, an medication administration. On July 25, 2022, at 1:00 p.m., the surveyors requested R1, R2, R3, R5, R6, R7, R9, R13, and R14's records including the initial assessments. The licensee failed to provide the requested assessments during the three days the surveyors were onsite, July 25, 2022, July 26, 2022, and July 27, 2022. During the entrance conference on July 25, 2022, at 10:07 a.m., registered nurse (RN)-A stated the residents were assessed immediately upon admission to the licensee. The licensee failed to provide an assessment policy in accordance with Minnesota Statutes Chapter 144G. TIME PERIOD FOR CORRECTION: Seven (7) Days	01610		
01620 SS=F	144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring	01620		

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01620	Continued From page 77 (c) Resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services. Ongoing resident reassessment and monitoring must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the last date of the assessment. (d) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review. (e) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide documented 14-day and 90-day assessments for 9 of 9 residents (R1, R2, R3, R5, R6, R7, R9, R13, R14) 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) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected	01620		

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01620	Continued From page 78 or has the potential to affect a large portion or all of the residents). Findings include: R1 admitted to the licensee June 30, 2021. R1's diagnoses included diabetes mellitus and hypertension. R1's service plan dated February 5, 2022, indicated R1 received assistance with glucose checks, medication administration, and housekeeping. R2 admitted to the licensee May 25, 2022. R2's diagnoses included end stage renal disease (ESRD) and chronic pain. R2's service plan dated July 25, 2022, indicated R2 received services including vital signs and observation of his dialysis shunt. R3 admitted to the licensee January 31, 2022. R3's diagnoses included heart failure, cardiac pacemaker, and weakness. R3's service plan dated June 23, 2022, indicated R3 received services including vital signs. R5 admitted to the licensee on May 26, 2022. R5's diagnoses included Parkinson's disease and atrial fibrillation. R5's service plan dated July 21, 2022, indicated R5 received services including medication administration and toileting assistance. R6 admitted to the licensee October 17, 2019 and resided on the memory care unit. R6's diagnoses included dementia and chronic obstructive pulmonary disease (COPD). A signed service plan dated February 23, 2022, indicated R6 received services including escorts, medication administration, and assistance with toileting.	01620		

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01620	Continued From page 79 R7 admitted to the licensee February 7, 2020. R7's diagnoses included weakness, adult failure to thrive, and macular degeneration. A service plan dated October 22, 2020, indicated R7 received services including medication administration, vital signs, and toileting assistance as needed. R9 admitted to the licensee August 15, 2017. R9's diagnoses included end stage renal disease (ESRD) and hemiplegia. The licensee failed to provide a service plan. R13 admitted to the licensee May 14, 2020. R13's diagnoses included diabetes mellitus, sleep apnea, and epilepsy. The licensee failed to provide a service plan. R13's electronic medical record for July 2022, indicated R13 received medication administration and blood glucose monitoring. R14 admitted to the licensee July 9, 2020. R14's diagnoses included cerebral infarction, hemiplegia, and dysphagia. R14's service plan dated November 29, 2020, indicated R14 received services including transfer assistance, vital sign checks, an medication administration. On July 25, 2022, at 1:00 p.m., the surveyors requested R1, R2, R3, R5, R6, R7, R9, R13, and R14's records including 14-day and 90 day assessments. The licensee failed to provide the requested assessments during the three days the surveyors were onsite, July 25, 2022, July 26, 2022, and July 27, 2022. During the entrance conference on July 25, 2022, at 10:07 a.m., registered nurse (RN)-A stated 14 days after admission, the resident's were assessed and changes were made based on	01620		

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01620	Continued From page 80 observations during the first 14 days. RN-A stated the residents were then assessed after 30 days and quarterly thereafter. The licensee failed to provide an assessment policy in accordance with Minnesota Statutes Chapter 144G. TIME PERIOD FOR CORRECTION: Seven (7) Day	01620		
01640 SS=F	144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to (a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan. (b) The service plan and any revisions must include a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care. (c) The facility must implement and provide all services required by the current service plan. (d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable. (e) Staff providing services must be informed of the current written service plan. This MN Requirement is not met as evidenced	01640		

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01640	Continued From page 81 by: Based on interview and record review, the licensee failed to ensure 9 of 9 residents (R1, R2, R5, R6, R7, R9, R13, R14) had signed service plans on file. 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). Findings include: R1 admitted to the licensee June 30, 2021. R1's diagnoses included diabetes mellitus and hypertension. R1's service plan dated February 5, 2022, indicated R1 received assistance with glucose checks, medication administration, and housekeeping. The licensee failed to provide a signed service plan for R1. R2 admitted to the licensee May 25, 2022. R2's diagnoses included end stage renal disease (ESRD) and chronic pain. R2's service plan dated July 25, 2022, indicated R2 received services including vital signs and observation of his dialysis shunt. The licensee failed to provide a signed service plan for R2. R5 admitted to the licensee May 26, 2022 and resided on the memory care unit. R5's diagnoses included Parkinson's disease, atrial fibrillation,	01640		

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01640	Continued From page 82	01640		

and metabolic encephalopathy. R5's service plan dated July 21, 2022, indicated R5 received services including medication administration and toileting assistance.

The licensee failed to provide a signed service plan for R5.

R6 admitted to the licensee October 17, 2019 and resided on the memory care unit. R6's diagnoses included dementia and chronic obstructive pulmonary disease (COPD). A signed service plan dated February 23, 2022, indicated R6 received services including escorts, medication administration, and assistance with toileting. The licensee failed to provide a signed service plan for R6.

R7 admitted to the licensee February 7, 2020. R7's diagnoses included weakness, adult failure to thrive, and macular degeneration. A service plan dated October 22, 2020, indicated R7 received services including medication administration, vital signs, and toileting assistance as needed.

The licensee failed to provide a signed service plan for R7.

R9 admitted to the licensee August 15, 2017. R9's diagnoses included end stage renal disease (ESRD) and hemiplegia. The licensee failed to provide a service plan. R9's July 2022, electronic medication administration record (EMAR) indicated R9 received medication administration.

The licensee failed to provide a signed service plan for R9.

R13 admitted to the licensee May 14, 2020. R13's

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01640	Continued From page 83 diagnoses included diabetes mellitus, sleep apnea, and epilepsy. The licensee failed to provide a service plan. R13's EMAR for July 2022, indicated R13 received medication administration and blood glucose monitoring. The licensee failed to provide a signed service plan for R13. R14 admitted to the licensee July 9, 2020. R14's diagnoses included cerebral infarction, hemiplegia, and dysphagia. R14's service plan dated November 29, 2020, indicated R14 received services including transfer assistance, vital sign checks, an medication administration. The licensee failed to provide a signed service plan for R14. During an interview on July 27, 2022 at 12:30 p.m., registered nurse (RN)-A stated the signed service agreements were the service plans she provided. RN-A stated they call families but had difficulty getting them to sign the plans, so a lot of them were not signed. The licensee failed to provide a service plan policy in accordance with Minnesota Statutes Chapter 144G. TIME PERIOD FOR CORRECTION: Twenty-One (21) Days	01640		
01650 SS=F	144G.70 Subd. 4 (f) Service plan, implementation and revisions to (f) The service plan must include: (1) a description of the services to be provided, the fees for services, and the frequency of each	01650		

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01650	Continued From page 84 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; (ii) information and a method to contact the facility; (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 (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. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the service plan included all required content for 15 of 18 residents (R1, R2, R3, R4, R5, R6, R7, R8, R10, R11, R14, R15, R16, R17, R18) and failed to provide service plans for 3 of 18 residents (R9, R12, R13) 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) and was issued at a	01650		

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01650	Continued From page 85 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). Findings include: R1 admitted to the licensee June 30, 2021. R1's diagnoses included diabetes mellitus and hypertension. R1's service plan dated February 5, 2022, indicated R1 received assistance with glucose checks, medication administration, and housekeeping. R1's service plan failed to include the fees for services and frequency of each service, according to R1's current assessment and preferences. The contingency plan portion of this service plan failed to include the action to be taken if the scheduled service could not be provided, information and a method to contact the licensee, and the circumstances in which emergency medical services (EMS) were not to be summoned, including declarations made by R1. R2 admitted to the licensee May 25, 2022. R2's diagnoses included end stage renal disease (ESRD) and chronic pain. R2's service plan dated July 25, 2022, indicated R2 received services including vital signs and observation of his dialysis shunt. R2's service plan failed to include the fees for services. This service plan failed to include a contingency plan which included the action to be taken if the scheduled service could not be provided, information and a method to contact the licensee, the names and contact information of persons R2 wished to have notified in an	01650		

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01650	Continued From page 86	01650		

emergency or significant adverse change to R2's condition including identification of and information as to who had authority to sign for the resident in an emergency, and the circumstances in which EMS were not to be summoned, including declarations made by R2.

