



Protecting, Maintaining and Improving the Health of All Minnesotans

NOTICE OF REMOVAL OF CONDITIONS ON PROVISIONAL LICENSE - LICENSE GRANTED

Electronic Delivery

July 22, 2025

Licensee
Rivers of Life
2811 Pilot Knob
Eagan, MN 55121

RE: Initial License Number 414145
Health Facility Identification Number (HFID) 40146
Project Number(s) SL40146015

Dear Licensee:

On May 19, 2025, The Minnesota Department of Health (MDH) completed a follow-up survey of your facility to determine correction of orders found on the survey completed December 11, 2024. The follow-up survey found the facility to be in substantial compliance. Based on these findings, the condition(s) on the license were removed effective July 22, 2025.

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.

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.

Sincerely,

A handwritten signature in black ink that reads 'Rick Michals'.

Rick Michals, J.D.
Executive Regional Operations Manager

Minnesota Department of Health
Health Regulation Division

HHH



Protecting, Maintaining and Improving the Health of All Minnesotans

NOTICE OF EXTENSION OF PROVISIONAL CONDITIONAL LICENSE

Electronically Delivered

April 29, 2025

Licensee
Rivers of Life
2811 Pilot Knob
Eagan, MN 55121

RE: Provisional Conditional License Number 414145
Health Facility Identification Number (HFID) 40146
Project Number(s) SL40146015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on March 27, 2025, for the purpose of assessing compliance with state licensing statutes. Based on the follow-up survey results you were found not to be in substantial compliance with the laws pursuant to Minnesota Statutes, Chapter 144G.

As a result, pursuant to Minn. Stat. § 144G.16, Subd. 3(b)(2), MDH is extending the provisional license for an additional 30-days, due to expire **May 29, 2025**.

In accordance with Minn. Stat. § 144G.31 Subd. 4 (a), state correction orders issued pursuant to the last survey, completed on December 11, 2024, found not corrected at the time of the March 27, 2025, follow-up survey and/or subject to penalty assessment are as follows:

1290-Background Studies Required-144g.60 Subdivision 1

The details of the violations noted at the time of this follow-up survey completed on March 27, 2025, (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 tags.

The total amount of **potential** fines that may be assessed related to these correction orders is \$3,000.00. **MDH is not imposing these fines against your license at this time.**

DOCUMENTATION OF ACTION TO COMPLY

In accordance with Minn. Stat. § 144G.30, Subd. 5(c), the provisional licensee must document actions taken to comply with the correction orders and immediately correct any reissued orders outlined on the state form; however, plans of correction are not required to be submitted for approval. **If corrections are not made, MDH may impose fines as described above and in accordance with Minnesota Statutes 144G.**

The correction order documentation should include the following:

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

that may be affected by the noncompliance.

- Identify what changes to your systems and practices were made to ensure compliance with the specific statute(s).

CORRECTION ORDER RECONSIDERATION PROCESS

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

To submit a reconsideration request, please visit:

<https://forms.web.health.state.mn.us/form/HRDAppealsForm>

CONDITIONAL LICENSE ISSUED:

MDH will extend the provisional conditional assisted living with dementia care facility license for Rivers of Life, for an additional 30 calendar days from the date of this notice. At an unannounced point in time, within the 30 calendar days, MDH will conduct a follow-up survey, as defined in Minn. Stat. § 144G.30, Subd. 6. Based on the results of the follow-up survey, MDH will determine if Rivers of Life is in substantial compliance.

The following conditions have been removed, effective April 29, 2025:

- a. **Consultant:** Rivers of Life will contract with an RN to provide consultation concerning all resident(s) to whom Rivers of Life provides provisional licensed assisted living services under the conditional license. The consultant must have access to all resident(s) receiving services from Rivers of Life. 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 Rivers of Life and MDH must review the RN's credentials and approve the selection. Rivers of Life is responsible for the expense of the contract with the RN. The main purpose of the consultant is to provide guidance to Rivers of Life in an effort to help Rivers of Life 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 substantial compliance and/or concerns about observations. Rivers of Life 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 substantial compliance with statutory requirements.
- b. **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 Rivers of Life and the RN consultant about a change. Each report will be electronically submitted to: Brandon Mueller, State Evaluation Team, Health Regulation Division, at brandon.w.mueller@state.mn.us and can be reached at 651-247-2064 (office) with questions about reports. The content of the reports will include information such as:
 - i. Progress towards correction of 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).

The following conditions will continue to be in effect on the provisional conditional assisted living facility with dementia care 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:** Rivers of Life will continue to not admit any new residents under its conditional assisted living facility license until MDH removes the “no new admissions” condition.
- c. **Monitoring visits:** MDH may make unannounced monitoring visits to assess the progress of Rivers of Life to correct the violations cited during the survey as well as to determine the overall practice of Rivers of Life 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 provisional licensed assisted living services. The OOLTC will share their findings with MDH.
- d. **Follow-up survey:** At the time of the follow-up survey, MDH may pursue additional enforcement actions, up to and including immediate temporary suspension or revocation of the provisional license if MDH identifies any level 3 or 4 violations or widespread care related violations.
- e. **Corrective Action Plan:** Rivers of Life will continue to 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 PROVISIONAL LICENSE PERIOD:

MDH will determine if Rivers of Life is in substantial compliance based on the results of the follow up survey.

MDH will make this determination within the 30-day conditional provisional license period. If MDH determines Rivers of Life is in substantial compliance on the follow up survey, MDH will remove the conditions and grant the assisted living facility license to Rivers of Life. If MDH determines Rivers of Life is not in substantial compliance, MDH may deny the license pursuant to Minn. Stat. § 144G.16, Subd. 3 (b) (2).

REQUEST FOR RECONSIDERATION:

Pursuant to Minn. Stat. §144G.16, Subd. 4, if a provisional licensee whose assisted living facility license has been denied, or extended with conditions, disagrees with the action taken against the provisional license under this section, the provisional licensee may request a reconsideration no later than 15 calendar days after provisional licensee receives notice of the action. **This is your only ability to request a reconsideration under this enforcement action.**

To submit a reconsideration request, please visit:

<https://forms.web.health.state.mn.us/form/HRDAppealsForm>

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

If you have any questions, please contact Jodi Johnson directly at: 507-344-2730.

Sincerely,

A handwritten signature in black ink that reads "Rick Michals". The signature is written in a cursive, flowing style.

