Electronically Delivered

December 28, 2023

Licensee
Round Lake Senior Living
1740 Parkshore Drive
Arden Hills, MN 55112

RE: Project Number(s) SL39081015

Dear Licensee:

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

The Minnesota Department of Health completed an initial survey on November 8, 2023, for the purpose assessing compliance with state licensing statutes. At the time of the survey, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G.

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

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

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

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the resident(s)/employee(s) identified in the correction order.

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

CORRECTION ORDER RECONSIDERATION PROCESS

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

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

To submit a reconsideration request, please visit:

https://forms.web.health.state.mn.us/form/HRD-Appeals-Form

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

If you have any questions, please contact me.

Sincerely,

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

PMB

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39081	A. BUILDING: _____ B. WING _____	11/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROUND LAKE SENIOR LIVING	1740 PARKSHORE DRIVE ARDEN HILLS, MN 55112

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments ******ATTENTION****** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL39081015-0 On November 6, 2023, through November 8, 2023, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were 51 active residents; 31 receiving services under the Assisted Living with Dementia Care license.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3.	
01540 SS=D	144G.64 (a) TRAINING IN DEMENTIA CARE REQUIRED (3) for assisted living facilities with dementia care,	01540		

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01540	Continued From page 1 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 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 direct-care staff completed the required eight (8) hours of dementia care training within 80 working hours of employment for one of two employees (unlicensed personnel (ULP)-B). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: ULP-B was hired on May 18, 2023, and was identified as working as a full-time employee at	01540		

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01540	Continued From page 2 this time. ULP-B's Orientation Packet dated May 23, 2023, indicated ULP-B completed one and one quarter (1.25) hours of training on dementia care. ULP-B's Relias (online training platform) transcript printed November 6, 2023, indicated ULP-B completed four (4) hours of dementia care training assigned by licensee. ULP-B's record indicated ULP-B completed five and one quarter (5.25) total hours of topics on dementia care. On November 6, 2023, at 1:15 p.m., licensed assisted living director (LALD)-C stated that ULP-B had completed 5 hours of dementia care training and had not completed the full training hours required of all employees. LALD-C stated that licensee required all employees to complete 8 hours of dementia care training within 80 working hours. The licensee's undated [licensee] Memory Care Guide: Minnesota Assisted Living (144G) document indicated direct care staff would receive 8 hours of dementia care training withing 80 working hours. The licensee's Personnel Records and Retention policy dated October 2021, indicated records of orientation and training would be maintained each respected employee's record. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01540		

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01610	Continued From page 3	01610		
01610 SS=D	144G.70 Subd. 2 (a-b) Initial reviews, assessments, and monitoring (a) Residents who are not receiving any assisted living services shall not be required to undergo an initial nursing assessment. (b) An assisted living facility shall conduct a 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 observation, interview, and record review, the licensee failed to ensure a registered nurse (RN) conducted an assessment to address the physical needs for one of three residents (R2). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).	01610		

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01610	Continued From page 4 The findings include: R2 was admitted on October 2, 2023. R2's NEW Nursing Assessment dated October 11, 2023, lacked identification R2 required an ankle foot orthosis (AFO) related to R2's contracture on their right lower extremity (RLE or right foot). R2's CONFIDENTIAL Fax dated October 20, 2023, related to a provider encounter on October 17, 2023, read, "3. Right hemiplegia (right sided weakness) history of CVA (cerebral vascular accident or stroke) Continue RLE AFO." On November 11, 2023, at 6:50 a.m., observed unlicensed personnel (ULP)-B apply AFO to R2's RLE. ULP-B indicated R2 required assistance to apply AFO each morning and assistance to remove the AFO each evening. On November 7, 2023, at 12:00 p.m., clinical nurse supervisor (CNS)-D stated R2's assessment lacked identification of R2's AFO. CNS-D stated licensee was aware of the AFO but did not know why it was not addressed on R2's assessment as R2 required assistance with the AFO each morning and evening. The licensee's Comprehensive Assessment Schedule policy dated August 2022, indicated licensee's assessments would address, "the individualized needs of each home care client." No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01610		

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01940 SS=D	144G.72 Subd. 3 Individualized treatment or therapy managemen For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following: (1) a statement of the type of services that will be provided; (2) documentation of specific resident instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop a service plan to include all treatment or therapy services provided for one of three residents (R2).	01940		