R3 admitted to the licensee January 31, 2022. R3's diagnoses included heart failure, cardiac pacemaker, and weakness. R3's service plan dated June 23, 2022, indicated R3 received services including vital signs.

R3's service plan failed to include the fees for services. This service plan failed to include a contingency plan which included the action to be taken if the scheduled service could not be provided, information and a method to contact the licensee, the names and contact information of persons R3 wished to have notified in an emergency or significant adverse change to R3's condition including identification of and information as to who had authority to sign for the resident in an emergency, and the circumstances in which EMS were not to be summoned, including declarations made by R3.

R4 admitted to the licensee January 27, 2017 and resided on the memory care unit. R4's diagnoses included dementia with behavioral disturbance and emphysema. R4's service plan dated May 17, 2022, indicated R4 received services including medication administration, vital signs, and assistance with transfers.

R4's service plan failed to include the fees for services. The contingency plan portion of this service plan failed to include the action to be taken if the scheduled service could not be provided and information and a method to contact

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01650	Continued From page 87 the licensee. R5 admitted to the licensee May 26, 2022 and resided on the memory care unit. R5's diagnoses included Parkinson's disease, atrial fibrillation, and metabolic encephalopathy. R5's service plan dated July 21, 2022, indicated R5 received services including medication administration and toileting assistance. R5's service plan failed to include the fees for services and frequency of each service. This service plan failed to include a contingency plan which included the action to be taken if the scheduled service could not be provided, information and a method to contact the licensee, the names and contact information of persons R5 wished to have notified in an emergency or significant adverse change to R5's condition including identification of and information as to who had authority to sign for the resident in an emergency, and the circumstances in which EMS were not to be summoned, including declarations made by R5. R6 admitted to the licensee October 17, 2019 and resided on the memory care unit. R6's diagnoses included dementia and chronic obstructive pulmonary disease (COPD). A signed service plan dated February 23, 2022, indicated R6 received services including escorts, medication administration, and assistance with toileting. R6's service plan failed to include the fees for services and frequency of each service. This service plan also failed to include the action to be taken if the scheduled service could not be provided and a method to contact the licensee within the contingency plan.	01650		

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01650	Continued From page 88 R7 admitted to the licensee February 7, 2020. R7's diagnoses included weakness, adult failure to thrive, and macular degeneration. A service plan dated October 22, 2020 indicated R7 received services including medication administration, vital signs, and toileting assistance as needed. R7's service plan failed to include the fees for services and frequency of each service. This service plan failed to include a contingency plan which included the action to be taken if the scheduled service could not be provided, information and a method to contact the licensee, the names and contact information of persons R7 wished to have notified in an emergency or significant adverse change to R7's condition including identification of and information as to who had authority to sign for the resident in an emergency, and the circumstances in which EMS were not to be summoned, including declarations made by R7. R8 admitted to the licensee June 20, 2022. R8's diagnoses included heart failure, history of falls, and cardiac arrhythmia. R8's service plan dated June 22, 2022, indicated R8 received services including medication administration, vital signs, and housekeeping. R8's service plan failed to include the fees for services and frequency of each service. This service plan failed to include a contingency plan which included the action to be taken if the scheduled service could not be provided, information and a method to contact the licensee, the names and contact information of persons R8 wished to have notified in an emergency or significant adverse change to R8's condition including identification of and information as to	01650		

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01650	Continued From page 89 who had authority to sign for the resident in an emergency, and the circumstances in which EMS were not to be summoned, including declarations made by R8. R9 admitted to the licensee August 15, 2017. R9's diagnoses included ESRD and hemiplegia. The licensee failed to provide a service plan for R9. R10 admitted to the licensee May 17, 2022. R10's diagnoses included carcinoma in situ of breast. R10's service plan dated June 7, 2022, indicated R10 received services including escorts, medication administration, and blood glucose monitoring. R10's service plan failed to include the fees for services, as well as the schedule and methods of monitoring staff providing services. This service plan also failed to include the action to be taken if the scheduled service could not be provided, a method to contact the licensee, and the circumstances in which medical services are not to be summoned and declarations make by R10, within the contingency plan. R11 admitted to the licensee May 17, 2022. R11's diagnoses included Parkinsonism, dementia, diabetes mellitus type 2, and stroke. R11's service plan dated May 25, 2022, indicated R11 received services including medication administration, catheter care, and blood glucose monitoring. R11's service plan failed to include the fees for services, as well as the schedule and methods of monitoring staff providing services. This service plan failed to include a contingency plan which	01650		

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01650	Continued From page 90 included the action to be taken if the scheduled service could not be provided, information and a method to contact the licensee, the names and contact information of persons R11 wished to have notified in an emergency or significant adverse change to R11's condition including identification of and information as to who had authority to sign for the resident in an emergency, and the circumstances in which EMS were not to be summoned, including declarations made by R11. R12 admitted to the licensee June 26, 2020. R12's diagnoses included diabetes mellitus type 2, repeated falls, and hypertension. The licensee failed to provide a service plan for R12. R13 admitted to the licensee May 14, 2020. R13's diagnoses included diabetes mellitus, sleep apnea, and epilepsy. The licensee failed to provide a service plan for R13. R14 admitted to the licensee July 9, 2020. R14's diagnoses included cerebral infarction, hemiplegia, and dysphagia. R14's service plan dated November 29, 2020, indicated R14 received services including transfer assistance, vital signs checks, and medication administration. R14's service plan failed to include the frequency, fees for services, and the schedule and methods of monitoring staff providing services. This service plan failed to include a contingency plan which included the action to be taken if the scheduled service could not be provided, information and a method to contact the licensee,	01650		

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01650	Continued From page 91 the names and contact information of persons R14 wished to have notified in an emergency or significant adverse change to R14's condition including identification of and information as to who had authority to sign for the resident in an emergency, and the circumstances in which EMS were not to be summoned, including declarations made by R14. R15 admitted to the licensee March 31, 2022. R15's diagnoses included diabetes mellitus type 2 and hypertension. R15's service plan dated June 28, 2022, indicated R15 received services including blood glucose monitoring and medication administration. R15's service plan failed to include the fees for services. This service plan failed to include a contingency plan which included the action to be taken if the scheduled service could not be provided, information and a method to contact the licensee, the names and contact information of persons R15 wished to have notified in an emergency or significant adverse change to R15's condition including identification of and information as to who had authority to sign for the resident in an emergency, and the circumstances in which EMS were not to be summoned, including declarations made by R15. R16 admitted to the licensee March 31, 2022. R16's diagnoses included Parkinson's disease and glaucoma. R16's service plan dated July 7, 2022, indicated R16 received services including medication administration and assistance with bathing as needed. R16's service plan failed to include the fees for services. This service plan failed to include a contingency plan which included the action to be	01650		

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taken if the scheduled service could not be provided, information and a method to contact the licensee, the names and contact information of persons R16 wished to have notified in an emergency or significant adverse change to R16's condition including identification of and information as to who had authority to sign for the resident in an emergency, and the circumstances in which EMS were not to be summoned, including declarations made by R16.

R17 admitted to the licensee November 30, 2021. R17's diagnoses included Parkinson's disease and cancer. R17's service plan dated July 27, 2022, indicated R17 received services including assistance with vital signs checks and medication administration.

R17's service plan failed to include the fees for services. This service plan failed to include a contingency plan which included the action to be taken if the scheduled service could not be provided, information and a method to contact the licensee, the names and contact information of persons R17 wished to have notified in an emergency or significant adverse change to R17's condition including identification of and information as to who had authority to sign for the resident in an emergency, and the circumstances in which EMS were not to be summoned, including declarations made by R17.

R18 admitted to the licensee September 7, 2021. R18's diagnoses included retention of urine. R18's service plan dated May 24, 2022 indicated R18 received services including medication administration and escorts.

