



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

May 9, 2022

Administrator
Sunrise Of Roseville
2555 Snelling Avenue North
Roseville, MN 55113

RE: Project Number(s) SL21410015

Dear Administrator:

On April 14, 2022, the Minnesota Department of Health completed a follow-up evaluation of your facility to determine correction of orders found on the evaluation completed on January 27, 2022. The follow-up evaluation determined your facility had not corrected all of the state licensing orders issued pursuant to the January 27, 2022 evaluation.

In accordance with Minn. Stat. § 144G.31 Subd. 4 (a), state licensing orders issued pursuant to the last evaluation completed on January 27, 2022, found not corrected at the time of the April 14, 2022, follow-up evaluation and/or subject to penalty assessment are as follows:

1350-Temporary Staff-144g.60 Subd. 5 = \$500.00
1470-Content Of Required Orientation-144g.63 Subd. 2 = \$500.00
1880-Storage Of Medications-144g.71 Subd. 19 = \$500.00
2110-Policies-144g.82 Subd. 3 = \$500.00

The details of the violations noted at the time of this follow-up evaluation completed on April 14, 2022 (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.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$2,000.** You will be invoiced after 15 days of the receipt of this notice, subject to appeal.

DOCUMENTATION OF ACTION TO COMPLY

In accordance with Minn. Stat. § 144G.30, Subd. 5(c), by the correction order date, the licensee must document in the provider's records any action taken to comply with the correction order by the correction order date. The commissioner may request a copy of this documentation and the assisted living facility's action to respond to the correction orders in future evaluations, upon a complaint investigation, and as otherwise needed.

IMPOSITION OF FINES:

Level 1: no fines or enforcement.

Level 2: a fine of \$500 per violation, in addition to any enforcement mechanism authorized in §144G.20 for widespread violations;

Level 3: a fine of \$3,000 per violation per incident, in addition to any enforcement mechanism authorized in §144G.20.

Level 4: a fine of \$5,000 per incident, in addition to any enforcement mechanism authorized in §144G.20.

CORRECTION ORDER RECONSIDERATION PROCESS

In accordance with Minn. Stat. § 144G.32, Subd. 2, you have one opportunity to challenge the correction order issued, including the level and scope, and any fine assessed through the correction order reconsideration process. This written request must be received by the Department of Health within 15 calendar days of the correction order receipt date. Please send your written request via email to the following:

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

REQUESTING A HEARING

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

Health.HRD.Appeals@state.mn.us.

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

We urge you to review these orders carefully. If you have questions, please contact Jonathan Hill at 651-201-3993.

Please note, it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

Sincerely,

A handwritten signature in cursive script, appearing to read "Jonathan Hill".

Jonathan Hill, Supervisor
Health Regulation Division
State Evaluation Team
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Telephone: 651-201-3993 Fax: 651-215-9697

PMB

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21410	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/14/2022
NAME OF PROVIDER OR SUPPLIER SUNRISE OF ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2555 SNELLING AVENUE NORTH ROSEVILLE, MN 55113		
(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 Initial comments *****ATTENTION***** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER In accordance with Minnesota Statutes, section 144G.08 to 144G.95 this correction order(s) has been issued pursuant to a survey. Determination of whether a violation has been corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: Project # SL21410015 On, April 13, 2022 through April 14, 2022, the Minnesota Department of Health conducted a revisit at the above provider to follow-up on orders issued pursuant to a survey completed on January 27, 2022. At the time of the survey, there were 62 residents receiving services under the Assisted Living with Dementia Care license. As a result of the revisit, the following orders were reissued.	{0 000}	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living facilities with Dementia Care. 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	