Rick Michals, J.D.
Executive Regional Operations Manager

**Minnesota Department of Health
Health Regulation Division**

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 40146	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 03/27/2025
NAME OF PROVIDER OR SUPPLIER RIVERS OF LIFE		STREET ADDRESS, CITY, STATE, ZIP CODE 2811 PILOT KNOB EAGAN, MN 55121			
(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 FOLLOW UP SURVEY WITH RE-ISSUE OF ORDERS INITIAL COMMENTS SL40146015-1 On March 26, 2025, through March 27, 2025, the Minnesota Department of Health conducted a follow-up survey at the above provider to follow-up on orders issued pursuant to a survey completed on Decemeber 11, 2024. At the time of the survey, there were 19 residents receiving services under the Assisted Living with Dementia Care license. As a result of the follow-up survey, the following orders were reissued: 1290.	{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 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.		
{0 780} SS=E	144G.45 Subd. 2 (a) (1) Fire protection and physical environment	{0 780}			

Minnesota Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 40146	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 03/27/2025
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{0 780}	Continued From page 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:	{0 780}	Not reviewed during this survey.		
{01290} SS=I	144G.60 Subdivision 1 Background studies required (a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information.	{01290}			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 40146	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 03/27/2025
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{01290}	Continued From page 2 (b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12. (c) Termination of a staff member in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to obtain a cleared background study (BGS) for three of five unlicensed personal (ULP-J, ULP-K, and ULP-L). This had the potential to affect all residents within the facility. 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). The findings include: On March 26, 2025, at 10:30 a.m., the surveyor requested the licensee's current employee roster and current Department of Human Services (DHS) NETStudy 2.0 roster to verify all employees who worked for licensee had a cleared BGS and were affiliated with the licensee's health facility identification (HFID) number (40146). On March 26, 2025, at 10:55 a.m., the surveyor	{01290}			

Minnesota Department of Health

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{01290}	Continued From page 3 compared the employee list and DHS NETStudy 2.0 roster and noted ULP-J, ULP-K, and ULP-L were identified as current employees, but were not identified on licensee's DHS NETStudy 2.0 roster. ULP-J ULP-J was hired by the licensee on June 12, 2024. ULP-J's record lacked evidence ULP-J had a cleared BGS completed by the licensee. ULP-J's Final Registry Results Form dated October 3, 2024, indicated ULP-J was cleared to work but must be fingerprinted by October 17, 2024. ULP-J did not complete their fingerprinting and the BGS was not completed. The DHS NETStudy 2.0 screen shot dated March 26, 2025, at 12:48 p.m., indicated ULP-J was affiliated with the licensee on October 3, 2024, and separated on October 18, 2024, when ULP-J failed to complete their fingerprinting in the required timeframe. ULP-K ULP-K was hired by the licensee on January 8, 2024. ULP-K's record lacked evidence ULP-K had a cleared BGS completed by the licensee. ULP-K's Final Registry Results Form dated October 3, 2024, indicated ULP-K was cleared to work but must be fingerprinted by October 17, 2024. ULP-J did not complete their fingerprinting and the BGS was not completed. The DHS NETStudy 2.0 screen shot dated March	{01290}			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 40146	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 03/27/2025
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{01290}	Continued From page 4 26, 2025, at 1:02 p.m., indicated ULP-K was affiliated with the licensee on October 3, 2024, and separated on October 18, 2024, when ULP-K failed to complete their fingerprinting in the required timeframe. ULP-L ULP-L was hired by the licensee on November 17, 2024. ULP-L's record lacked evidence ULP-L had a cleared BGS completed by the licensee. ULP-L's Final Registry Results Form dated March 26, 2025, at 12:27 p.m. (after the initiation of this survey), indicated ULP-L was cleared to work but must be fingerprinted to complete the BGS. The DHS NETStudy 2.0 screen shot dated March 26, 2025, at 12:55 p.m., indicated ULP-J had never been affiliated with the licensee and no BGS was initiated for ULP-L prior to the initiation of this survey. On March 26, 2025, at 1:55 p.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated the licensee was not aware the three ULPs did not have a cleared BGS affiliated with the licensee's HFID. LALD/CNS-A stated all three ULPs had been working on their own without direct supervision. LALD/CNS-A stated the licensee had initiated the BGS process and but had failed to ensure the ULPs had completed their fingerprinting as required. LALD/CNS-A stated they were unsure why ULP-L had not had a BGS initiated until the surveyor requested ULP-L's BGS during this survey. LALD/CNS-A stated all three ULPs would be removed from the work schedule until their fingerprints were completed and BGS clearance	{01290}			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 40146	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 03/27/2025
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{01290}	Continued From page 5 letters were obtained. The licensee's Background Checks policy dated October 1, 2023, indicated all employees would have "satisfactory results" in order to continue to work with residents and any employee who did not pass the background study would be terminated from employment. No further information provided.	{01290}			



Protecting, Maintaining and Improving the Health of All Minnesotans

NOTICE OF PROVISIONAL EXTENSION AND CONDITIONAL LICENSE

Electronically Delivered

January 28, 2025

Licensee
Rivers of Life
2811 Pilot Knob
Eagan, MN 55121

RE: Provisional Conditional License Number 414145
Health Facility Identification Number (HFID) 40146
Project Number(s) SL40146015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on December 11, 2024, for the purpose of assessing compliance with state licensing statutes. Based on the survey results you were found not to be in substantial compliance with the laws pursuant to Minnesota Statutes, Chapter 144G.

As a result, pursuant to Minn. Stat. § 144G.16, Subd. 3(b)(2), MDH is extending the provisional license for 60-days and applying conditions necessary to bring the facility into substantial compliance. The provisional license extension and conditions are due to expire **March 29, 2025**.

STATE CORRECTION ORDERS

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

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

DOCUMENTATION OF ACTION TO COMPLY

In accordance with Minn. Stat. § 144G.30, Subd. 5(c), the provisional licensee must document actions taken to comply with the correction orders and immediately correct any reissued orders outlined on the state form; however, plans of correction are not required to be submitted for approval. The correction order documentation should include the following:

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

CORRECTION ORDER RECONSIDERATION PROCESS

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

To submit a reconsideration request, please visit:

<https://forms.web.health.state.mn.us/form/HRDAppealsForm>

CONDITIONAL LICENSE ISSUED:

MDH will issue Rivers of Life a conditional provisional assisted living facility license for 60 calendar days from the date of this notice. At an unannounced point in time, within the 60 calendar days, MDH will conduct a follow-up survey, as defined in Minn. Stat. § 144G.30, Subd. 6. Based on the results of the follow-up survey, MDH will determine if Rivers of Life is in substantial compliance.