R18's service plan failed to include fees for services. This service plan failed to include a

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01650	Continued From page 93 contingency plan which included the action to be taken if the scheduled service could not be provided, information and a method to contact the licensee, the names and contact information of persons R18 wished to have notified in an emergency or significant adverse change to R18's condition including identification of and information as to who had authority to sign for the resident in an emergency, and the circumstances in which EMS were not to be summoned, including declarations made by R18. During an interview on July 26, 2022, at 2:14 p.m., registered nurse (RN)-A stated the signed resident contracts were the signed service agreements and indicated how much the residents were charged for services. The licensee failed to provide a service plan policy in accordance with Minnesota Statutes Chapter 144G. TIME PERIOD FOR CORRECTION: Twenty-One (21) Days	01650		
01700 SS=F	144G.71 Subd. 2 Provision of medication management services (a) For each resident who requests medication management services, the facility shall, prior to providing medication management services, have a registered nurse, licensed health professional, or authorized prescriber under section 151.37 conduct an assessment to determine what medication management services will be provided and how the services will be provided. This assessment must be conducted face-to-face with the resident. The assessment must include	01700		

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01700	Continued From page 94 an identification and review of all medications the resident is known to be taking. The review and identification must include indications for medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues. (b) The assessment must identify interventions needed in management of medications to prevent diversion of medication by the resident or others who may have access to the medications and provide instructions to the resident and legal or designated representatives on interventions to manage the resident's medications and prevent diversion of medications. For purposes of this section, "diversion of medication" means misuse, theft, or illegal or improper disposition of medications. This MN Requirement is not met as evidenced by: Based on interview and document review, the licensee failed to provide documentation of individualized medication management assessment including all required areas for 8 of 8 residents (R1, R5, R6, R7, R8, R9, R13, R14) receiving medication management services 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) 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). Findings include: R1 admitted to the licensee June 30, 2021. R1's	01700		

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diagnoses included diabetes mellitus and hypertension. R1's service plan dated February 5, 2022, indicated R1 received assistance with medication administration.

The licensee failed to provide an assessment addressing R1's medication management services.

R5 admitted to the licensee May 26, 2022 and resided on the memory care unit. R5's diagnoses included Parkinson's disease, atrial fibrillation, and metabolic encephalopathy. R5's service plan dated July 21, 2022, indicated R5 received services including medication administration.

The licensee failed to provide an assessment addressing R5's medication management services.

R6 admitted to the licensee October 17, 2019 and resided on the memory care unit. R6's diagnoses included dementia and chronic obstructive pulmonary disease (COPD). A signed service plan dated February 23, 2022, indicated R6 received services including medication administration.

The licensee failed to provide an assessment addressing R6's medication management services.

R7 admitted to the licensee February 7, 2020. R7's diagnoses included weakness, adult failure to thrive, and macular degeneration. A service plan dated October 22, 2020, indicated R7 received services including medication administration.

The licensee failed to provide an assessment

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01700	Continued From page 96 addressing R7's medication management services. R8 admitted to the licensee June 20, 2022. R8's diagnoses included heart failure, history of falls, and cardiac arrhythmia. R8's service plan dated June 22, 2022, indicated R8 received services including medication administration. The licensee failed to provide an assessment addressing R8's medication management services. R9 admitted to the licensee August 15, 2017. R9's diagnoses included end stage renal disease (ESRD) and hemiplegia. The licensee failed to provide a service plan for R9. R9's electronic medical record (EMAR) for July 2022, indicated R9 received medication administration. The licensee failed to provide an assessment addressing R9's medication management services. R13 admitted to the licensee May 14, 2020. R13's diagnoses included diabetes mellitus, sleep apnea, and epilepsy. The licensee failed to provide a service plan for R13. R13's EMAR for July 2022 indicated R13 received medication administration. The licensee failed to provide an assessment addressing R13's medication management services. R14 admitted to the licensee July 9, 2020. R14's diagnoses included cerebral infarction, hemiplegia, and dysphagia.	01700		

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01700	Continued From page 97 R14's service plan dated November 29, 2020 indicated R14 received services including medication administration. The licensee failed to provide an assessment covering R14's medication management services. During an interview on July 27, 2022 at 12:30 p.m., licensed assisted living director (LALD)-B stated the individualized medication monitoring or reassessments were within the nursing assessments, but they just did not get printed. During this interview, registered nurse (RN)-A stated the assessments which generated the medication management plan were completed. The licensee failed to provide an applicable policy in accordance with Minnesota Statutes Chapter 144G. TIME PERIOD FOR CORRECTION: Seven (7) Days	01700		
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;	01730		

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01730	Continued From page 98 (2) a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; (3) documentation of specific resident instructions relating to the administration of medications; (4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis; (5) identification of medication management tasks that may be delegated to unlicensed personnel; (6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and (7) any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions. (b) The medication management record must be current and updated when there are any changes. (c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management. This MN Requirement is not met as evidenced by: Based on interview and document review, the licensee failed to complete individualized medication management plans including all required areas for 8 of 8 residents (R1, R2, R5, R6, R7, R9, R13, R14) with records reviewed. This practice resulted in a level two violation (a violation that did not harm a resident's health or	01730		

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01730	Continued From page 99 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). Findings include: R1 admitted to the licensee June 30, 2021. R1's diagnoses included diabetes mellitus and hypertension. R1's service plan dated February 5, 2022, indicated R1 received assistance with glucose checks, medication administration, and housekeeping. The licensee failed to provide an individualized medication management plan for R1. R2 admitted to the licensee May 25, 2022. R2's diagnoses included end stage renal disease (ESRD) and chronic pain. R2's service plan dated July 25, 2022, indicated R2 received services including vital signs and observation of his dialysis shunt. The licensee failed to provide an individualized medication management plan for R2. R5 admitted to the licensee May 26, 2022 and resided on the memory care unit. R5's diagnoses included Parkinson's disease, atrial fibrillation, and metabolic encephalopathy. R5's service plan dated July 21, 2022, indicated R5 received services including medication administration and toileting assistance. The licensee failed to provide an individualized medication management plan for R5.	01730		

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R6 admitted to the licensee October 17, 2019 and resided on the memory care unit. R6's diagnoses included dementia and chronic obstructive pulmonary disease (COPD). A signed service plan dated February 23, 2022, indicated R6 received services including escorts, medication administration, and assistance with toileting.

The licensee failed to provide an individualized medication management plan for R6.

R7 admitted to the licensee February 7, 2020. R7's diagnoses included weakness, adult failure to thrive, and macular degeneration. A service plan dated October 22, 2020, indicated R7 received services including medication administration, vital signs, and toileting assistance as needed.

The licensee failed to provide an individualized medication management plan for R7.

R9 admitted to the licensee August 15, 2017. R9's diagnoses included end stage renal disease (ESRD) and hemiplegia. The licensee failed to provide a service plan. R9's July 2022 electronic medication administration record (EMAR) indicated R9 received medication administration.

The licensee failed to provide an individualized medication management plan for R9.

R13 admitted to the licensee May 14, 2020. R13's diagnoses included diabetes mellitus, sleep apnea, and epilepsy. The licensee failed to provide a service plan. R13's EMAR for July 2022 indicated R13 received medication administration and blood glucose monitoring.