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: 21410	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/14/2022
NAME OF PROVIDER OR SUPPLIER SUNRISE OF ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2555 SNELLING AVENUE NORTH ROSEVILLE, MN 55113		
(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}	Continued From page 1	{0 000}	SUBDIVISION 1-3.	
{0 480} SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements (13) offer to provide or make available at least the following services to residents: (i) at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The following apply: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and This MN Requirement is not met as evidenced by: No further action required.	{0 480}		
{0 800} SS=E	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. This MN Requirement is not met as evidenced	{0 800}		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21410	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/14/2022
NAME OF PROVIDER OR SUPPLIER SUNRISE OF ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2555 SNELLING AVENUE NORTH ROSEVILLE, MN 55113		
(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
{0 800}	Continued From page 2 by: No further action required.	{0 800}		
{0 810} SS=F	144G.45 Subd. 2 (b)-(f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) employee actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill.	{0 810}		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21410	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/14/2022
NAME OF PROVIDER OR SUPPLIER SUNRISE OF ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2555 SNELLING AVENUE NORTH ROSEVILLE, MN 55113		
(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
{0 810}	Continued From page 3 This MN Requirement is not met as evidenced by: No further action required.	{0 810}		
{01350} SS=F	144G.60 Subd. 5 Temporary staff When a facility contracts with a temporary staffing agency, those individuals must meet the same requirements required by this section for personnel employed by the facility and shall be treated as if they are staff of the facility. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide contracted temporary staff orientation to assisted living licensing requirements and regulations for two of two employees (unlicensed personnel (ULP)-D, ULP-L) with employee records reviewed. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: 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	{01350}		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21410	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/14/2022
NAME OF PROVIDER OR SUPPLIER SUNRISE OF ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2555 SNELLING AVENUE NORTH ROSEVILLE, MN 55113		
(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
{01350}	Continued From page 4 than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive). The findings include: The licensee did not provide contracted temporary staff, ULP-D and ULP-L, orientation to assisted living licensing requirements and regulations. ULP-D and ULP-L were both hired by the licensee to provide direct care services as temporary contracted staff on December 1, 2021, and November 2, 2021, respectively. ULP-D and ULP-L's employee records lacked evidence of orientation to the assisted living licensing requirements and regulations. On April 13, 2022, at 11:15 a.m. the interim administrator (A)-B, stated the licensee did not include an overview of assisted living statutes (144G) with the orientation curriculum for any temporary contracted staff. The licensee's "Sunrise Agency Onboarding and Resources for Care Managers" packet dated August, 2021, identified the criteria for training temporary contracted staff and lacked an overview of the required assisted living facility statutes (144G). No further information was provided.	{01350}		
{01470} SS=F	144G.63 Subd. 2 Content of required orientation (a) The orientation must contain the following topics:	{01470}		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21410	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/14/2022
NAME OF PROVIDER OR SUPPLIER SUNRISE OF ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2555 SNELLING AVENUE NORTH ROSEVILLE, MN 55113		
(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
{01470}	Continued From page 5 (1) an overview of this chapter; (2) an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person; (3) handling of emergencies and use of emergency services; (4) compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC); (5) the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; (6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person; (7) handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints; (8) consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services; and (9) a review of the types of assisted living services the employee will be providing and the facility's category of licensure. (b) In addition to the topics in paragraph (a), orientation 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:	{01470}		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21410	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/14/2022
NAME OF PROVIDER OR SUPPLIER SUNRISE OF ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2555 SNELLING AVENUE NORTH ROSEVILLE, MN 55113		
(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
{01470}	Continued From page 6 (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and the challenges it poses to communication; (2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or (3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure employees received all required assisted living orientation content for two of two employees (unlicensed personnel (ULP)-C, ULP-M) with employee records reviewed. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings included: ULP-C and ULP-M were hired to provide direct care services on July 1, 2019, and November 26, 2018, respectively, and began providing assisted living services on August 1, 2021. ULP-C and ULP-M's employee records lacked documented evidence orientation included an	{01470}		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21410	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/14/2022
NAME OF PROVIDER OR SUPPLIER SUNRISE OF ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2555 SNELLING AVENUE NORTH ROSEVILLE, MN 55113		
(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
{01470}	Continued From page 7 overview of assisted living statutes and did not ensure overview was completed prior to providing assisted living services to residents. On April 13, 2022, at approximately 11:00 a.m. administrator (A)-B verified, ULP- C's and ULP-M's records lacked an overview of assisted living statutes and verified orientation curriculum lacked required content. A-B stated, "We don't have it." No further information was provided.	{01470}		
{01880} SS=F	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 insulin was stored according to the manufacturer's guidelines in the refrigerator, for three of three residents (R3, R5, R8) with records reviewed. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety), and was issued at 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:	{01880}		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21410	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/14/2022
NAME OF PROVIDER OR SUPPLIER SUNRISE OF ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2555 SNELLING AVENUE NORTH ROSEVILLE, MN 55113		
(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 8 On April 12, 2022, at 10:35 a.m. ULP-C stated the temperature of the licensee's only medication refrigerator, located in the second floor nurses' station, was monitored daily to ensure adequate storage of insulin medications according to manufacturer's directions for unopened insulin storage. ULP-C explained she was responsible to monitor and record the refrigerator temperatures each morning when she was on duty. ULP-C provided the licensee's "Sunrise Daily Medication Refrigerator Temperature Log" sheets dated March 1, 2022, through April 12, 2022. On four occasions the recorded temperature was documented at 50 degrees Fahrenheit, of which three were recorded by ULP-C. When asked by the surveyor, ULP-C was not able to state acceptable parameters for medication storage of unopened insulin. ULP-C asked a registered nurse (RN-A) who verified the medication refrigerator temperature, was expected to be maintained at a temperature between 36 to 46 degrees Fahrenheit. ULP-C further explained if a temperature was out of the acceptable range, she would adjust the temperature. ULP-C then stated she was not knowledgeable regarding how to adjust the refrigerator temperature, she did not report the temperatures that were out of normal range and she did not recheck refrigerator temperatures that were not within manufacturer's guidelines for insulin storage. The refrigerator contained the following unopened medications for residents: R3 - Lantus Solostar (long-acting pre-filled insulin) pens (quantity three) R5 - Basaglar Kwik (long-acting pre-filled insulin) 100 units/ml pens (quantity three) R8 - Novolog Flexpens 100 units/ml and (quantity two)	{01880}		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21410	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/14/2022
NAME OF PROVIDER OR SUPPLIER SUNRISE OF ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2555 SNELLING AVENUE NORTH ROSEVILLE, MN 55113		