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

- a. **No new substantiated maltreatment allegations:** If any new investigations begin in the conditional provisional license period, and the allegations are substantiated, MDH may pursue additional enforcement actions up to and including immediate temporary suspension and revocation of the provisional license.
- b. **No new admissions:** Rivers of Life will not admit any new residents under its conditional provisional assisted living facility license until MDH removes the "no new admissions" condition. Rivers of Life must provide the Department:
 - i. A list of the names and birthdates of any individuals Rivers of Life is currently in the process of admitting. These individuals will be able to continue the admittance process.
 - ii. A list of all current residents including:
 1. Name and birthdate of each resident
 2. Current payment source for services
 3. If Elderly Waiver, the name and contact information of the care coordinator/case manager
 4. If the resident is not able to make informed decisions, the name of their representative and how to contact the

representative

- c. Consultant:** Rivers of Life will contract with an RN to provide consultation concerning all resident(s) to whom Rivers of Life provides provisional licensed assisted living services under the conditional license. The consultant must have access to all resident(s) receiving services from Rivers of Life. 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 Rivers of Life and MDH must review the RN's credentials and approve the selection. Rivers of Life is responsible for the expense of the contract with the RN. The main purpose of the consultant is to provide guidance to Rivers of Life in an effort to help Rivers of Life 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 substantial compliance and/or concerns about observations. Rivers of Life 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 substantial 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 Rivers of Life and the RN consultant about a change. Each report will be electronically submitted to: Brandon Mueller, State Evaluation Team, Health Regulation Division, at brandon.w.mueller@state.mn.us and can be reached at 651-247-2064 (office) with questions about reports. The content of the reports will include information such as:

 - i. Progress towards correction of 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 Rivers of Life to correct the violations cited during the survey as well as to determine the overall practice of Rivers of Life 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 provisional licensed assisted living services. The OOLTC will share their findings with MDH.

- f. Follow-up survey:** At the time of the follow-up survey, MDH may pursue additional enforcement actions, up to and including immediate temporary suspension or revocation of the provisional license if MDH identifies any level 3 or 4 violations or widespread care related violations.
- g. Corrective Action Plan:** Rivers of Life 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 substantial compliance for each corrected order

RESULTS OF FOLLOW-UP EVALUATION DURING THE CONDITIONAL PROVISIONAL LICENSE PERIOD:

MDH will determine if Rivers of Life is in substantial compliance based on the results of the follow up survey. MDH will make this determination within the 60-day conditional provisional license period. If MDH determines Rivers of Life is in substantial compliance on the follow up survey, MDH will remove the conditions and grant the assisted living facility license to Rivers of Life. If MDH determines Rivers of Life is not in substantial compliance, MDH may deny the license pursuant to Minn. Stat. § 144G.16, Subd. 3 (b) (2).

REQUEST FOR RECONSIDERATION:

Pursuant to Minn. Stat. §144G.16, Subd. 4, if a provisional licensee whose assisted living facility license has been denied, or extended with conditions, disagrees with the action taken against the provisional license under this section, the provisional licensee may request a reconsideration no later than 15 calendar days after provisional licensee receives notice of the action. **This is your only ability to request a reconsideration under this enforcement action.**

To submit a reconsideration request, please visit:

<https://forms.web.health.state.mn.us/form/HRDAppealsForm>

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

If you have any questions, please contact Jodi Johnson directly at: 507-344-2730.

Sincerely,

A handwritten signature in black ink that reads "Rick Michals". The signature is written in a cursive, flowing style.

Rick Michals, J.D.
Executive Regional Operations Manager

Minnesota Department of Health
Health Regulation Division

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 40146	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/11/2024
NAME OF PROVIDER OR SUPPLIER RIVERS OF LIFE		STREET ADDRESS, CITY, STATE, ZIP CODE 2811 PILOT KNOB EAGAN, MN 55121			
(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 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: SL40146015-0 On December 9, 2024, through December 11, 2024, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were 19 residents; 19 receiving services under the Provisional Assisted Living Facility 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 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.		
0 180 SS=F	144G.16 Subd. 2 Initial survey (a) During the provisional license period, the	0 180			

Minnesota Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Minnesota Department of Health

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0 180	Continued From page 1 commissioner shall survey the provisional licensee after the commissioner is notified or has evidence that the provisional licensee is providing assisted living services to at least one resident. (b) Within two days of beginning to provide assisted living services, the provisional licensee must provide notice to the commissioner that it is providing assisted living services by sending an e-mail to the e-mail address provided by the commissioner. (c) If the provisional licensee does not provide services during the provisional license period, the provisional license shall expire at the end of the period and the applicant must reapply. (d) If the provisional licensee notifies the commissioner that the licensee is providing assisted living services within 45 calendar days prior to expiration of the provisional license, the commissioner may extend the provisional license for up to 60 calendar days in order to allow the commissioner to complete the on-site survey required under this section and follow-up survey visits. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to notify the Minnesota Department of Health (MDH) within two days of starting services. This had the potential to affect all residents residing at the assisted living facility. 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).	0 180			

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0 180	Continued From page 2 The findings include: On December 9, 2024, at 9:15 a.m., the surveyor observed a posted copy of the licensee's provisional assisted living with dementia care license. The provisional assisted living with dementia care license was issued on November 2, 2023. MDH records included the form titled, "Notice of Providing Assisted Living Services" was dated as signed by the authorized agent on January 1, 2024. According to the document, the licensee began providing services on November 17, 2023, (45 days after the licensee began providing services.) The notice indicated there were currently four residents receiving assisted living services. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) Days.	0 180			
0 250 SS=F	144G.20 Subdivision 1 Conditions (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 staff 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	0 250			

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0 250	Continued From page 3 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 staff; (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, or interferes with or impedes access by the Office of Ombudsman for Mental Health and Developmental Disabilities according to section 245.94, subdivision 1; (9) interferes with or impedes a representative of the department in the enforcement of this chapter or fails to fully cooperate with an inspection, survey, or investigation by the department; (10) destroys or makes unavailable any records or other evidence relating to the assisted living facility's compliance with this chapter; (11) refuses to initiate a background study under section 144.057 or 245A.04; (12) fails to timely pay any fines assessed by the commissioner; (13) violates any local, city, or township ordinance relating to housing or assisted living services; (14) has repeated incidents of personnel performing services beyond their competency level; or (15) has operated beyond the scope of the assisted living facility's license category.	0 250			

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0 250	Continued From page 4 (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 observation, interview, and record review, the licensee failed to ensure the management officials who were in charge of the day-to-day operations; and responsible for the resident's assisted living services, understood all of the assisted living facility regulations. This had the potential to affect all residents. 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 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: 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 (opens in a new window), 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 (opens in a new window).	0 250			

Minnesota Department of Health

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0 250	Continued From page 5 - I have read and fully understand Minn. Stat. sect. 144G.80 (opens in a new window), 144G.81 (opens in a new window). and Laws 2020, 7th Spec. Sess., chpt. 1, art. 6, sect. 22 (opens in a new window), my building(s) must comply with these sections if applicable. - Assisted Living Licensure statutes in Minn. Stat. chpt. 144G (opens in a new window). - Assisted Living Licensure rules in Minnesota Rules, chpt. 4659 (proposed and not final) (opens in a new window). - Reporting of Maltreatment of Vulnerable Adults (opens in a new window). - Electronic Monitoring in Certain Facilities (opens in a new window)." - "I declare that, as the owner or authorized agent, I attest that I have read Minn. Stat. chapter 144G (opens in a new window), and Minnesota Rules, chapter 4659 (proposed and not final) (opens in a new window), 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 f 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 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 (opens in new window). and Minn. Rules chapter 4659 (proposed and not final) (opens in new window), in place upon licensure and to keep them current as applicable."	0 250			