The licensee failed to provide an individualized

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01730	Continued From page 101 medication management plan for R13. R14 admitted to the licensee July 9, 2020. R14's diagnoses included cerebral infarction, hemiplegia, and dysphagia. R14's service plan dated November 29, 2020, indicated R14 received services including transfer assistance, vital sign checks, an medication administration. The licensee failed to provide an individualized medication management plan for R14. During an interview on July 27, 2022 at 12:30 p.m., registered nurse (RN)-A stated the assessment generated the individualized medication management plan. RN-A stated these assessments were completed. During an interview on July 27, 2022 at 12:30 p.m., licensed assisted living director (LALD)-B stated the individualized medication management plan would be in the assessments. LALD-B stated the documents just didn't get printed. The licensee failed to provide a medication management policy in accordance with Minnesota Statutes Chapter 144G. TIME PERIOD FOR CORRECTION: Seven (7) Days	01730		
01750 SS=C	144G.71 Subd. 7 Delegation of medication administration When administration of medications is delegated to unlicensed personnel, the assisted living facility must ensure that the registered nurse has: (1) instructed the unlicensed personnel in the proper methods to administer the medications,	01750		

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01750	Continued From page 102 and the unlicensed personnel has demonstrated the ability to competently follow the procedures; (2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's records; and (3) communicated with the unlicensed personnel about the individual needs of the resident. This MN Requirement is not met as evidenced by: Based on interview, observation, and record review, the licensee failed to ensure one unlicensed personnel (ULP)-E demonstrated competency for administering medications. This had the potential to affect all residents receiving services. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at 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 included: ULP-E was hired November 8, 2017, under the licensee's comprehensive home care license. ULP-E began providing assisted living services on August 1, 2021. On July 26, 2022, at approximately 7:28 a.m., ULP-E was observed administering oral medication, eye drops, and an inhaler to R15. ULP-E was observed administering oral medication, eye drops and insulin to R16. ULP-E's employee records lacked evidence the	01750		

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01750	Continued From page 103 ULP demonstrated competency in medication administration in accordance with 144G statutes. On July 27, 2022, at approximately 12:30 p.m., licensed assisted living director (LALD)-B and registered nurse (RN)-A, stated training had been completed, however there was no documentation of 144G training. The licensee lacked correlating policies to include the new Assisted Living Licensure requirements effective August 1, 2021. TIME PERIOD TO CORRECT: Seven (7) days.	01750		
01770 SS=F	144G.71 Subd. 9 Documentation of medication setup Documentation of dates of medication setup, name of medication, quantity of dose, times to be administered, route of administration, and name of person completing medication setup must be done at the time of setup. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee unlicensed personnel (ULP) pre-set up medications in medication cups for three of eighteen residents (R13, R16, R17) with records reviewed. Medications are required to be set up by a registered nurse (RN) or pharmacist. This was a widespread practice with ULP staff that had the potential to affect all residents receiving 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	01770		

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01770	Continued From page 104	01770		

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).

Findings include:

R13 admitted to the licensee May 14, 2020. R13's diagnoses included diabetes mellitus, sleep apnea, and epilepsy. The licensee failed to provide a service plan.

R13's unsigned physician orders as of May 1, 2022 indicated R13 received potassium chloride extended release (ER) 10 milliequivalents (MEQ) 3 tablets by mouth three times daily at 12:00 p.m.

During an observation on July 25, 2022, at 11:55 a.m., three white pills were in a medication cup in the top drawer of the medication cart with R13's apartment number handwritten in black marker. ULP-E stated the pills were potassium. ULP-E took the medication cup from the drawer, walked to R13's apartment without checking the electronic medication administration record (EMAR), and administered the medication.

R16 admitted to the licensee March 31, 2022. R16's diagnoses included Parkinson's disease. R16's service plan dated July 7, 2022, indicated R16 received assistance with medication administration. This service plan indicated R16 received carbidopa-levodopa (a medication is used to treat symptoms of Parkinson's disease) 25-100 milligrams(mg) one (1) tablet by mouth three times daily including at 1:30 p.m.

R16's unsigned physician orders as of May 1, 2022, did not indicate R16 received any afternoon

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01770	Continued From page 105 medications. During an observation on July 25, 2022, at 2:15 p.m., ULP-E removed a pre-set up medication cup, labeled with R16's apartment number written in black marker, from the medication cart. ULP-E identified the medication as carbidopa-levodopa. ULP-E went to look for the resident to administer his medication. ULP-E located R16 in the in the lobby and administered his medication there. R17 admitted to the licensee November 30, 2021. R17's diagnoses included Parkinson's disease and cancer. R17's service plan dated July 27, 2022, indicated R17 received services including medication administration. This service plan indicated R17 received carbidopa-levodopa 25-100 mg one (1) tablet by mouth four times daily including at 3:00 p.m. The licensee failed to provide physician orders. During an observation on July 25, 2022, at 2:25 p.m., ULP-E removed a pre-set up medication cup, labeled with R17's apartment number written in black marker, from the medication cart. ULP-E identified the medication as carbidopa-levodopa. ULP-E went to R17's apartment to administer the medication but did not locate her. ULP-E went downstairs to the lobby to look at the resident sign-out book and saw R17 had left for an appointment. During an interview on July 27, 2022 at 12:30 p.m., RN-D stated the standard practice did not include setting up medications and signing them off in the EMAR, and staff have been told this more than once. The licensee failed to provide an applicable policy in accordance with Minnesota Statutes Chapter	01770		

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01770	Continued From page 106 144G. TIME PERIOD FOR CORRECTION: Seven (7) Days	01770		
01830 SS=F	144G.71 Subd. 14 Renewal of prescriptions Prescriptions must be renewed at least every 12 months or more frequently as indicated by the assessment in subdivision 2. Prescriptions for controlled substances must comply with chapter 152. This MN Requirement is not met as evidenced by: Based on interview and document review, the licensee failed to ensure signed physician orders were on file for 11 of 11 residents (R1, R2, R3, R5, R6, R7, R9, R13, R14, R15, R16) 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) 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). Findings include: R1 admitted to the licensee June 30, 2021. R1's diagnoses included diabetes mellitus and hypertension. R1's service plan dated February 5, 2022, indicated R1 received assistance with glucose checks, medication administration, and housekeeping.	01830		

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01830	Continued From page 107 R1's record lacked signed physician orders. R2 admitted to the licensee May 25, 2022. R2's diagnoses included end stage renal disease (ESRD) and chronic pain. R2's service plan dated July 25, 2022,, indicated R2 received services including vital signs and observation of his dialysis shunt. R2's physician orders review lacked a health care provider's signature. R3 admitted to the licensee January 31, 2022. R3's diagnoses included heart failure, cardiac pacemaker, and weakness. R3's service plan dated June 23, 2022 indicated R3 received services including vital signs. R3's physician orders review lacked a health care provider's signature. R5 admitted to the licensee May 26, 2022 and resided on the memory care unit. R5's diagnoses included Parkinson's disease, atrial fibrillation, and metabolic encephalopathy. R5's service plan dated July 21, 2022, indicated R5 received services including medication administration and toileting assistance. R5's 's physician orders review lacked a health care provider's signature. R6 admitted to the licensee October 17, 2019 and resided on the memory care unit. R6's diagnoses included dementia and chronic obstructive pulmonary disease (COPD). A signed service plan dated February 23, 2022, indicated R6 received services including escorts, medication administration, and assistance with toileting.	01830		

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01830	Continued From page 108 R6's physician orders review lacked a health care provider's signature. R7 admitted to the licensee February 7, 2020. R7's diagnoses included weakness, adult failure to thrive, and macular degeneration. A service plan dated October 22, 2020, indicated R7 received services including medication administration, vital signs, and toileting assistance as needed. R7's physician orders review lacked a health care provider's signature. R9 admitted to the licensee August 15, 2017. R9's diagnoses included end stage renal disease (ESRD) and hemiplegia. The licensee failed to provide a service plan. R9's physician orders review lacked a health care provider's signature. R13 admitted to the licensee May 14, 2020. R13's diagnoses included diabetes mellitus, sleep apnea, and epilepsy. The licensee failed to provide a service plan. R13's electronic medication administration record (EMAR) for July 2022, indicated R13 received medication administration and blood glucose monitoring. R13's physician orders review lacked a health care provider's signature. R14 admitted to the licensee July 9, 2020. R14's diagnoses included cerebral infarction, hemiplegia, and dysphagia. R14's service plan dated November 29, 2020, indicated R14 received services including transfer assistance, vital sign checks, and medication administration.	01830		

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01830	Continued From page 109 R14's physician orders review lacked a health care provider's signature. R15 admitted to the licensee March 31, 2022. R15's diagnoses included diabetes mellitus type 2 and hypertension. R15's service plan dated June 28, 2022, indicated R15 received services including blood glucose monitoring and medication administration. R15's physician orders review lacked a health care provider's signature. R16 admitted to the licensee March 31, 2022. R16's diagnoses included Parkinson's disease and glaucoma. R16's service plan dated July 7, 2022, indicated R16 received services including medication administration and assistance with bathing as needed. R16's physician orders review lacked a health care provider's signature. During an interview on July 27, 2022, at 12:30 p.m., registered nurse (RN)-A questioned if orders needed to be signed annually by the provider. The licensee failed to provide an applicable policy in accordance with Minnesota Statutes Chapter 144G. TIME PERIOD FOR CORRECTION: Seven (7) Days	01830		
01890 SS=D	144G.71 Subd. 20 Prescription drugs A prescription drug, prior to being set up for	01890		