(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 9 The manufacturer's storage recommendations for Novolog insulin dated June 2021, noted store unused pens in the refrigerator at 36°F to 46°F (2°C to 8°C). Do not freeze Novolog. The instructions noted opened insulin pens could be used for up to 28 dates and then should be discarded. The manufacturer's instructions for Lantus insulin pens dated December 2020 indicated unopened pens should be stored in the refrigerator between 36 to 46 degrees F. Do not freeze. In addition, the instructions noted opened insulin pens could be used for up to 28 days and then should be discarded. The manufacturer's storage recommendations for Basaglar Kwik pens dated November 2019 noted insulin pens were to be kept in cool storage, 36° Fahrenheit (F) to 46°F, and not be allowed to freeze, until first use. On April 12, 2022, at 11:15 a.m. registered nurse (RN)-K stated staff who monitored and recorded refrigerator temperatures for medication storage were expected to know: the parameters per licensee's policy and manufacture's guidelines, notify a manager or supervisor, and recheck the refrigerator temperature and document new findings within one hour. The Sunrise Community Medication Oversight Program V2.0, revised July 1, 2019, directed refrigerator temperatures should have been maintained between 36 to 46 degrees Fahrenheit and directed staff to take the following steps if temperature was noted to be out of range: - RCD (resident care director/HCM (health care manager)-on-duty would be notified;	{01880}		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21410	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/14/2022
NAME OF PROVIDER OR SUPPLIER SUNRISE OF ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2555 SNELLING AVENUE NORTH ROSEVILLE, MN 55113		
(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 10 - RCD/HCM or MOD (manager-on-duty) would notify the maintenance coordinator who would immediately inspect the refrigerator for frost, dust, or dirt build-up, or other cause of malfunction; -if the refrigerator could not be repaired and the temperature continued to read high/low the medications would be moved to another refrigerator in the community. No further information was provided.	{01880}		
{01890} SS=E	144G.71 Subd. 20 Prescription drugs A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure medications were maintained bearing the original prescription label with legible information including the expiration date for time sensitive medications for two of three residents (R3, R8) with records reviewed. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, 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	{01890}		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21410	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/14/2022
NAME OF PROVIDER OR SUPPLIER SUNRISE OF ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2555 SNELLING AVENUE NORTH ROSEVILLE, MN 55113		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{01890}	Continued From page 11 situation has occurred repeatedly; but is not found to be pervasive). The findings include: On April 13, 2022, at approximately 10:45 a.m. a review of the licensee's two medication carts in memory care was completed. The following was observed and confirmed with a registered nurse (RN)-K at the time of the observations: R3 R3's Lantus Solostar (helps control blood sugar), Med cart A insulin pen lacked the date the pen had been opened and when the pen would expire. R8 R8's Novolog Flex pen insulin (helps control blood sugar), Med cart B insulin pen lacked the date the pen had been opened, and when the pen would expire. Also, The prescription label was torn off partially and missing information regarding the directions for use, medication name, medication dosage, and resident's name. The manufacturer's instructions for Lantus insulin pens dated December 2019, directed to discard the pen 28 days after it had been opened, even if it still had insulin left in it. The manufacturer's instructions for Novolog dated June 2021, directed to discard the pen 28 days after it had been opened, even if it still had insulin left in it. On April 13, 2022, at approximately 11:15 a.m. RN-K confirmed all medications should have original labels and all insulin pens should have been dated after opening, with open date and	{01890}		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21410	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/14/2022
NAME OF PROVIDER OR SUPPLIER SUNRISE OF ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2555 SNELLING AVENUE NORTH ROSEVILLE, MN 55113		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{01890}	Continued From page 12 expiration date noted. RN-K stated ULPs were trained to let the nurse know if prescription insulin label was missing information regarding the directions for use, and dating all resident's insulin pens. The licensee's "Community Medication Oversight Program V2.0" dated July 1, 2019, (intended as training curriculum for staff medication administration procedures) indicated the proper storage and labeling of insulin pens, "All multi-dose medications (i.e., insulin, eye drops etc.) are dated when opened and discarded after 28 days or as directed by the pharmacy." No further information was provided.	{01890}		
{02040} SS=F	144G.81 Subdivision 1 Fire protection and physical environment An assisted living facility with dementia care that has a secured dementia care unit must meet the requirements of section 144G.45 and the following additional requirements: (1) a hazard vulnerability assessment or safety risk must be performed on and around the property. The hazards indicated on the assessment must be assessed and mitigated to protect the residents from harm; and (2) the facility shall be protected throughout by an approved supervised automatic sprinkler system by August 1, 2029. This MN Requirement is not met as evidenced by: No further action required.	{02040}		
{02110} SS=F	144G.82 Subd. 3 Policies	{02110}		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21410	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/14/2022
NAME OF PROVIDER OR SUPPLIER SUNRISE OF ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2555 SNELLING AVENUE NORTH ROSEVILLE, MN 55113		
(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
{02110}	Continued From page 13 (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 designated representatives at the time of move-in. This MN Requirement is not met as evidenced by: Based on interview and record review, the	{02110}		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21410	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/14/2022
NAME OF PROVIDER OR SUPPLIER SUNRISE OF ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2555 SNELLING AVENUE NORTH ROSEVILLE, MN 55113		
(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
{02110}	Continued From page 14 licensee failed to ensure policies and procedures for Assisted Living with Dementia Care were provided to residents and the resident's legal and designated representatives at the time of move-in, for three of three residents (R3, R4, R5) with records reviewed. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: The licensee was licensed as an Assisted Living Facility with Dementia Care on August 1, 2021. The licensee's assisted living with dementia care policies lacked document development and implementation of: - Philosophy of how services would be provided based upon the assisted living facility licensee's values, mission, and promotion of person-centered care and how the philosophy would be implemented. - Evaluation of behavioral symptoms and design of supports for intervention plans, including nonpharmacological practices that were person-centered and evidence-informed. - Wandering and egress prevention that provided 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.	{02110}		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21410	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/14/2022
NAME OF PROVIDER OR SUPPLIER SUNRISE OF ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2555 SNELLING AVENUE NORTH ROSEVILLE, MN 55113		
(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
{02110}	Continued From page 15 - Staff training specific to dementia care. - Description of life enrichment programs and how activities would be implemented. - Description of family support programs and efforts to keep the family engaged. - Limiting the use of public address and intercom systems for emergencies and evacuation drills only. - Transportation coordination and assistance to and from outside medical appointments; and - Safekeeping of residents' possessions. On April 14, 2022, at 12:45 p.m. the administrator (A)-B stated the licensee had placed a binder containing the above listed policies and procedures on each floor for resident or their representative to "look over." A-B stated the licensee did not ensure any residents (including R3, R4, R5), or their representatives signed or acknowledged they received, in written form, the required policies and procedures pertaining to 144G.82 Subd. 3 On April 14, 2022, at 1:15 p.m. RN-K confirmed the licensee lacked documented evidence residents or their representative received the above required policies and procedures. RN-K stated R4 was admitted September 2019; R5 was admitted October 2021. RN-K verified the licensee was required to have and lacked documented evidence the resident, legal representative, or designated representative received the written policies and procedures as required for all residents. No further information was provided.	{02110}		