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0 250	Continued From page 6 Page 18 was electronically signed by the owner on April 26, 2023. The licensee had a provisional assisted living with dementia care license, effective November 2, 2023-November 1, 2024. The licensee failed to ensure the following policies and procedures were developed and/or implemented: - requirements in section 626.557, reporting of maltreatment of vulnerable adults; - conducting and handling background studies on employees; - orientation, training, and competency evaluations of staff, and a process for evaluating performance; - handling complaints regarding staff or services provided by staff; - conducting initial evaluations of residents' needs and the providers' ability to provide those services; - orientation to and implementation of the assisted living bill of rights; and - medication and treatment management. As a result of this survey, the following orders were issued: 0550, 0630, 0640, 1290, 1370, 1500, 1540, 1610, 1700, 1730, 1760, 1820, 1880, 1940, and 2140, indicating the licensee's understanding of the Minnesota statutes were limited, or not evident for compliance with Minnesota Statutes, section 144G.08 to 144G.95. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 250			

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0 470 SS=F	144G.41 Subdivision 1 Minimum requirements (11) develop and implement a staffing plan for determining its staffing level that: (i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility; (ii) ensures sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; and (iii) ensures that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility; (12) ensure that one or more persons are available 24 hours per day, seven days per week, who are responsible for responding to the requests of residents for assistance with health or safety needs. Such persons must be: (i) awake; (ii) located in the same building, in an attached building, or on a contiguous campus with the facility in order to respond within a reasonable amount of time; (iii) capable of communicating with residents; (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 ensure the 24-hour staffing schedule was posted in a central location as required. This had the potential to affect all residents, staff, and visitors. This practice resulted in a level two violation (a	0 470			

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0 470	Continued From page 8 violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: On December 9, 2024, at 9:52 a.m. during the facility tour with licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A, the surveyor did not observe the daily staffing schedule. On December 9, 2024, at 10:00 a.m., LALD/CNS-A stated the licensee posted a two-week schedule instead of a daily staffing schedule including the required contents. No further information was provided. TIME PERIOD OF CORRECTION: Seven (7) days	0 470			
0 550 SS=F	144G.41 Subd. 7 Resident grievances; reporting maltreatment All facilities must post in a conspicuous place information about the facilities' grievance procedure, and the name, telephone number, and email contact information for the individuals who are responsible for handling resident grievances. The notice must also have the contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities	0 550			

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0 550	Continued From page 9 and must have information for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center. The notice must also state that if an individual has a complaint about the facility or person providing services, the individual may contact the Office of Health Facility Complaints at the Minnesota Department of Health. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to post in a conspicuous place, information about the licensee's grievance procedure with the required content. This had the potential to affect the licensee's current 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, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: On December 9, 2024, at 9:52 a.m. during the facility tour with licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A, the surveyor did not observe any signage or information regarding the grievance procedure, and the name, telephone number and email contact information for individuals who were responsible for handling resident grievances posted. At this time, LALD/CNS-A stated the procedure had been posted but a resident took it	0 550			

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0 550	Continued From page 10 down and they had not re-posted it. No additional information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 550			
0 630 SS=D	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 observation, interview, and record review, the licensee failed to ensure an individual abuse prevention plan (IAPP) was developed to include the required content for one of one resident (R1). 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).	0 630			

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0 630	Continued From page 11 The findings include: R1 was admitted on October 9, 2024, with diagnoses that included diabetes. R1's service plan dated October 9, 2024, indicated R1 received services to include activity assistance, ambulation, bathing, bedmaking, dressing, escort/mobility assistance, glasses care, grooming, meal assistance, safety checks, and toileting. R1's IAPP dated October 23, 2024, did not include the following required items: - the resident's risk of abusing other vulnerable adults. - statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. On December 11, 2024, at 9:13 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated R1's IAPP did not include the required content as listed above. CNS-B further stated she must have missed selecting the option regarding R1's risk to abuse other vulnerable adults. The licensee's Individual Abuse Prevention Plans policy dated October 1, 2023, indicated an individual abuse prevention plan is developed for each assisted living resident. The individual abuse prevention plan would include: a. Individualized review or assessment of the resident's susceptibility to be abused by another individual, including other vulnerable adults. b. The resident's risk of abusing other vulnerable adults. c. Specific measures to minimize the risk of	0 630			

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0 630	Continued From page 12 abuse to that person and other vulnerable adults. d. Measure to minimize the risk of self-abuse, if applicable. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 630			
0 640 SS=F	144G.42 Subd. 7 Posting information for reporting suspected c The facility shall support protection and safety through access to the state's systems for reporting suspected criminal activity and suspected vulnerable adult maltreatment by: (1) posting the 911 emergency number in common areas and near telephones provided by the assisted living facility; (2) posting information and the reporting number for the Minnesota Adult Abuse Reporting Center to report suspected maltreatment of a vulnerable adult under section 626.557; and (3) providing reasonable accommodations with information and notices in plain language. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to support protection and safety by not posting information and phone numbers for reporting to the Minnesota Adult Abuse Reporting Center (MAARC) as required. 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, but was not likely to	0 640			

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0 640	Continued From page 13 cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: The licensee failed to post information and the reporting number for MAARC to report suspected maltreatment of a vulnerable adult under section 626.557. On December 9, 2024, at 9:52 a.m., the surveyor observed the entry and common areas within the facility and noted there was no posting of the information and reporting number for MAARC, as required. On December 9, 2024, at 10:00 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated the MAARC information had been posted but a resident took it down and they had not re-posted it as required. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 640			
0 780 SS=E	144G.45 Subd. 2 (a) (1) Fire protection and physical environment 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	0 780			

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0 780	Continued From page 14 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: Based on observation and interview, the licensee failed to comply with the current Minnesota Fire Code Provisions. This had the potential to directly affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a 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). The findings include: During facility tour on December 10, 2024, from 2:18 p.m. through 3:00 p.m., with licensed	0 780			

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0 780	Continued From page 15 assisted living director/clinical nurse supervisor (LALD/CNS)-A, owner (O)-G and contractor (C)-H, the surveyor observed 20-minute fire rated doors that did not self-close and latch in the following locations: Double doors by the spa, leading into North dining. Double doors by the nurse office, leading into North dining. Double doors by the public restroom, leading into South dining. Resident room 112 entry door. Fire-resistant rated doors must automatically close and latch to prevent the spread of smoke and fire to adjoining building areas. C-H stated that the building is new, and adjustment of doors is common. C-H stated they would adjust the doors. LALD/CNS-A, O-G and C-H verified the above findings while accompanying on the tour and stated they understood the requirements. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 780			
01290 SS=F	144G.60 Subdivision 1 Background studies required (a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be	01290			

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01290	Continued From page 16 construed to prohibit the facility from requiring self-disclosure of criminal conviction information. (b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12. (c) Termination of a staff member in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a background study was affiliated with the assisted living facility's health facility identification (HFID) number for one of two employees (unlicensed personnel (ULP)-E). This had the potential to affect all residents living in the facility. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: ULP-E was hired on September 14, 2023, to provide direct care and services to the facility's residents. ULP-E's employee record contained a Background Study Clearance dated September	01290			