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01890	Continued From page 110 immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure multi-use medications were labeled with open dates for 1 of 18 residents (R8) 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) 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). Findings include: R8 admitted to the licensee June 20, 2022. R8's diagnoses included heart failure and cardiac arrhythmia. R8's service plan dated June 22, 2022 indicated R8 received services including medication administration. R8's unsigned physician orders dated July 26, 2022, included Fluticasone Propionate nasal suspension 50 micrograms (mcg) one (1) spray into each nostril once daily at 8:00 a.m. and lubricant eye drops ophthalmic solution 0.5% two (2) drops into each eye twice daily at 8:00 a.m. During an observation on July 26, 2022, at 7:40 a.m., unlicensed personnel (ULP)-H administered	01890		

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01890	Continued From page 111 R8's eyes drops then handed R8 the nasal spray to be self-administered. R8's lubricant eye drops and Fluticasone nasal spray lacked open dates. During an interview on July 26, 2022, at 7:50 a.m., ULP-H stated whoever opened the multi-use medication needed to label it with open and expiration dates. During an interview on July 27, 2022 at 12:30 p.m., registered nurse (RN)-A stated medications should have been dated when they were opened. RN-A stated staff needed to know a medication's expiration date, and stated it was not acceptable to use an opened multi-use medication, such as eye drops, if it had no open date. The licensee failed to provide an applicable policy in accordance with Minnesota Statutes Chapter 144G. TIME PERIOD FOR CORRECTION: Seven (7) Days	01890		
01910 SS=F	144G.71 Subd. 22 Disposition of medications (a) Any current medications being managed by the assisted living facility must be provided to the resident when the resident's service plan ends or medication management services are no longer part of the service plan. Medications for a resident who is deceased or that have been discontinued or have expired may be provided for disposal. (b) The facility shall dispose of any medications remaining with the facility that are discontinued or expired or upon the termination of the service contract or the resident's death according to state and federal regulations for disposition of	01910		

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01910	Continued From page 112 medications and controlled substances. (c) Upon disposition, the facility must document in the resident's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition. This MN Requirement is not met as evidenced by: Based on interview and record review the licensee failed to complete a medication disposition form for three of three discharged residents (R19, R20, R21) 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) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: R19 was discharged on April 14, 2022. R19's record lacked evidence a disposition of medication was completed. R20 was discharged on March 1, 2022. R20's record lacked evidence a disposition of medication was completed. R21 was discharged on April 14, 2022. R21's record lacked evidence a disposition of medication was completed. On July 27, 2022, at 12:30 p.m., registered nurse	01910		

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01910	Continued From page 113 (RN)-A, confirmed medication dispositions had not been completed for R19, R20 or R21. RN-A further stated these documents should have been completed and did not know why they were not done. A policy regarding discharge of residents was requested, but none was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	01910		
01920 SS=F	144G.71 Subd. 23 Loss or spillage (a) Assisted living facilities providing medication management must develop and implement procedures for loss or spillage of all controlled substances defined in Minnesota Rules, part 6800.4220. These procedures must require that when a spillage of a controlled substance occurs, a notation must be made in the resident's record explaining the spillage and the actions taken. The notation must be signed by the person responsible for the spillage and include verification that any contaminated substance was disposed of according to state or federal regulations. (b) The procedures must require that the facility providing medication management investigate any known loss or unaccounted for prescription drugs and take appropriate action required under state or federal regulations and document the investigation in required records. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to develop and	01920		

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01920	Continued From page 114 implement procedures for loss and spillage of controlled substances defined in Minnesota Rules part 6800.4220. This had the potential to affect all residents receiving services. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: During the entrance conference on July 25, 2022, at 10:00 a.m., registered nurse (RN)-A confirmed the licensee provided medication management services, including storage of controlled substances. On July 26, 2022, at 8:10 a.m., the licensed assisted living director (LALD)-B provided the licensee's policy books. The policies provided by LALD-B did not include a policy/procedure for loss or spillage of controlled substances in accordance with 144G statues. On July 25, 2022, at 11:55 a.m., the licensee's secure storage of controlled substances was observed with (unlicensed personnel) ULP-L. On July 27, 2022, at 12:30 p.m., RN-A verified the licensee had not developed a policy to address loss or spillage of controlled substances. TIME PERIOD FOR CORRECTION: Seven (7) days	01920		

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01950	Continued From page 115	01950		
01950 SS=D	144G.72 Subd. 4 Administration of treatments and therapy Ordered or prescribed treatments or therapies must be administered by a nurse, physician, or other licensed health professional authorized to perform the treatment or therapy, or may be delegated or assigned to unlicensed personnel by the licensed health professional according to the appropriate practice standards for delegation or assignment. When administration of a treatment or therapy is delegated or assigned to unlicensed personnel, the facility must ensure that the registered nurse or authorized licensed health professional has: (1) instructed the unlicensed personnel in the proper methods with respect to each resident and the unlicensed personnel has demonstrated the ability to competently follow the procedures; (2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's record; and (3) communicated with the unlicensed personnel about the individual needs of the resident. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure unlicensed personnel were trained and demonstrated competency in treatments to a registered nurse (RN) for one of one unlicensed personnel (ULP-E) 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) and was issued at an isolated scope (when one or a limited number of	01950		

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	30284	A. BUILDING: _____ B. WING _____	07/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHAMPLIN SHORES	119 EAST HAYDEN LAKE ROAD CHAMPLIN, MN 55316

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01950	Continued From page 116 residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings included: ULP-E was hired November 8, 2017, under the licensee's comprehensive home care license. ULP-E began providing assisted living services on August 1, 2021. On July 25, 2022, at 12:10 p.m., ULP-E was observed administering a nebulizer treatment to R4. On July 26, 2022, at 7:28 a.m., ULP-E was observed checking R15's blood glucose utilizing a glucometer, lancet device, and lancet. ULP-E was observed checking R15's blood pressure. On July 26, 2022, at 8:15 a.m., ULP-E was observed applying compression wraps to both of R18's legs. ULP-E's employee record lacked evidence ULP-E demonstrated competency in administering treatments in accordance with 144G statutes. On July 27, 2022, at 12:30 p.m., licensed assisted living director (LALD)-B and registered nurse (RN)-A, stated training had been completed, however there was no documentation of 144G training. The licensee lacked correlating policies to include the new Assisted Living Licensure requirements effective August 1, 2021. TIME PERIOD TO CORRECT: Seven (7) days.	01950		

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02040	Continued From page 117	02040		
02040 SS=F	144G.81 Subdivision 1 Fire protection and physical environment An assisted living facility with dementia care that has a secured dementia care unit must meet the requirements of section 144G.45 and the following additional requirements: (1) a hazard vulnerability assessment or safety risk must be performed on and around the property. The hazards indicated on the assessment must be assessed and mitigated to protect the residents from harm; and (2) the facility shall be protected throughout by an approved supervised automatic sprinkler system by August 1, 2029. This MN Requirement is not met as evidenced by: Based on document review and interview, the licensee failed to provide a hazard vulnerability or safety risk assessment that included hazards identified on and around the property. Mitigation of property hazards to protect residents from harm was not included. This had the potential to directly affect all residents and staff. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: On July 25, 2022, at approximately 12:30p.m., licensed assisted living director (LALD)-B could not provide documents for review.	02040		

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02040	Continued From page 118 The HVA Dementia Care Tool 2022 was not provided and could not be verified for hazards or safety risks identified on and around the property with mitigation of property hazards to protect residents from harm. On July 25, 2022, at approximately 12:30 p.m., LALD-B confirmed during the exit interview that the facility failed to include safety risks or hazards identified on and around the property in the assessment. They also confirmed that mitigation of property hazards to protect residents from harm had not been completed. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	02040		
02110 SS=F	144G.82 Subd. 3 Policies (a) In addition to the policies and procedures required in the licensing of all facilities, the assisted living facility with dementia care licensee must develop and implement policies and procedures that address the: (1) philosophy of how services are provided based upon the assisted living facility licensee's values, mission, and promotion of person-centered care and how the philosophy shall be implemented; (2) evaluation of behavioral symptoms and design of supports for intervention plans, including nonpharmacological practices that are person-centered and evidence-informed; (3) wandering and egress prevention that provides detailed instructions to staff in the event a resident elopes; (4) medication management, including an	02110		