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

February 25, 2022

Administrator
Sunrise Of Roseville
2555 Snelling Avenue North
Roseville, MN 55113

RE: Project Number(s) SL21410015

Dear Administrator:

The Minnesota Department of Health completed an evaluation on January 27, 2022, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the evaluation, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

IMPOSITION OF FINES

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

Level 1: no fines or enforcement.

Level 2: a fine of \$500 per violation, in addition to any enforcement mechanism authorized in § 144G.20 for widespread violations;

Level 3: a fine of \$3,000 per violation per incident, in addition to any enforcement mechanism authorized in § 144G.20.

Level 4: a fine of \$5,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20.

In accordance with Minn. Stat. § 144G.20, Subd. 4 (a)(5), the Department of Health imposes fine amounts of either \$1,000 or \$5,000 to licensees who are found to be responsible for maltreatment. The Department of Health imposes a fine of \$1,000 for each substantiated maltreatment violation

that consists of abuse, neglect, or financial exploitation according to Minn. Stat. § 626.5572, Subds. 2, 9, 17. The Department of Health also may impose a fine of \$5,000 for each substantiated maltreatment violation consisting of sexual assault, death, or abuse resulting in serious injury.

In accordance with Minn. Stat. § 144G.31, Subd. 4 (a)(5)(b), when a fine is assessed against a facility for substantiated maltreatment, the commissioner shall not also impose an immediate fine under this chapter for the same circumstance.

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

DOCUMENTATION OF ACTION TO COMPLY

Per Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document any action taken to comply with the correction order by the correction order date. A copy of the provider's records documenting those actions may be requested for follow-up surveys. The licensee is not required to submit a plan of correction for approval.

The correction order documentation should include the following:

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

CORRECTION ORDER RECONSIDERATION PROCESS

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

A state licensing order under Minn. Stat. § 144G.91, Subd. 8, Free from Maltreatment is associated with a maltreatment determination by the Office of Health Facility Complaints. If maltreatment is substantiated, you will receive a separate letter with the reconsideration process under Minn. Stat. § 626.557. Please email general reconsideration requests to: **Health.HRD.Appeals@state.mn.us**.

Please address your cover letter for general reconsideration requests to:
Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place

Free from Maltreatment reconsideration requests should addressed to:
Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place

Sunrise Of Roseville

February 25, 2022

Page 3

St. Paul, MN 55164-0970

St. Paul, MN 55164-0970

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in this letter and the results of this visit with the President of your organization's Governing Body. If you have any questions, please contact me.

Sincerely,

A handwritten signature in dark ink, appearing to read "Jonathan Hill". The signature is fluid and cursive, with the first name "Jonathan" written in a larger, more prominent script than the last name "Hill".

Jonathan Hill, Supervisor
Health Regulation Division
State Evaluation Team
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Telephone: 651-201-3993 Fax: 651-215-9697

PMB

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21410	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/27/2022
NAME OF PROVIDER OR SUPPLIER SUNRISE OF ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2555 SNELLING AVENUE NORTH ROSEVILLE, MN 55113		
(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 Initial comments *****ATTENTION***** ASSISTED LIVING 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 has 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: SL21410015 On January 25, 2022, through January 27, 2022, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were 76 residents receiving services under the provider's Assisted Living with Dementia Care license.	0 000	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living with Dementia Care License 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 surveyors' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3.	
0 470 SS=F	144G.41 Subdivision 1 Minimum requirements	0 470		