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01290	Continued From page 17 25, 2023, from a sister facility. However, the document was not affiliated with the facility's license. On December 10, 2024, at 8:58 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated ULP-E's background study was not affiliated with this facility's license. The licensee's Background Checks policy dated October 1, 2023, indicated all employees would undergo a background study. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	01290			
01370 SS=D	144G.61 Subd. 2 (a) Training and evaluation of unlicensed personn (a) Training and competency evaluations for all unlicensed personnel must include the following: (1) documentation requirements for all services provided; (2) reports of changes in the resident's condition to the supervisor designated by the facility; (3) basic infection control, including blood-borne pathogens; (4) maintenance of a clean and safe environment; (5) appropriate and safe techniques in personal hygiene and grooming, including: (i) hair care and bathing; (ii) care of teeth, gums, and oral prosthetic devices; (iii) care and use of hearing aids; and (iv) dressing and assisting with toileting; (6) training on the prevention of falls;	01370			

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01370	Continued From page 18 (7) standby assistance techniques and how to perform them; (8) medication, exercise, and treatment reminders; (9) basic nutrition, meal preparation, food safety, and assistance with eating; (10) preparation of modified diets as ordered by a licensed health professional; (11) communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family; (12) awareness of confidentiality and privacy; (13) understanding appropriate boundaries between staff and residents and the resident's family; (14) procedures to use in handling various emergency situations; and (15) awareness of commonly used health technology equipment and assistive devices. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure training and competency was completed for one of two employees (unlicensed personnel (ULP)-F) to include all required content. 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:	01370			

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01370	Continued From page 19 ULP-F was hired on September 1, 2021, to provide direct care and services to the facility's residents. ULP-F's employee record lacked evidence of training for the following topics: -basic nutrition, meal preparation, food safety, and assistance with eating; -preparation of modified diets as ordered by a licensed health professional. On December 10, 2024, at 10:36 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated ULP-F's record lacked evidence of the required training as listed above. The licensee's Assisted Living Orientation- ULP Staff policy dated October 1, 2023, indicated training and competency evaluations for ULP would include the following: -meal preparation -food safety -assistance with eating -preparation of modified diets as ordered by licensed health professional No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01370			
01500 SS=D	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	01500			

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01500	Continued From page 20 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 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	01500			

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01500	Continued From page 21 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 observation, interview, and record review, the licensee failed to ensure annual training included all required topics for each 12 months of employment for one of two employees (unlicensed personnel (ULP)-E). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: ULP-E was hired on September 14, 203, to provide direct care and services to the facility's residents. On December 10, 2024, at 7:08 a.m., the surveyor observed ULP-E administer medications to R2.	01500			

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01500	Continued From page 22 ULP-E's employee record lacked evidence the employee had successfully completed annual training as required, to include the following: - Reporting maltreatment of vulnerable adults or minors - Assisted Living bill of rights - Review of Infection control techniques - 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 provider's policies and procedures - Principles of person-centered planning/service delivery On December 10, 2024, at 10:37 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated ULP-E had been assigned the above required annual training, but they had not completed it yet. The licensee's Assisted Living with Dementia Care Annual Training policy, dated October 1, 2023, indicated staff would complete annual education to include the following topics: -Reporting of maltreatment of vulnerable adults under section 626.557 -Assisted Living Bill of Rights -Staff responsibility related to ensuring the exercise and protection in the assisted living bill of rights -Infection control techniques used in the home of infection control standards -Effective approaches for problem solving when working with challenging behaviors -Effective approaches for communication with residents with dementia, Alzheimer's Disease, or related disorders -Review of policies and procedures relating to the	01500			

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01500	Continued From page 23 provision of assisted living services and how to implement them -Principles of person-centered planning and service delivery -How person-centered planning and service delivery applies to direct support services provided by staff -Emergency and disaster training No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01500			
01540 SS=D	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 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 observation, interview, and record	01540			

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01540	Continued From page 24 review, the licensee failed to ensure one of two employees (unlicensed personnel (ULP)-E) received the required amount of dementia care training in the required time frame. 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: The licensee had a provisional assisted living with dementia care license. ULP-E was hired on September 14, 2023, to provide direct care and services to the facility's residents. On December 10, 2024, at 7:08 a.m., the surveyor observed ULP-E administer medications to R2. ULP-E's employee record contained evidence of receiving 4.91 hours of dementia care training, and not the required eight hours of training within 80 hours of the employment date. In addition, ULP-E's record lacked evidence of the required two hours of dementia training for each 12 months of employment. On December 10, 2024, at 10:40 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated ULP-E's record lacked	01540			

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01540	Continued From page 25 evidence of the required dementia care training as listed above. The licensee's Assisted Living with Dementia Care Dementia Training policy dated October 1, 2023, indicated the following: -direct care employees would complete a minimum of eight hours of initial training on dementia care topics. Initial training would be completed within 80 working hours of the employment start date. -direct care employees would complete a minimum of two hours of training on topics related to dementia for each 12 months of employment. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01540			
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	01610			

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01610	Continued From page 26 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 conduct a nursing assessment by a registered nurse (RN) of the physical and cognitive needs to include all parts of a uniform assessment tool (Minn. Rule 4659.0150) for one of two residents (R1) on or before the admission date. 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: R1 was admitted on October 9, 2024, with diagnoses that included diabetes. R1's service plan dated October 9, 2024, indicated R1 received services to include activity assistance, ambulation, bathing, bedmaking, dressing, escort/mobility assistance, glasses care, grooming, meal assistance, safety checks, and toileting. The service plan did not include medication management services or blood sugar checks. R1's record included a Pre-Admission Assessment dated October 10, 2024, (one day	01610			

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01610	Continued From page 27 after the initiation of services). On December 10, 2024, at 1:56 p.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated the new RN completed R1's admission assessment one day after R1 was admitted. LALD/CNS-A further stated the RN completed the Pre-Admission Assessment (instead of the Admission Assessment) which was an abbreviated assessment and did not include all parts of the uniform assessment tool. The licensee's Initial and On-Going Nursing Assessment of Residents policy dated October 1, 2023, indicated the admission assessment would be completed on day of admission and prior to the initiation of any delegated nursing services by ULP and prior to the initiation of delegated treatments or assigned therapy tasks by ULP. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01610			
01640 SS=D	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	01640			

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NAME OF PROVIDER OR SUPPLIER RIVERS OF LIFE		STREET ADDRESS, CITY, STATE, ZIP CODE 2811 PILOT KNOB EAGAN, MN 55121			
(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
01640	Continued From page 28 and how to contact the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities. (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 by: Based on observation, interview, and record review, the licensee failed to ensure a written service plan was revised to reflect the current services provided for one of two residents (R1). 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: R1 was admitted on October 9, 2024, with diagnoses that included diabetes. On December 10, 2024, at 7:50 a.m., the surveyor observed unlicensed personnel (ULP)-F check R1's blood sugar and administer his medications. R1's service plan dated October 9, 2024, indicated R1 received services to include activity	01640			