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02110	Continued From page 119 assessment of residents for the use and effects of medications, including psychotropic medications; (5) staff training specific to dementia care; (6) description of life enrichment programs and how activities are implemented; (7) description of family support programs and efforts to keep the family engaged; (8) limiting the use of public address and intercom systems for emergencies and evacuation drills only; (9) transportation coordination and assistance to and from outside medical appointments; and (10) safekeeping of residents' possessions. (b) The policies and procedures must be provided to residents and the residents' legal and designated representatives at the time of move-in. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop and implement all required policies and procedures related to dementia care. This had the potential to affect all residents receiving services. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: The licensee was licensed as an Assisted Living with Dementia Care facility on August 1, 2021.	02110		

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02110	Continued From page 120 The licensee's policies were reviewed on July 26, 2022, and the following required policies and procedures were not developed/implemented: -Philosophy of how services are provided based upon the assisted living facility licensee's values, mission, and promotion of person-centered care and how the philosophy shall be implemented; -Evaluation of behavioral symptoms and design of supports for intervention plans, including nonpharmacological practices that are person-centered and evidence-informed; -Wandering and egress prevention that provides detailed instructions to staff in the event a resident elopes; -Medication management, including an assessment of residents for the use and effects of medications, including psychotropic medications; -Staff training specific to dementia care; -Description of life enrichment programs and how activities are implemented; -Description of family support programs and efforts to keep the family engaged; -Limiting the use of public address and intercom systems for emergencies and evacuation drills only; -Transportation coordination and assistance to and from outside medical appointments; and -Safekeeping of residents' possessions. On July 27, 2022, at 12:30 p.m., registered nurse (RN)-A and licensed assisted living director (LALD)-B confirmed no dementia care policies were in place in the facility, in accordance with 144G statutes. The licensee lacked correlating policies to include the new Assisted Living Licensure requirements	02110		

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02110	Continued From page 121 effective August 1, 2021. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	02110		
02120 SS=F	144G.83 Subdivision 1 General (a) An assisted living facility with dementia care must provide residents with dementia-trained staff who have been instructed in the person-centered care approach. All direct care staff assigned to care for residents with dementia must be specially trained to work with residents with Alzheimer's disease and other dementias. (b) Only staff trained as specified in subdivisions 2 and 3 shall be assigned to care for dementia residents. (c) Staffing levels must be sufficient to meet the scheduled and unscheduled needs of residents. Staffing levels during nighttime hours shall be based on the sleep patterns and needs of residents. (d) In an emergency situation when trained staff are not available to provide services, the facility may assign staff who have not completed the required training. The particular emergency situation must be documented and must address: (1) the nature of the emergency; (2) how long the emergency lasted; and (3) the names and positions of staff that provided coverage. This MN Requirement is not met as evidenced by: Based on interview, observation, and record review, the licensee failed to ensure staff working in the dementia care unit were trained in person-centered care approach for three of three unlicensed personnel (ULP)-E, ULP-F, and	02120		

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02120	Continued From page 122 ULP-G 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) 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: The licensee failed to ensure the dementia care unit was staffed with ULP who had been instructed in the person-centered care approach. ULP-E was hired November 8, 2017, under the licensee's comprehensive home care license. ULP-E began providing assisted living services on August 1, 2021. ULP-F was hired September 18, 2017, under the licensee's comprehensive home care license. ULP-F began providing assisted living services on August 1, 2021. ULP-G was hired October 15, 2019, under the licensee's comprehensive home care license. ULP-G began providing assisted living services on August 1, 2021. On July 25, 2022, at 12:10 p.m., ULP-E was observed administering a nebulizer treatment to R4. On July 25, 2022, at 1:06 p.m., ULP-F and ULP-G were observed transferring R6 from her wheelchair to her bed. ULP-E and ULP-F then provided peri care and changed R6's diaper	02120		

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02120	Continued From page 123 before re-dressing her and setting her up for her nap. All three employee files lacked evidence of completion of training in dementia care, including person-centered care approach, in accordance with 144G statutes. On July 27, 2022, at 12:30 p.m., licensed assisted living director (LALD)-B and registered nurse (RN)-A, stated training had been completed, however there was no documentation of 144G training. The licensee lacked dementia care training policies to include the new Assisted Living Licensure requirements effective August 1, 2021. TIME PERIOD FOR CORRECTION: Fourteen (14) days.	02120		
02170 SS=F	144G.84 SERVICES FOR RESIDENTS WITH DEMENTIA (b) Each resident must be evaluated for activities according to the licensing rules of the facility. In addition, the evaluation must address the following: (1) past and current interests; (2) current abilities and skills; (3) emotional and social needs and patterns; (4) physical abilities and limitations; (5) adaptations necessary for the resident to participate; and (6) identification of activities for behavioral interventions. (c) An individualized activity plan must be developed for each resident based on their	02170		

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02170	Continued From page 124 activity evaluation. The plan must reflect the resident's activity preferences and needs. (d) A selection of daily structured and non-structured activities must be provided and included on the resident's activity service or care plan as appropriate. Daily activity options based on resident evaluation may include but are not limited to: (1) occupation or chore related tasks; (2) scheduled and planned events such as entertainment or outings; (3) spontaneous activities for enjoyment or those that may help defuse a behavior; (4) one-to-one activities that encourage positive relationships between residents and staff such as telling a life story, reminiscing, or playing music; (5) spiritual, creative, and intellectual activities; (6) sensory stimulation activities; (7) physical activities that enhance or maintain a resident's ability to ambulate or move; and (8) outdoor activities. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure activity evaluations including all six (6) required areas and written individualized activity plans based on the evaluations were completed for 2 of 2 residents (R5, R6) residing in the memory care unit 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) 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).	02170		

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02170	Continued From page 125 Findings include: R5 admitted to the licensee May 26, 2022 and resided in the memory care unit. R5's diagnoses included Parkinson's disease, atrial fibrillation, and metabolic encephalopathy. R5's service plan dated July 21, 2022, indicated R5 received services including medication administration and toileting assistance. R5's record lacked an activity evaluation including all six (6) required areas, as well as a written individualized activity plan based on the evaluation. R6 admitted to the licensee October 17, 2019 and resided in the memory care unit. R6's diagnoses included dementia and chronic obstructive pulmonary disease (COPD). A signed service plan dated February 23, 2022. indicated R6 received services including escorts, medication administration, and assistance with toileting. R6's record lacked an activity evaluation including all six (6) required areas, as well as a written individualized activity plan based on the evaluation. During an interview on July 27, 2022 at 12:30 p.m., licensed assisted living director (LALD)-B acknowledged being unsure about this requirement. The licensee failed to provide an applicable policy in accordance with Minnesota Statues Chapter 144G. TIME PERIOD FOR CORRECTION: Twenty-One (21) Days	02170		

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02260 SS=C	144G.90 Subd. 3 Notice of dementia training An assisted living facility with dementia care shall make available in written or electronic form, to residents and families or other persons who request it, a description of the training program and related training it provides, including the categories of employees trained, the frequency of training, and the basic topics covered. A hard copy of this notice must be provided upon request. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide in written or electronic form to residents, families, or other persons who request it, an accurate description of the dementia care training program with the required content with records reviewed. This affected all residents. 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). The findings include: The licensee had an Assisted Living with Dementia Care license, dated December 28, 2021. During the entrance conference on July 25, 2022, at 10:00 a.m., registered nurse (RN)-A verified the licensee had a locked dementia unit. The	02260		

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02260	Continued From page 127 surveyors requested a copy of the dementia training disclosure, but none was provided. The licensee lacked a Notice of Dementia Training for Assisted Living with Dementia Care. The licensee lacked dementia care policies to include the new Assisted Living Licensure requirements effective August 1, 2021. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	02260		
02280 SS=F	144G.90 Subd. 5 Notice to residents; change in ownership or m (a) A facility must provide written notice to the resident, legal representative, or designated representative of a change of ownership within seven calendar days after the facility receives a new license. (b) A facility must provide prompt written notice to the resident, legal representative, or designated representative, of any change of legal name, telephone number, and physical mailing address, which may not be a public or private post office box, of: (1) the manager of the facility, if applicable; and (2) the authorized agent. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to demonstrate it provided written notice to the residents or representatives of a change of ownership within seven calendar days after the licensee received a new license in 11 of 11 residents (R1, R2, R3, R5, R6, R7, R9, R13,	02280		