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01940	Continued From page 6 This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: R2 was admitted on October 2, 2023. R2's CONFIDENTIAL Fax dated October 20, 2023, related to a provider encounter on October 17, 2023, read, "3. Right hemiplegia (right sided weakness) history of CVA (cerebral vascular accident or stroke) Continue RLE AFO." R2's Service Agreement with effective date November 7, 2023, identified by clinical nurse supervisor (CNS)-D as R2's service plan with all agreed upon services lacked identification of R2's AFO service. On November 11, 2023, at 6:50 a.m., observed unlicensed personnel (ULP)-B apply AFO to R2's RLE. ULP-B indicated R2 required assistance to apply AFO each morning and assistance to remove the AFO each evening. On November 7, 2023, at 12:00 p.m., CNS-D stated R2's service plan lacked identification of R2's AFO. CNS-D stated licensee was aware of the AFO but did not know why it was not addressed on R2's service plan as R2 received services for the AFO each morning and evening.	01940		

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01940	Continued From page 7 The licensee's Medications & Treatments policy dated March 2021, indicated medications and treatment services would be included on each respective resident's service plan. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01940		
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 This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) specified, in writing, specific instructions for a resident with a	01950		

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01950	Continued From page 8 treatment or therapy and documented those instructions in the resident's record for one of three residents (R2). This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: R2 was admitted on October 2, 2023. R2's CONFIDENTIAL Fax dated October 20, 2023, related to a provider encounter on October 17, 2023, read, "3. Right hemiplegia (right sided weakness) history of CVA (cerebral vascular accident or stroke) Continue RLE (right lower extremity or right foot) AFO (ankle foot orthosis or sometimes commonly referred to as a splint or brace)." On November 11, 2023, at 6:50 a.m., observed unlicensed personnel (ULP)-B apply AFO to R2's RLE. ULP-B indicated R2 required assistance to apply AFO each morning and assistance to remove the AFO each evening. On November 7, 2023, at 11:30 a.m., clinical nurse supervisor (CNS)-D stated R2's record lacked written instructions for R2's AFO. CNS-D stated licensee was aware of the AFO but did not know why instructions were not included in R2's record as R2 received services for the AFO each morning and evening.	01950		

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01950	Continued From page 9 The licensee's Medications & Treatments policy dated March 2021, indicated written instructions for treatments or therapy would be included in each resident's respected record. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01950		
01960 SS=D	144G.72 Subd. 5 Documentation of administration of treatments Each treatment or therapy administered by an assisted living facility must be in the resident record. The documentation must include the signature and title of the person who administered the treatment or therapy and must include the date and time of administration. When treatment or therapies are not administered as ordered or prescribed, the provider must document the reason why it was not administered and any follow-up procedures that were provided to meet the resident's needs. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure documentation of the administration of a treatment or therapy was completed for one of three residents (R2). This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and	01960		

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01960	Continued From page 10 was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: R2 was admitted on October 2, 2023. R2's CONFIDENTIAL Fax dated October 20, 2023, related to a provider encounter on October 17, 2023, read, "3. Right hemiplegia (right sided weakness) history of CVA (cerebral vascular accident or stroke) Continue RLE (right lower extremity or right foot) AFO (ankle foot orthosis or sometimes commonly referred to as a splint or brace)." On November 11, 2023, at 6:50 a.m., observed unlicensed personnel (ULP)-B apply AFO to R2's RLE. ULP-B indicated R2 required assistance to apply AFO each morning and assistance to remove the AFO each evening. On November 7, 2023, at 11:30 a.m., clinical nurse supervisor (CNS)-D stated R2's record lacked documentation R2's AFO was applied each morning and removed each evening. CNS-D stated licensee failed to enter R2's AFO into licensee's electronic health record (EHR) and documentation for R2's AFO would not be completed as the order for the AFO was not entered in the EHR. The licensee's Medications & Treatments policy dated March 2021, indicated documentation of all treatments or therapy would be completed in each resident's record. No further information provided.	01960		