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01640	Continued From page 29 assistance, ambulation, bathing, bedmaking, dressing, escort/mobility assistance, glasses care, grooming, meal assistance, safety checks, and toileting. The service plan did not include medication management services or blood sugar checks. R1's Medication Administration Record (MAR) dated December 2024 indicated R1's blood sugar was checked once a day. It also indicated R1 received medication administration four times a day and as needed. On December 10, 2024, at 1:21 p.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated R1's service plan did not include medication management services or blood sugar checks. The licensee's Contents of Service Plans policy dated October 1, 2023, indicated service plans would include a description of the services provided. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01640			
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 medication management services will be	01700			

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01700	Continued From page 30 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 observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) conducted a face-to-face medication management assessment to include all required content for one of two residents (R1) prior to providing medication management 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, 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).	01700			

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01700	Continued From page 31 The findings include: During the entrance conference on December 9, 2024, at 9:31 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated the licensee provided medication management services to the residents. R1 was admitted on October 9, 2024, with diagnoses that included diabetes. On December 10, 2024, at 7:50 a.m., the surveyor observed unlicensed personnel (ULP)-F check R1's blood sugar and administer his medications. R1's service plan dated October 9, 2024, indicated R1 received services to include activity assistance, ambulation, bathing, bedmaking, dressing, escort/mobility assistance, glasses care, grooming, meal assistance, safety checks, and toileting. The service plan did not include medication management services or blood sugar checks. R1's Medication Administration Record (MAR) dated October 2024, first received medications administered by staff on October 9, 2024; however, R1's Medication Assessment was not completed until October 15, 2024. R1's record included a Pre-Admission Assessment dated October 10, 2024, (one day after the initiation of services). On December 10, 2024, at 1:56 p.m., LALD/CNS-A stated the new RN completed R1's admission assessment one day after R1 was admitted. LALD/CNS-A stated the RN completed	01700			

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01700	Continued From page 32 the Pre-Admission Assessment (instead of the Admission Assessment) which was an abbreviated assessment and did not include the required medication assessment. LALD/CNS-A stated the medication assessment was completed when the RN completed R1's 14-day assessment on October 15, 2024. The licensee's Initial and On-Going Nursing Assessment of Residents dated October 1, 2023, indicated the admission assessment would be completed on day of admission and prior to the initiation of any delegated nursing services by ULP and prior to the initiation of delegated treatments or assigned therapy tasks by unlicensed personnel. The RN's assessment would include a specific assessment of the resident's need for medication management services. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01700			
01730 SS=D	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 33 (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 observation, interview, and record review, the licensee failed to develop an individualized medication management plan with the required content for one of two residents (R1). 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	01730			

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01730	Continued From page 34 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: R1 was admitted on October 9, 2024, with diagnoses that included diabetes. On December 10, 2024, at 7:50 a.m., the surveyor observed unlicensed personnel (ULP)-F check R1's blood sugar and administer his medications. R1's service plan dated October 9, 2024, indicated R1 received services to include activity assistance, ambulation, bathing, bedmaking, dressing, escort/mobility assistance, glasses care, grooming, meal assistance, safety checks, and toileting. The service plan did not include medication management services or blood sugar checks. R1's signed prescriber orders dated October 23, 2024, included the following: -Benefiber Chewable tablet; chew one tablet by mouth once daily (used to regulate bowels) -bumetanide 1 milligram (mg); take one tablet by mouth two times a day (diuretic) -carbidopa/levodopa 25-100 mg; take one tablet by mouth three times a day (Parkinson's disease) -cetirizine 10 mg; take one tablet once daily (allergies) -digoxin 0.125 micrograms (mcg); take one-half tablet (62.5 mcg) by mouth once daily (heart health) -gabapentin 400 mg; take one capsule by mouth	01730			

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01730	Continued From page 35 two times a day (treats seizures or nerve pain) -glipizide 5 mg; take one tablet by mouth once daily before meal (diabetes) -metformin 500 mg; take one tablet by mouth twice daily with meals (diabetes) -metoprolol 100 mg; take one tablet by mouth two times a day (heart health) -Ozempic 2 mg; inject 0,5 mg subcutaneously every seven days on Thursdays (diabetes) -polyethylene glycol; mix 17 grams (g) in liquid and drink by mouth three times weekly. Hold if problems with diarrhea -pravastatin 20 mg; take one tablet by mouth once daily (cholesterol) -slow-Mag 71.5 mg; take one tablet by mouth once daily (supplement) -Systane 0.4-0.3% eye drop; instill one drop into both eyes twice daily (rewetting drops) -vitamin D3 125 mcg; take one capsule by mouth once daily (vitamin supplement) -acetaminophen 500 mg; take two tablets by mouth every eight hours as needed for pain (pain reliever) -Chest congestion 100 mg/5 milliliters (ml); take 10 ml by mouth every four hours as needed for chest congestion or cough -polyethylene glycol; mix 17 grams (g) in liquid and drink by mouth once a day as needed for constipation, order dated October 25, 2024. -okay to schedule allergy eye drops three times a day and twice a day as needed, order dated November 27, 2024. -nystatin 100,000 units/gm; apply to affected area twice daily until resolved, order dated November 27, 2024. (antifungal) R1's Individualized Medication Management Plan dated October 23, 2024, lacked identification of medication management tasks that may be delegated to unlicensed personnel.	01730			

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01730	Continued From page 36 On December 11, 2024, at 9:13 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated R1's Individualized Medication Management Plan did not include identification of medication management tasks that may be delegated to unlicensed personnel. The license's Individualized Medication, Treatment and Therapy Management Plans policy dated October 1, 2023, indicated the medication management plan would include identification of medication management tasks that may be delegated to an unlicensed person. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01730			
01760 SS=D	144G.71 Subd. 8 Documentation of administration of medication Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan. This MN Requirement is not met as evidenced	01760			

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01760	Continued From page 37 by: Based on observation, interview, and record review, the licensee failed to ensure medications were administered as ordered for one of two residents (R2) who received medication management 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, 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 July 16, 2024, with diagnoses that included rheumatoid arthritis (chronic inflammatory disorder usually affecting small joints in the hands and feet). R2's service plan dated November 25, 2024, indicated R2 received services to include medication administration. R2's signed prescriber orders dated July 31, 2024, included: -metoprolol tartrate 50 milligrams (mg); take one tablet by mouth two times a day. R2's Medication Administration Record (MAR) dated December 2024, included: -metoprolol tartrate 50 mg; take one tablet by mouth two times a day. On December 10, 2024, at 7:08 a.m., the surveyor observed unlicensed personnel (ULP)-E	01760			