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02280	Continued From page 128 R14, R15, R16) 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) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: R1 admitted to the licensee June 30, 2021. R1's diagnoses included diabetes mellitus and hypertension. R1's service plan dated February 5, 2022, indicated R1 received assistance with glucose checks, medication administration, and housekeeping. The licensee failed to provide a signed acknowledgment or receipt R1 or R1's representative received notice of the change of ownership. R2 admitted to the licensee May 25, 2022. R2's diagnoses included end stage renal disease (ESRD) and chronic pain. R2's service plan dated July 25, 2022,indicated R2 received services including vital signs and observation of his dialysis shunt. The licensee failed to provide a signed acknowledgment or receipt R2 or R2's representative received notice of the change of ownership. R3 admitted to the licensee January 31, 2022. R3's diagnoses included heart failure, cardiac pacemaker, and weakness. R3's service plan	02280		

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02280	Continued From page 129 dated June 23, 2022, indicated R3 received services including vital signs. The licensee failed to provide a signed acknowledgment or receipt R3 or R3's representative received notice of the change of ownership. R5 admitted to the licensee May 26, 2022 and resided on the memory care unit. R5's diagnoses included Parkinson's disease, atrial fibrillation, and metabolic encephalopathy. R5's service plan dated July 21, 2022, indicated R5 received services including medication administration and toileting assistance. The licensee failed to provide a signed acknowledgment or receipt R5 or R5's representative received notice of the change of ownership. R6 admitted to the licensee October 17, 2019, and resided on the memory care unit. R6's diagnoses included dementia and chronic obstructive pulmonary disease (COPD). A signed service plan dated February 23, 2022, indicated R6 received services including escorts, medication administration, and assistance with toileting. The licensee failed to provide a signed acknowledgment or receipt R6 or R6's representative received notice of the change of ownership. R7 admitted to the licensee February 7, 2020. R7's diagnoses included weakness, adult failure to thrive, and macular degeneration. A service plan dated October 22, 2020, indicated R7 received services including medication	02280		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30284	A. BUILDING: _____ B. WING _____	07/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHAMPLIN SHORES	119 EAST HAYDEN LAKE ROAD CHAMPLIN, MN 55316

(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
02280	Continued From page 130 administration, vital sign checks, and toileting assistance as needed. The licensee failed to provide a signed acknowledgment or receipt R7 or R7's representative received notice of the change of ownership. R9 admitted to the licensee August 15, 2017. R9's diagnoses included end stage renal disease (ESRD) and hemiplegia. The licensee failed to provide a service plan. R9's electronic medication administration records (EMAR) for July 2022, indicated R9 received medication administration and vital sign checks. The licensee failed to provide a signed acknowledgment or receipt R9 or R9's representative received notice of the change of ownership. R13 admitted to the licensee May 14, 2020. R13's diagnoses included diabetes mellitus, sleep apnea, and epilepsy. The licensee failed to provide a service plan. R13's EMAR for July 2022, indicated R13 received medication administration and blood glucose monitoring. The licensee failed to provide a signed acknowledgment or receipt R13 or R13's representative received notice of the change of ownership. R14 admitted to the licensee July 9, 2020. R14's diagnoses included cerebral infarction, hemiplegia, and dysphagia. R14's service plan dated November 29, 2020, indicated R14 received services including transfer assistance, vital sign checks, an medication administration.	02280		

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	30284	A. BUILDING: _____ B. WING _____	07/27/2022

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02280	Continued From page 131 The licensee failed to provide a signed acknowledgment or receipt R14 or R14's representative received notice of the change of ownership. R15 admitted to the licensee March 31, 2022. R15's diagnoses included diabetes mellitus type 2 and hypertension. R15's service plan dated June 28, 2022, indicated R15 received services including blood glucose monitoring and medication administration. The licensee failed to provide a signed acknowledgment or receipt R15 or R15's representative received notice of the change of ownership. R16 admitted to the licensee March 31, 2022. R16's diagnoses included Parkinson's disease and glaucoma. R16's service plan dated July 7, 2022, indicated R16 received services including medication administration and assistance with bathing as needed. The licensee failed to provide a signed acknowledgment or receipt R16 or R16's representative received notice of the change of ownership. During an interview on July 27, 2022 at 12:30 p.m., licensed assisted living director (LALD)-B stated residents and families were sent a notice of the change of ownership but did not put the notice in everyone's charts. LALD-B stated she did not have the residents or representatives sign an acknowledgment of receiving the notice. The licensee failed to provide an applicable policy in accordance with Minnesota Statutes Chapter 144G.	02280		

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	30284	A. BUILDING: _____ B. WING _____	07/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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02280	Continued From page 132 TIME PERIOD FOR CORRECTION: Seven (7) Days	02280		
02290 SS=F	144G.91 Subd. 2 Legislative intent The rights established under this section for the benefit of residents do not limit any other rights available under law. No facility may request or require that any resident waive any of these rights at any time for any reason, including as a condition of admission to the facility. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee included within the residency agreement contract language which limited the rights of 6 of 6 residents (R1, R2, R3, R5, R6, R14) 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) 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). Findings include: R1 admitted to the licensee June 30, 2021. R1's diagnoses included diabetes mellitus and hypertension. R1's service plan dated February 5, 2022, indicated R1 received assistance with glucose checks, medication administration, and housekeeping.	02290		

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	30284	A. BUILDING: _____ B. WING _____	07/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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02290	Continued From page 133 R1 signed a residency agreement contract June 30, 2021. R1's new residency agreement contract for Assisted Living Licensure (ALL) dated July 31, 2021, lacked a signature. This contract included language in subsection four titled Residency Requirements under section three titled Housing which indicated the following: Your ability to function with or without limited assistance must be consistent with the services and care offered by the Community. Also, the staffing level required for your care cannot compromise or increase the overall staffing level of the building. R2 admitted to the licensee May 25, 2022. R2's diagnoses included end stage renal disease (ESRD) and chronic pain. R2's service plan dated July 25, 2022, indicated R2 received services including vital signs and observation of his dialysis shunt. R2 signed a residency agreement contract on May 25, 2022. This contract included language in subsection four titled Residency Requirements under section three titled Housing which indicated the following: Your ability to function with or without limited assistance must be consistent with the services and care offered by the Community. Also, the staffing level required for your care cannot compromise or increase the overall staffing level of the building. R3 admitted to the licensee January 31, 2022. R3's diagnoses included heart failure, cardiac pacemaker, and weakness. R3's service plan dated June 23, 2022, indicated R3 received services including vital signs.	02290		

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	30284	A. BUILDING: _____ B. WING _____	07/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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02290	Continued From page 134 R3's representative signed a residency agreement contract January 31, 2022. This contract included language in subsection four titled Residency Requirements under section three titled Housing which indicated the following: Your ability to function with or without limited assistance must be consistent with the services and care offered by the Community. Also, the staffing level required for your care cannot compromise or increase the overall staffing level of the building. R5 admitted to the licensee May 26, 2022 and resided on the memory care unit. R5's diagnoses included Parkinson's disease, atrial fibrillation, and metabolic encephalopathy. R5's service plan dated July 21, 2022, indicated R5 received services including medication administration and toileting assistance. R5's representative signed a residency agreement contract May 26, 2022. This contract included language in subsection four titled Residency Requirements under section three titled Housing which indicated the following: Your ability to function with or without limited assistance must be consistent with the services and care offered by the Community. Also, the staffing level required for your care cannot compromise or increase the overall staffing level of the building. R6 admitted to the licensee October 17, 2019, and resided on the memory care unit. R6's diagnoses included dementia and chronic obstructive pulmonary disease (COPD). A signed service plan dated February 23, 2022, indicated	02290		

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	30284	A. BUILDING: _____ B. WING _____	07/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHAMPLIN SHORES	119 EAST HAYDEN LAKE ROAD CHAMPLIN, MN 55316