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: 21410	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/27/2022
NAME OF PROVIDER OR SUPPLIER SUNRISE OF ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2555 SNELLING AVENUE NORTH ROSEVILLE, MN 55113		
(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
0 470	Continued From page 1 (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 observation, interview, and record review, the licensee failed to ensure a written staffing plan was developed and posted. This had the potential to affect all seventy-six (76) residents living at 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	0 470		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21410	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/27/2022
NAME OF PROVIDER OR SUPPLIER SUNRISE OF ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2555 SNELLING AVENUE NORTH ROSEVILLE, MN 55113		
(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
0 470	Continued From page 2 resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: The licensee held an Assisted Living Facility with Dementia Care license. The licensee did not develop and post a daily staffing plan or work schedule for current staffing level in a central location on each floor of the facility, accessible to staff, residents, volunteers and the public, that included: (1) direct-care staff work schedules for each direct-care staff member showing all work shifts, including days and hours worked; and (2) identify the direct-care staff member's resident assignments or work location. During the entrance conference on January 25, 2022, at approximately 10:45 a.m., the surveyor requested a copy of the facility's staffing plan from administrator (A)-B. During a facility tour at approximately 11:50 a.m. with director of maintenance (DM)-H, the surveyor observed three floors of resident living units, which lacked a posting of the daily staffing schedule. On January 25, 2022, at approximately 11:51 a.m., DM-H confirmed the licensee did not post a daily staffing plan or work schedule in any of the three floors of resident living units of the facility. DM-H stated the staff work schedules would be in the nursing office. On January 25, 2022, at 10:46 a.m., A-B confirmed the licensee had not posted a staffing	0 470		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21410	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/27/2022
NAME OF PROVIDER OR SUPPLIER SUNRISE OF ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2555 SNELLING AVENUE NORTH ROSEVILLE, MN 55113		
(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
0 470	Continued From page 3 work schedule anywhere in a central location on any of the facility's three residential floors, as she was not familiar with the requirement. A-B confirmed a written staffing plan to include the above noted required content had not been developed. The licensee's policy for staffing and scheduling was requested and not provided. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 470		
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements (13) offer to provide or make available at least the following services to residents: (i) at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The following apply: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and This MN Requirement is not met as evidenced by: Based on observation, interview and record	0 480		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21410	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/27/2022
NAME OF PROVIDER OR SUPPLIER SUNRISE OF ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2555 SNELLING AVENUE NORTH ROSEVILLE, MN 55113		
(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
0 480	Continued From page 4 review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This had the potential to affect all of the licensee's 76 current residents. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: Please refer to the document titled, Food and Beverage Establishment Inspection Report, dated January 26, 2022, for the specific Minnesota Food Code deficiencies.	0 480		
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	0 640		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21410	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/27/2022
NAME OF PROVIDER OR SUPPLIER SUNRISE OF ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2555 SNELLING AVENUE NORTH ROSEVILLE, MN 55113		
(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
0 640	Continued From page 5 by: Based on observation, interview, and record review, the licensee failed to post the 911 emergency number in common areas and near telephones provided by the assisted living facility and the Minnesota Adult Abuse Reporting Center (MAARC) information to report suspected maltreatment of a vulnerable adult under section 626.557. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: The licensee did not post the 911 emergency number in common areas and near telephones provided by the assisted living or the MAARC contact information and reporting number. On January 25, 2022, at approximately 12:25 p.m., the surveyor observed with the director of maintenance (DM)-H the common areas on the facility's main level. The surveyor observed no postings containing the 911 emergency number or MAARC contact and reporting information. On January 25, 2022, at approximately 12:30 p.m., DM-H confirmed content noted above was not posted. A 911 emergency number nor any MAARC reporting or contact information was not posted on or near any of the common areas frequented by residents, staff, or visitors. DM-H stated he was unaware of the requirement; he	0 640		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21410	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/27/2022
NAME OF PROVIDER OR SUPPLIER SUNRISE OF ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2555 SNELLING AVENUE NORTH ROSEVILLE, MN 55113		
(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
0 640	Continued From page 6 was not sure if the licensee' other management staff were aware of the signage posting requirement. The licensee's Vulnerable Adult Reporting (Addendum) policy dated August 19, 2021, noted the licensee would post in the facility's common areas and near community telephones information for reporting suspected maltreatment to MAARC and the 911 emergency number. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 640		
0 660 SS=F	144G.42 Subd. 9 Tuberculosis prevention and control (a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on record review and interview, the	0 660		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21410	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/27/2022
NAME OF PROVIDER OR SUPPLIER SUNRISE OF ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2555 SNELLING AVENUE NORTH ROSEVILLE, MN 55113		
(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
0 660	Continued From page 7 licensee failed to ensure and maintain a current comprehensive tuberculosis (TB) infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. In addition, the licensee failed to ensure completion of a TB risk assessment with records reviewed. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: The licensee's most current TB facility risk assessment dated June 13, 2019, noted a low risk. The licensee's Facility TB Risk Assessment Worksheet noted their TB risk assessment would be conducted or updated on a yearly basis. On January 25, 2022, at approximately 12:10 p.m., administrator (A)-B confirmed the licensee had not completed their annual TB facility risk assessment as indicated in their policy. The licensee's Tuberculosis Screening -Team Members policy dated September 3, 2021, indicated "The Executive Director (ED) Resident Care Director (RCD) designee [would] complete a risk assessment annually at the community". No further information was provided.	0 660		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21410	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/27/2022
NAME OF PROVIDER OR SUPPLIER SUNRISE OF ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2555 SNELLING AVENUE NORTH ROSEVILLE, MN 55113		
(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
0 660	Continued From page 8	0 660		
	TIME PERIOD FOR CORRECTION: Twenty-one (21) days			
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness (a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing tenant residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review the licensee failed to have a written emergency disaster preparedness plan with all	0 680		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21410	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/27/2022
NAME OF PROVIDER OR SUPPLIER SUNRISE OF ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2555 SNELLING AVENUE NORTH ROSEVILLE, MN 55113		
(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