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01760	Continued From page 38 prepare to administer R2's medications. ULP-E logged into the electronic health record (EHR) and select R2's medication list. ULP-E removed R2's medication cards from the medication cart and compared each individual medication card to the EHR medication list. After verifying each medication card to the medication list, ULP-E removed each medication from the card and placed it into a medication cup. ULP-E would then date and initial the medication card indicating she administered it. However, after verifying the medication card that contained metoprolol tartrate, ULP-E did not remove the medication from the card and instead put the card back in the medication cart with the rest of R1's medications. ULP-E brought R1's medication cup to her room to administer. Prior to administering R1's medications, the surveyor inquired if R1's metoprolol tartrate was included in the medication cup. ULP-E stated it should have been and returned to the medication cart to verify the medication had been removed from the medication card. Upon review, ULP-E noted she had not removed the metoprolol tartrate. At this time, she verified the order, removed the medication, and placed it in the medication cup. ULP-E brought the medications to R1's room and administered them. On December 10, 2024, at 11:28 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated ULP-E should have completed a final check of the medications in the medication cup to ensure all medications were included as ordered. The licensee's Administration of Medication, Treatment and Therapy by Unlicensed Personnel policy dated October 1, 2023, indicated medications, treatment and therapy would be	01760			

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01760	Continued From page 39 administered according to the Six Rights. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760			
01820 SS=D	144G.71 Subd. 13 Prescriptions There must be a current written or electronically recorded prescription as defined in section 151.01, subdivision 16a, for all prescribed medications that the assisted living facility is managing for the resident. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure current written or electronically recorded prescriptions were obtained for all medications the provider managed for two of two residents (R1 and 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) 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: R1 was admitted on October 9, 2024, with diagnoses that included diabetes. On December 10, 2024, at 7:50 a.m., the surveyor observed unlicensed personnel (ULP)-F	01820			

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01820	Continued From page 40 check R1's blood sugar and administer his medications. R1's service plan dated October 9, 2024, indicated R1 received services to include activity assistance, ambulation, bathing, bedmaking, dressing, escort/mobility assistance, glasses care, grooming, meal assistance, safety checks, and toileting. The service plan did not include medication management services or blood sugar checks. R1's signed prescriber orders dated November 27, 2024, included: -okay to schedule allergy eye drops three times a day and twice a day as needed R1's eye drop order lacked the following: -medication name -strength of medication -dosage to be administered -route of administration -specific directions for use -reason for administration On December 10, 2024, at 11:15 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated R1's allergy eye drop order did not include the required content as listed above. R2 R2 was admitted on July 16, 2024, with diagnoses that included rheumatoid arthritis (chronic inflammatory disorder usually affecting small joints in the hands and feet). On December 10, 2024, at 7:08 a.m., the surveyor observed ULP-E administer medications to R2.	01820			

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01820	Continued From page 41 R2's service plan dated November 25, 2024, indicated R2 received services to include activity assistance, bathing assistance, brace management, dressing, grooming, hearing aids, escort/mobility assistance, meal assistance, safety checks, toileting, transfer assistance and medication administration. R2's signed prescriber orders dated July 31, 2024, included: -Ocuvite Adult 50+; take one tablet by mouth two times a day. R2's MAR dated December 2024, did not include an order for Ocuvite. On December 10, 2024, at 11:22 a.m., LALD/CNS-A stated R2's daughter requested the Ocuvite be discontinued due to cost. LALD/CNS-A stated R2's primary care provider verbally approved the request; however, they did not receive an actual order to discontinue the Ocuvite. The licensee's Medication Management Services policy dated October 1, 2023, indicated the licensee required prescriptions for all medications managed for the residents. The policy further indicated the nurse would verify that the dose and quantity of medications delivered was consistent with the prescription. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01820			

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
01880	Continued From page 42	01880			
01880 SS=E	144G.71 Subd. 19 Storage of medications An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were secure and permitted access to only authorized personnel. 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 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). The findings include: On December 10, 2024, at 6:50 a.m., the surveyor observed an unlocked medication cart with the keys in the lock and no staff present. Three residents were in the common living area with the unlocked medication cart. -At 6:53 a.m., unlicensed personnel (ULP)-F walked past the medication cart while escorting R4 to the common living area. ULP-F went into the kitchen and returned to the medication cart with a container of yogurt. ULP-F prepared R4's medications. ULP-F left the medication cart unlocked and keys in the lock while she brought	01880			

Minnesota Department of Health

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01880	Continued From page 43 R4 her medications. -At 7:06 a.m., ULP-F returned to the medication cart at which time she locked the medication cart and put the keys in her pocket. The surveyor inquired if the medication cart should be locked when unattended, and ULP-F stated the medication cart should be locked anytime staff were not present. ULP-F stated she must have forgot to lock it earlier. On December 10, 2024, at 9:41 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated the medication cart should be locked when unattended. The licensee's Medication Management Services #2 policy dated October 1, 2023, indicated medications were stored in a locked medication cat and the carts were stored in a locked medication room when not in use. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01880			
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:	01940			

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01940	Continued From page 44 (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 and implement a treatment or therapy management plan to include all required content for one of two residents (R1). 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:	01940			

Minnesota Department of Health

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01940	Continued From page 45 R1 was admitted on October 9, 2024, with diagnoses that included diabetes. On December 10, 2024, at 7:50 a.m., the surveyor observed unlicensed personnel (ULP)-F check R1's blood sugar and administer his medications. R1's service plan dated October 9, 2024, indicated R1 received services to include activity assistance, ambulation, bathing, bedmaking, dressing, escort/mobility assistance, glasses care, grooming, meal assistance, safety checks, and toileting. The service plan did not include blood sugar checks. R1's prescriber orders dated October 25, 2024, included an order to decrease BS (blood sugar) checks to once a day. R1's Individualized Treatment and Therapy Plan dated October 15, 2024, did not include a statement of the type of services being provided, blood sugar checks. On December 10, 2024, at 12:23 p.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated R1's individualized treatment plan lacked the required content as noted above. The licensee's Individualized Medication, Treatment and Therapy Management Plans policy dated October 1, 2023, indicated the treatment plan would include a statement of the type of service(s) provided. No further information was provided.	01940			

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01940	Continued From page 46	01940			
	TIME PERIOD FOR CORRECTION: Seven (7) days				
02110 SS=C	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 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	02110			

Minnesota Department of Health

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02110	Continued From page 47 designated representatives at the time of move-in. This MN Requirement is not met as evidenced by: Based on interview and record review, licensee failed to ensure policies and procedures required in the licensing of assisted living facilities with dementia care were provided to each resident and the resident's legal/designated representative at the time of move-in for two of two residents (R1 and R2) who resided in an assisted living with dementia care facility. This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all the residents). The findings include: The licensee held a Provisional Assisted Living with Dementia Care license effective November 2, 2023, and was licensed for a bed capacity of 32 residents. R1 and R2 lacked evidence of receiving the required Assisted Living with Dementia Care policies and procedures at the time of resident move-in, to include: - philosophy of how services were 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	02110			