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02290	Continued From page 135 R6 received services including escorts, medication administration, and assistance with toileting. R6's representative signed a residency agreement contract October 17th, 2019. R6's new residency agreement contract for ALL dated July 31, 2021, lacked a signature. This contract included language in subsection four titled Residency Requirements under section three titled Housing which indicated the following: Your ability to function with or without limited assistance must be consistent with the services and care offered by the Community. Also, the staffing level required for your care cannot compromise or increase the overall staffing level of the building. R14 admitted to the licensee July 9, 2020. R14's diagnoses included cerebral infarction, hemiplegia, and dysphagia. R14's service plan dated November 29, 2020, indicated R14 received services including transfer assistance, vital sign checks, an medication administration. R14 signed a residency agreement contract July 30, 2021. This contract included language in subsection four titled Residency Requirements under section three titled Housing which indicated the following: Your ability to function with or without limited assistance must be consistent with the services and care offered by the Community. Also, the staffing level required for your care cannot compromise or increase the overall staffing level of the building. During an interview on July 27, 2022 at 12:30	02290		

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02290	Continued From page 136 p.m., licensed assisted living director (LALD)-B described the statement as weird and stated she had read the licensee's contract but had not really read that paragraph. LALD-B stated she did not consider it appropriate to have in the contract. The licensee failed to provide an applicable policy in accordance with Minnesota Statutes Chapter 144G. TIME PERIOD FOR CORRECTION: Twenty-One (21) Days	02290		

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

Type: Full
Date: *07/25/22*
Time: 10:30:00
Report: 1005221079

Food and Beverage Establishment Inspection Report

Location:
Champlin Shores
119 East Hayden Lake Road
Champlin, MN55316
Hennepin County, 27

Establishment Info:
ID #: 0038696
Risk:
Announced Inspection: Yes

License Categories:

Expires on: / /

Operator:

Phone #: 7637120118
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.

4-700 Sanitizing Equipment and Utensils

4-703.11B ** Priority 1 **

MN Rule 4626.0905B Sanitize food contact surfaces of equipment and utensils after cleaning by using mechanical hot water operations that achieve a utensil surface temperature of 160 degrees F (71 degrees C) and are set up and maintained in accordance with the specifications of NSF International and the manufacturer's data plate.

THE DISH MACHINE WAS RUN SEVERAL TIMES AND DID NOT PROVIDE A UTENSIL SURFACE TEMPERATURE ABOVE 151 DEGREES F. KITCHEN MANAGER WILL CALL TO HAVE IT SERVICED. USE 3-COMP SINK TO SANITIZE UNTIL IT IS FIXED.

Comply By: 07/25/22

4-300 Equipment Numbers and Capacities

4-302.13B ** Priority 2 **

MN Rule 4626.0710B Provide a readily accessible, irreversible registering temperature indicator for measuring the utensil surface temperature in mechanical hot water warewashing operations.

IRREVERSIBLE REGISTERING TEMPERATURE INDICATOR NOT AVAILABLE TO TEST THE UTENSIL SURFACE TEMPERATURE OF THE DISH MACHINE.

Comply By: 08/01/22

4-600 Cleaning Equipment and Utensils

4-601.11A ** Priority 2 **

MN Rule 4626.0840A Equipment food-contact surfaces and utensils must be clean to sight and touch.

THE CAN OPENER BLADE HAD A BUILD-UP OF DRIED ON FOOD DEBRIS. CAN OPENER WAS BROUGHT TO THE DISH AREA TO BE CLEANED.

Comply By: 07/25/22

3-300C Protection from Contamination: equipment/utensils, consumers

3-304.14B

MN Rule 4626.0285B Wiping cloths used for wiping counters and other equipment surfaces must be held in an approved sanitizing solution and laundered daily.

THE WIPING CLOTH BUCKET TESTED AT LESS THAN 50 PPM QUATERNARY AMMONIUM. KEEP QUAT BETWEEN 200 AND 400 PPM.

Comply By: 07/25/22

4-500 Equipment Maintenance and Operation

4-501.11AB

MN Rule 4626.0735AB All equipment and components must be in good repair and maintained and adjusted in accordance with manufacturer's specifications.

THE HIGH TEMPERATURE DISH MACHINE WAS NOT ABLE TO PROVIDE A UTENSIL SURFACE TEMPERATURE OF 160 DEGREES F OR ABOVE. MANAGER WILL CALL TO HAVE IT SERVICED. USE 3-COMP SINK TO SANITIZE DISHES.

Comply By: 07/25/22

4-600 Cleaning Equipment and Utensils

4-602.11E

MN Rule 4626.0845E Clean surfaces contacting food that is not TCS: 1. at any time when contamination may have occurred; 2. at least once every 24 hours for iced tea dispensers and consumer self-service utensils; 3. before restocking consumer self-service equipment and utensils such as condiment dispensers, and display containers; 4. at a frequency specified by the manufacturer or at a frequency necessary to preclude accumulation of soil or mold for ice bins, beverage dispensing nozzles, enclosed components of ice makers, cooking oil storage tanks and distribution lines, beverage and syrup dispensing lines or tubes, coffee bean grinders, and water vending equipment.

THE SPILL BAFFLE IN THE ICE MACHINE WAS BEGINNING TO FORM A PINK SLIME. CORRECTED ON SITE.

Comply By: 07/25/22

Surface and Equipment Sanitizers

Quaternary Ammonia: = <50PPM at Degrees Fahrenheit
Location: WIPING CLOTH BUCKET
Violation Issued: Yes

Quaternary Ammonia: = 200+PPM at Degrees Fahrenheit
Location: 3-COMP DISPENSER
Violation Issued: No

Utensil Surface Temp.: = at 151 Degrees Fahrenheit
Location: DISH MACHINE
Violation Issued: Yes

Food and Equipment Temperatures

Process/Item: Cold Hold/PASTA SALAD
Temperature: 35 Degrees Fahrenheit - Location: TRUE 2-DOOR REACH-IN COOLER
Violation Issued: No

Process/Item: Cold Hold/MILK
Temperature: 36 Degrees Fahrenheit - Location: TRUE 2-DOOR REACH-IN COOLER
Violation Issued: No

Process/Item: Hot Hold/BBQ CHICKEN
Temperature: 188 Degrees Fahrenheit - Location: STEAM TABLE
Violation Issued: No

Process/Item: Hot Hold/BURGERS
Temperature: 155 Degrees Fahrenheit - Location: STEAM TABLE
Violation Issued: No

Process/Item: Hot Hold/BEANS
Temperature: 182 Degrees Fahrenheit - Location: STEAM TABLE
Violation Issued: No

Process/Item: Hot Hold/CREAM MUSH. SOUP
Temperature: 194 Degrees Fahrenheit - Location: SOUP WARMER
Violation Issued: No

Process/Item: Cold Hold/WATERMELON
Temperature: 41 Degrees Fahrenheit - Location: WALK-IN COOLER
Violation Issued: No

Process/Item: Cold Hold/ROAST
Temperature: 37 Degrees Fahrenheit - Location: WALK-IN COOLER
Violation Issued: No

Process/Item: Cold Hold/HAM
Temperature: 36 Degrees Fahrenheit - Location: WALK-IN COOLER
Violation Issued: No

Process/Item: Cold Hold/HARD BOILED EGG
Temperature: 37 Degrees Fahrenheit - Location: WALK-IN COOLER
Violation Issued: No

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

INSPECTION COMPLETED WITH KITCHEN MANAGER AND EMAILED TO HRD EVALUATOR, MAERIN RENEE.

DISCUSSED ORDERS ON REPORT, COOLING PROCEDURES, AND COOKING OF RAW MEAT AND EGGS.

THE DISH MACHINE WAS NOT REACHING A UTENSIL SURFACE TEMPERATURE OF AT LEAST 160 DEGREES F. DISHES MUST BE SANITIZED IN THE 3-COMPARTMENT SINK UNTIL IT HAS BEEN REPAIRED. INSPECTOR LEFT TEMPERATURE SENSITIVE STICKERS ON SITE FOR OPERATOR TO CHECK DISH MACHINE UNTIL THEY ARE ABLE TO PROVIDE THEIR OWN.

Food and Beverage Establishment Inspection Report

OPERATOR WILL EMAIL INSPECTOR A PICTURE OF A STICKER TO SHOW THE DISH MACHINE HAS BEEN REPAIRED.

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 1005221079 of 07/25/22.

Certified Food Protection Manager: SUSAN A. ZWACK

Certification Number: FM106206 Expires: 05/07/24

Signed: _____

SUSAN ZWACK
KITCHEN MANAGER

Signed: _____

Jessica Davis
Public Health Sanitarian III
651-201-3961
jessica.davis@state.mn.us