0 680	Continued From page 9 the required content and post an emergency preparedness (EP) plan prominently. This had the potential to affect all residents receiving services from the licensee. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: The licensee's emergency disaster preparedness plan lacked the required content of Appendix Z (a section of the Centers for Medicare and Medicaid Services [CMS] State Operations Manual which includes the guidelines.) The licensee's plan lacked the following required content: - a comprehensive program to include infectious diseases and pandemics. - a process for emergency preparedness (EP) cooperation with state and local EP officials and organizations; - a current resident roster form for tracking residents. - development of policies/procedures to address: - evacuation plan (not customized for the facility). - fire (not customized for the facility). - a tracking system used to document locations or residents and staff. - the medical record documentation system to preserve resident information. - emergency staff strategies; and - the facility's role in providing care and	0 680		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21410	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/27/2022
NAME OF PROVIDER OR SUPPLIER SUNRISE OF ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2555 SNELLING AVENUE NORTH ROSEVILLE, MN 55113		
(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
0 680	Continued From page 10 treatment at alternative sites. - EP training and testing program. - EP training program for staff (including documentation of training provided); and - EP testing/annual testing requirements. On January 25, 2022, at approximately 11:00 a.m., a surveyor requested the licensee's emergency disaster preparedness plan to include content required from Appendix Z for review. On January 25, 2022, between 11:00 a.m. and 11:50 a.m. during a tour of the facility with director of maintenance (DM)-H., emergency evacuation diagrams were observed on each of the three residential floors. On January 26, 2022, at approximately 1:30 p.m., the licensed assisted living director (LALD)-I confirmed the provider was not familiar with Appendix Z standards or content. The licensee's written emergency preparedness plan only consisted of identified several natural emergency events (such as fire, tornado, water, and storm) with basic information related to staff procedures to implement in the event of a specific emergency event. LALD-I verified the licensee had not fully developed and implemented the facility's EP disaster plan or program as required. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 680		
0 800 SS=E	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including	0 800		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21410	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/27/2022
NAME OF PROVIDER OR SUPPLIER SUNRISE OF ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2555 SNELLING AVENUE NORTH ROSEVILLE, MN 55113		
(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
0 800	Continued From page 11 walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain the physical environment of the facility in a continuous state of good repair and operation. This has the potential to directly affect the health, safety, and well-being of all residents and staff. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, 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 January 26, 2022, between the hours of 9:30 a.m. to 12:05 p.m. and again between the hours of 1:15 p.m. to 3:40 p.m., survey staff toured the facility with the director of maintenance (DM)-H, and the following findings were observed: -The exit gate for the first-floor courtyard had a padlock installed and locked from the outside of the gate limiting the means of egress. This was evident as the exit door inside of the building showed a sign to exit or evacuate into the courtyard.	0 800		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21410	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/27/2022
NAME OF PROVIDER OR SUPPLIER SUNRISE OF ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2555 SNELLING AVENUE NORTH ROSEVILLE, MN 55113		
(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
0 800	Continued From page 12 -The wall of the laundry room (fire rated) on the first floor next to the staff break room was damaged consisting of a 2-inch hole opening located behind the washer and dryer that must be repaired. -The water softeners in the mechanical room were not working properly. It was observed the water softener brine tank consisted of brown muddy water filled to the top and backwash line discharging continuously. The DM-H explained the water softener backwash line has been discharging continuously and serviced has been called. -The boiler had a maintenance-required signal notification. The DM-H stated that he will call for service. -The fire sprinkler serving the 2nd-floor common area had a missing cap. -The fire sprinklers in the dining room and hallway suites 103-114 were loosely hung and needed to be secured properly. -The cover on the exhaust fan in Room 205 was heavily layered with dust. -The double smoke doors located in front of the elevator on the 2nd floor had half of an inch opening and needed to be provided with gaskets or repaired to maintain a smoke-tight seal. On January 26, 2022, at approximately 5:20 p.m., during the exit interview with the licensed assisted living director (LALD)-I, the regional director (RD), the administrator (A)-B, and the DM-H, the RD and the LALD-I acknowledged the findings.	0 800		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21410	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/27/2022
NAME OF PROVIDER OR SUPPLIER SUNRISE OF ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2555 SNELLING AVENUE NORTH ROSEVILLE, MN 55113		
(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
0 800	Continued From page 13 No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 800		
0 810 SS=F	144G.45 Subd. 2 (b)-(f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) employee actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system	0 810		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21410	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/27/2022
NAME OF PROVIDER OR SUPPLIER SUNRISE OF ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2555 SNELLING AVENUE NORTH ROSEVILLE, MN 55113		
(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
0 810	Continued From page 14 activation is not required to initiate the evacuation drill. This MN Requirement is not met as evidenced by: Based on observation, document review, and interview, the licensee failed to provide all required contents on the fire safety and evacuation plan, and the minimum required training of staff and residents on fire safety and evacuation plan. This has the potential to directly affect the safety of visitors, staff, and all residents receiving assisted living care. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: On January 26, 2022, at approximately 3:40 p.m., survey staff reviewed the facility fire safety and evacuation plan and related documentation that showed the following: -The building layout plan lacked the number identification of sleeping rooms. In addition, it was observed that building layout plans posted throughout the building had room and exit labels, but posted layout prints were very small in size and not legible to read for responders or emergency personnel. -The fire safety and evacuation plan documentation lacked the specific fire protection procedures necessary for addressing all residents	0 810		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21410	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/27/2022
NAME OF PROVIDER OR SUPPLIER SUNRISE OF ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2555 SNELLING AVENUE NORTH ROSEVILLE, MN 55113		
(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
0 810	Continued From page 15 including any unique resident-specific situations including memory care residents during an evacuation as well as a relocation of the resident plan during a full evacuation. Unique situations may be residents who are wheelchair-bound, on walkers, bedridden, cognitive deficit, and needing assistance during an evacuation and must be addressed in the documentation. -The documentation lacked fire protection procedures for residents. -The policy documentation lacked the content and records of employee training on the facility fire safety and evacuation plan for both upon hiring and at least twice per year thereafter. -No policy documentation or records were provided to show training of residents that can self assist in their evacuation during the proper actions to be taken in the event of a fire including movement, evacuation, or relocation. The policy should incorporate and address all assisted living residents and any memory care residents to be capable of self-assist based on their individualized service plan assessment per policy CL-0006, dated November 2, 1998, evaluating their physical and cognitive limitations. - Record review showed sufficient evacuation drills performed to date by employees, but the policy documentation lacked the content of minimum numbers of required evacuation drills that must be performed by employees twice per year per shift, with at least one evacuation drill every other month. On January 26, 2022, at approximately 5:30 p.m., during the exit interview with the licensed assisted living director (LALD)-I, the regional director (RD),	0 810		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21410	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 01/27/2022