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02110	Continued From page 48 nonpharmacological practices that were 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 were implemented; - description of family support programs and efforts to keep the family engaged; - limited 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 resident's possessions. On December 9, 2024, at 12:19 p.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated the dementia care policies had been developed, but not provided to the residents. LALD/CNS-A stated she was not aware of the requirement to provide the policies to the residents. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	02110			
02140 SS=F	144G.83 Subd. 3 Supervising staff training Persons providing or overseeing staff training must have experience and knowledge in the care of individuals with dementia, including:	02140			

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02140	Continued From page 49 (1) two years of work experience related to Alzheimer's disease or other dementias, or in health care, gerontology, or another related field; and(2) completion of training equivalent to the requirements in this section and successfully passing a skills competency or knowledge test required by the commissioner. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to designate a qualified person to oversee staff training in the care of individuals with dementia. 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 December 9, 2024, at 9:31 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated she oversaw the staff training in the care of individuals with dementia. On December 11, 2024, at 9:07 a.m., LALD/CNS-A stated she had not completed any approved competency or knowledge test required for supervising staff in an assisted living facility with dementia care. The licensee's Assisted Living with Dementia	02140			

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02140	Continued From page 50 Care Dementia Training policy dated October 1, 2023, indicated persons providing or overseeing staff training must have experience and knowledge in the care of individuals with dementia including: -Two years of work experience related to Alzheimer's disease or other dementias or in health care, gerontology, or another related field -Completion of training equivalent to the requirements in this section and successfully passing a skills competency or knowledge test required y the commissioner. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	02140			
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	02170			

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02170	Continued From page 51 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 conduct an evaluation for activities that addressed all provisions and failed to develop an individualized activity plan based on the evaluation for two of two residents (R1 and R2) who resided in an assisted living with dementia care facility. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include:	02170			

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02170	Continued From page 52 The licensee had a Provisional Assisted Living with Dementia Care (PALFDC) license effective November 2, 2023. R1 R1 was admitted on October 9, 2024, with diagnoses that included diabetes. On December 10, 2024, at 7:50 a.m., the surveyor observed unlicensed personnel (ULP)-F check R1's blood sugar and administer his medications. R1's service plan dated October 9, 2024, indicated R1 received services to include activity assistance, ambulation, bathing, bedmaking, dressing, escort/mobility assistance, glasses care, grooming, meal assistance, safety checks, and toileting. The service plan did not include medication management services or blood sugar checks. R1's undated, Resident Get to Know You document included R1's past and current interests. R1's comprehensive nursing assessment dated October 23, 2024, included R1's physical abilities and limitations. R1's record lacked an evaluation to include the following: - current abilities and skills; - emotional and social needs and patterns; - adaptations necessary for the resident to participate; and - identification of activities for behavioral interventions. R1's record did not include evidence of an	02170			

Minnesota Department of Health

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02170	Continued From page 53 individualized activity plan based on the resident's activity assessment. R2 R2 was admitted on July 16, 2024, with diagnoses that included rheumatoid arthritis (chronic inflammatory disorder usually affecting small joints in the hands and feet). On December 10, 2024, at 7:08 a.m., the surveyor observed ULP-E administer medications to R2. R2's service plan dated November 25, 2024, indicated R2 received services to include activity assistance, bathing assistance, brace management, dressing, grooming, hearing aids, escort/mobility assistance, meal assistance, safety checks, toileting, transfer assistance and medication administration. R2's undated, Resident Get to Know You documented included R2's past and current interests. R2's comprehensive nursing assessment dated November 8, 2024, included current interest. R2's record lacked an evaluation to include the following: - current abilities and skills; - emotional and social needs and patterns; - current physical abilities and limitations; - adaptations necessary for the resident to participate; and - identification of activities for behavioral interventions. R2's record did not include evidence of an individualized activity plan based on the resident's	02170			

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02170	Continued From page 54 activity assessment. On December 9, 2024, at 12:12 p.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated they use the Resident Get to Know You document and a section within the comprehensive nursing assessment for the activity evaluation. LALD/CNS-A stated R1 and R2's evaluation lacked the above required components. LALD/CNS-B further stated none of the residents had activity plans based on the evaluation. The licensee's Description of Life Enrichment Programs and How Activities are Implemented policy dated October 1, 2023, indicated: 1. Each resident receiving assisted living services will be evaluated for activities. The evaluation must include: a. past and current interest b. current abilities and skills c. emotional and social needs and patterns d. physical abilities and limitations e. adaptations necessary for the resident to participate, and f. identification of activities for behavioral interventions 4. An individualized activity plan will be developed for those receiving assisted living serves based on their activity evaluation. The plan will reflect the resident's activity preferences and needs. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	02170			



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

Type: Full
Date: 12/10/24
Time: 10:00:00
Report: 1005241324

Food and Beverage Establishment Inspection Report

Page 1

Location:

RIVERS OF LIFE
2811 PILOT KNOB
Eagan, MN 55121
Dakota County, 19

Establishment Info:

ID #: 0043832
Risk:
Announced Inspection: No

License Categories:

Expires on: 12/31/24

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

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

Quaternary Ammonia: = 200+ PPM at Degrees Fahrenheit
Location: WIPING CLOTH BUCKET
Violation Issued: No

Utensil Surface Temp.: = at 161 Degrees Fahrenheit
Location: DISH MACHINE
Violation Issued: No

Food and Equipment Temperatures

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

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

Process/Item: Cold Hold/PULLED PORK
Temperature: 39 Degrees Fahrenheit - Location: WALK-IN COOLER
Violation Issued: No

Process/Item: Hot Hold/CARROTS
Temperature: 162 Degrees Fahrenheit - Location: HOT HOLD CABINET
Violation Issued: No

Type: Full
Date: 12/10/24
Time: 10:00:00
Report: 1005241324
RIVERS OF LIFE

Food and Beverage Establishment Inspection Report

Page 2

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

INSPECTION COMPLETED WITH STAFF AND REVIEWED WITH HRD NURSING EVALUATOR KASSIE MARKING.

REVIEWED SYMPTOMS OF FOODBORNE ILLNESSES AND THE REQUIREMENT TO MAINTAIN AN EMPLOYEE ILLNESS LOG OF THOSE INSTANCES WHEN EMPLOYEES ARE ILL WITH VOMITING OR DIARRHEA "AND" IMMEDIATELY EXCLUDE FROM THE FOOD ESTABLISHMENT ANY FOOD EMPLOYEE ILL WITH VOMITING OR DIARRHEA. EMPLOYEES MUST BE EXCLUDED FOR AT LEAST 24 HOURS AFTER LAST SYMPTOM.

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 1005241324 of 12/10/24.

Certified Food Protection Manager: SUSAN M. WENZIERL

Certification Number: FM104546 Expires: 11/06/26

Inspection report reviewed with person in charge and emailed.

Signed: _____
SUE WEINZIERL

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