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01960	Continued From page 11 TIME PERIOD FOR CORRECTION: Seven (7) days	01960		
01970 SS=D	144G.72 Subd. 6 Treatment and therapy orders There must be an up-to-date written or electronically recorded order from an authorized prescriber for all treatments and therapies. The order must contain the name of the resident, a description of the treatment or therapy to be provided, and the frequency, duration, and other information needed to administer the treatment or therapy. Treatment and therapy orders must be renewed at least every 12 months. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure up-to-date written or electronic treatment orders were maintained for one of three treatment residents (R4). 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 isolated scope (when one or a limited number of residents are affected, or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: R4 was admitted on October 27, 2023, with diagnoses including Parkinson's disease and urinary retention with incomplete bladder	01970		

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ROUND LAKE SENIOR LIVING	1740 PARKSHORE DRIVE ARDEN HILLS, MN 55112

(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
01970	Continued From page 12 emptying. R4's Service Agreement dated October 27, 2023, indicated R4 received treatment services for catheter care five times per day. R4's Service Checkoff List for November 2023, indicated R4's catheter care was provided five times daily at 6:15 a.m., 10:00 a.m., 2:00 p.m., 6:00 p.m., and 10:00 p.m. On November 6, 2023, at 7:00 a.m., observed unlicensed personnel (ULP)-B empty R4's bedside foley bag and recorded results in R4's record. ULP-B stated they would return later in the morning to complete additional catheter care. R4's record lacked written or electronic orders authenticated by R4's provider. On November 8, 2023, at 10:00 a.m., clinical nurse supervisor (CNS)-D stated licensee was unable to locate current, up to date physician's order for R4's catheter care. The licensee's Medications and Treatments policy dated March 2021, indicated the licensee's registered nurse was responsible for maintaining current, authorized prescriber orders for treatments or therapies to be administered by the licensee. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01970		

Minnesota Department of Health
Environmental Health, FPLS
P.O Box 64975
Saint Paul
651-201-4500

Type: Full
Date: *11/06/23*
Time: 09:10:46
Report: 1018231203

Food and Beverage Establishment Inspection Report

Location:
Round Lake Senior Living
1740 Parkshore Drive
Arden Hills, MN55112
Ramsey County, 62

Establishment Info:
ID #: 0042187
Risk:
Announced Inspection: No

License Categories:

Expires on: 12/31/23

Operator:

Phone #:
ID #:

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

No NEW orders were issued during this inspection.

Surface and Equipment Sanitizers

SMARTPOWER: = 700PPM at Degrees Fahrenheit
Location: 3 COMPARTMENT SINK
Violation Issued: No

SMARTPOWER: = 700PPM at Degrees Fahrenheit
Location: BUCKET
Violation Issued: No

Hot Water: = at 165 Degrees Fahrenheit
Location: DISHWASHER
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cold Holding/ CHICKEN
Temperature: 36 Degrees Fahrenheit - Location: PREP COOLER
Violation Issued: No

Process/Item: Cold Holding/ TOMATO
Temperature: 40 Degrees Fahrenheit - Location: PREP COOLER
Violation Issued: No

Process/Item: Cold Holding/ VEGGIE
Temperature: 36 Degrees Fahrenheit - Location: PREP COOLER
Violation Issued: No

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

Food and Beverage Establishment Inspection Report

Process/Item: Cold Holding/ SOUP
Temperature: 38 Degrees Fahrenheit - Location: WALK IN COOLER
Violation Issued: No

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

Process/Item: Hot Holding/ CHICKEN
Temperature: 168 Degrees Fahrenheit - Location: STEAM TABLE
Violation Issued: No

Process/Item: Hot Holding/ SOUP
Temperature: 175 Degrees Fahrenheit - Location: STEAM TABLE
Violation Issued: No

Process/Item: Hot Holding/ VEG
Temperature: 191 Degrees Fahrenheit - Location: STEAM TABLE
Violation Issued: No

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

DISCUSSED EMPLOYEE ILLNESS AND ILLNESS REPORTING

DISCUSSED PEST CONTROL AND MONITORING

ESTABLISHMENT USES ALL PASTEURIZED EGGS

NO ORDERS ISSUED

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 1018231203 of 11/06/23.

Certified Food Protection Manager: FABIAN T HENDRICKS

Certification Number: 29399 Expires: 07/29/25

Inspection report reviewed with person in charge and emailed.

Signed: _____
KATIE GILLMAN
EXECUTIVE DIRECTOR

Signed: _____
2204Rebecca Prestwood
Sanitarian 3
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