NAME OF PROVIDER OR SUPPLIER SUNRISE OF ROSEVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 2555 SNELLING AVENUE NORTH ROSEVILLE, MN 55113		
(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
0 810	Continued From page 16 the administrator (A)-B, and the director of maintenance (DM)-H, the RD and the LALD-I acknowledged the findings. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810			
01350 SS=D	144G.60 Subd. 5 Temporary staff When a facility contracts with a temporary staffing agency, those individuals must meet the same requirements required by this section for personnel employed by the facility and shall be treated as if they are staff of the facility. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide contracted temporary staff orientation to assisted living licensing requirements and regulations and required dementia care training for one of one staff (unlicensed personnel (ULP)-D) with employee record reviewed. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: ULP-D was hired as contracted staff with the	01350			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21410	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/27/2022
NAME OF PROVIDER OR SUPPLIER SUNRISE OF ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2555 SNELLING AVENUE NORTH ROSEVILLE, MN 55113		
(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
01350	Continued From page 17 licensee on August 8, 2021, to provide direct care services. ULP-D's employee record lacked evidence of orientation to the assisted living licensing requirements and regulations with the required training content. The licensee's "Sunrise Agency Onboarding & Resources for Care Managers" document dated August 2021 was intended as orientation curriculum for contract staff. The curriculum document did not include assisted living facility licensing requirements and regulation orientation topics, as noted below: * Overview of assisted living statutes (144G); * Assisted living bill of rights; and * Eight hours of initial dementia care training within 80 working hours to include: - Person-centered planning and service delivery. - An explanation of Alzheimer's disease and other dementias; - Assistance with activities of daily living; - Problem solving with challenging behaviors; - Communication skills; On January 27, 2022, at 11:00 a.m., registered nurse (RN)-A verified ULP-D had worked more than 80 hours since her hire date in August 2021. RN-A confirmed ULP-D had not completed all required orientation to assisted living topics or dementia care training prior to the provision of direct care services to the licensee's residents. The licensee's "Sunrise Agency Onboarding and Resources for Care Managers" packet dated August, 2021 noted the criteria for training which included infection control, reporting of incident	01350		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21410	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 01/27/2022
NAME OF PROVIDER OR SUPPLIER SUNRISE OF ROSEVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 2555 SNELLING AVENUE NORTH ROSEVILLE, MN 55113		
(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
01350	Continued From page 18 reports, who to call for emergencies, and resident specific information. The Onboarding orientation packet for temporary contracted staff did not include overview of the required assisted living facility with dementia care training content in 144G. as indicated above. The licensee's policy for orientation and training of contracted staff was requested but not provided. No further information was provided. TIME PERIOD OF CORRECTION: Twenty-one (21) days	01350			
01370 SS=D	144G.61 Subd. 2 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; (7) standby assistance techniques and how to	01370			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21410	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/27/2022
NAME OF PROVIDER OR SUPPLIER SUNRISE OF ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2555 SNELLING AVENUE NORTH ROSEVILLE, MN 55113		
(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
01370	Continued From page 19 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 observation, interview and record review, the licensee failed to ensure demonstrated competency evaluations were completed in all required skill areas for one of two employees (unlicensed personnel (ULP)-C) with employee records reviewed. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, 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		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21410	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/27/2022
NAME OF PROVIDER OR SUPPLIER SUNRISE OF ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2555 SNELLING AVENUE NORTH ROSEVILLE, MN 55113		
(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
01370	Continued From page 20 ULP-C was hired on July 1, 2019, to provide direct care services to residents of the facility. On January 26, 2022, at approximately 8:30 a.m., ULP-C was observed assisting with medication administration services and blood glucose monitoring procedure for resident (R)2. ULP-C's employee training record did not contain documentation ULP-C had successfully completed practical skills evaluations as required for training in the following areas: - 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; and - standby assistance techniques and how to perform them. On January 27, 2022, at approximately 2:30 p.m., registered nurse (RN)-A stated she thought the required competency evaluations for ULP-C was documented in ULP-C's record. RN-A verified ULP-C's record lacked documentation of demonstrated competency evaluation for the topics noted above. A policy related to required training and demonstrated competency evaluations for all unlicensed personnel was requested from the licensee but not provided. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01370		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21410	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/27/2022
NAME OF PROVIDER OR SUPPLIER SUNRISE OF ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2555 SNELLING AVENUE NORTH ROSEVILLE, MN 55113		
(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
01380 SS=D	144G.61 Subd. 2 Training and evaluation of unlicensed personnn (b) In addition to paragraph (a), training and competency evaluation for unlicensed personnel providing assisted living services must include: (1) observing, reporting, and documenting resident status; (2) basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel; (3) reading and recording temperature, pulse, and respirations of the resident; (4) recognizing physical, emotional, cognitive, and developmental needs of the resident; (5) safe transfer techniques and ambulation; (6) range of motioning and positioning; and (7) administering medications or treatments as required. This MN Requirement is not met as evidenced by: Based on observation, interview and record review the licensee failed to ensure demonstrated competency evaluations were completed in all required skill areas by the registered nurse (RN) for one of two employees (unlicensed personnel (ULP)-C) with employee records reviewed. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include:	01380		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21410	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/27/2022
NAME OF PROVIDER OR SUPPLIER SUNRISE OF ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2555 SNELLING AVENUE NORTH ROSEVILLE, MN 55113		
(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
01380	Continued From page 22 ULP-C started employment on July 1, 2019, under the licensee's comprehensive home care license and began providing assisted living services on August 1, 2021. ULP-C's record lacked documentation of demonstrated competency evaluations for the following topics: - reading and recording temperature, pulse and respirations of the resident - safe transfer techniques and ambulation, and - range of motioning and positioning. On January 27, 2022, at approximately 8:30 a.m., ULP-C was observed assisting resident (R)2 with a COVID-19 screening temperature check. On January 27, 2022, at approximately 2:30 p.m., RN-A stated she thought the required demonstrated competency evaluations for ULP-C were documented in the employee's record. RN-A confirmed ULP-C's employee record lacked documentation of completed demonstrated competency evaluations of required topics as noted above. The licensee's policy for required training and competency evaluations for ULP staff providing assisted living services was requested but not provided. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01380		
01440 SS=D	144G.62 Subd. 4 Supervision of staff providing delegated nurs	01440		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21410	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/27/2022
NAME OF PROVIDER OR SUPPLIER SUNRISE OF ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2555 SNELLING AVENUE NORTH ROSEVILLE, MN 55113		
(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
01440	Continued From page 23 (a) Staff who perform delegated nursing or therapy tasks must be supervised by an appropriate licensed health professional or a registered nurse according to the assisted living facility's policy where the services are being provided to verify that the work is being performed competently and to identify problems and solutions related to the staff person's ability to perform the tasks. Supervision of staff performing medication or treatment administration shall be provided by a registered nurse or appropriate licensed health professional and must include observation of the staff administering the medication or treatment and the interaction with the resident. (b) The direct supervision of staff performing delegated tasks must be provided within 30 calendar days after the date on which the individual begins working for the facility and first performs the delegated tasks for residents and thereafter as needed based on performance. This requirement also applies to staff who have not performed delegated tasks for one year or longer. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure a registered nurse (RN) direct supervision of a delegated task was provided within 30 days after hire for one of one staff (unlicensed personnel (ULP)-C) with employee record reviewed. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a	01440		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21410	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/27/2022
NAME OF PROVIDER OR SUPPLIER SUNRISE OF ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2555 SNELLING AVENUE NORTH ROSEVILLE, MN 55113		
(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
01440	Continued From page 24 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-C's employee record lacked documented evidence the RN provided direct supervision of ULP-C performing a delegated task within 30 days of beginning work with the licensee. ULP-C started employment on July 1, 2019, under the licensee's comprehensive home care license and began providing assisted living services on August 1, 2021. On January 26, 2022, at 9:31 a.m., ULP-C was observed administering oral medications and a blood glucose monitoring check to resident (R)2. On January 27, 2022, at approximately 2:30 p.m., RN-A stated she thought the supervision of ULP-C performing a delegated task had been completed within the 30 days of ULP-C providing services, however, it not documented in ULP-C's employee records as required. The licensee's policy related to required RN supervision of ULP within 30 days of providing delegated services at time of hire was requested but not provided. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days.	01440		
01470 SS=D	144G.63 Subd. 2 Content of required orientation	01470		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21410	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/27/2022
NAME OF PROVIDER OR SUPPLIER SUNRISE OF ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2555 SNELLING AVENUE NORTH ROSEVILLE, MN 55113		
(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
01470	Continued From page 25 (a) The orientation must contain the following topics: (1) an overview of this chapter; (2) an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person; (3) handling of emergencies and use of emergency services; (4) compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC); (5) the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; (6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person; (7) handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints; (8) consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services; and (9) a review of the types of assisted living services the employee will be providing and the facility's category of licensure. (b) In addition to the topics in paragraph (a), orientation 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	01470		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21410	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/27/2022
NAME OF PROVIDER OR SUPPLIER SUNRISE OF ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2555 SNELLING AVENUE NORTH ROSEVILLE, MN 55113		
(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
01470	Continued From page 26 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 the challenges it poses to communication; (2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or (3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure employees received all required assisted living orientation content for one of one employee (unlicensed personnel (ULP)-C) with employee record reviewed. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, 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 included: The licensee converted from a Comprehensive Home Care license to an Assisted Living Facility with Dementia Care license on August 1, 2021.	01470		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21410	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/27/2022
NAME OF PROVIDER OR SUPPLIER SUNRISE OF ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2555 SNELLING AVENUE NORTH ROSEVILLE, MN 55113		
(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
01470	Continued From page 27 ULP-C had a hire date of July 1, 2019, to provide direct care services. ULP-C's employee record did not contain documentation of completed required assisted living licensing and regulation orientation content before providing assisted living services to residents which included: - an overview of this chapter; - the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person; and - the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights. On January 27, 2022, at approximately 2:30 p.m., registered nurse (RN)-A verified ULP-C did not complete orientation to all required topics of the assisted living requirement and regulations, when the licensee converted their license in August 2021. A policy related to required staff orientation and training of all employees was requested from the licensee but not provided. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01470		
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	01540		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21410	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/27/2022
NAME OF PROVIDER OR SUPPLIER SUNRISE OF ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2555 SNELLING AVENUE NORTH ROSEVILLE, MN 55113		
(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
01540	Continued From page 28 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 review, the licensee failed to ensure staff completed the required eight (8) hours of dementia care training within 80 hours of the employment start date for one of two employees (unlicensed personnel (ULP)-C) with employee records reviewed. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, 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-C was hired on July 1, 2019, to provide direct care services to the licensee's residents.	01540		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21410	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/27/2022
NAME OF PROVIDER OR SUPPLIER SUNRISE OF ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2555 SNELLING AVENUE NORTH ROSEVILLE, MN 55113		
(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
01540	Continued From page 29 On January 26, 2022, at approximately 9:35 a.m., ULP-C was observed providing direct care services for resident (R)2 to include a blood glucose monitoring check. ULP-C's employee record did not contain documentation ULP-C completed the required eight (8) hours of training on the specific dementia care topics within 80 working hours of ULP-C's hire date. On January 27, 2022, at approximately 2:30 p.m., registered nurse (RN)-A verified ULP-C had not completed the above noted dementia training as required. The licensee's policy related to required staff dementia training at time of hire was requested, but not provided. No further information was provided. TIME PERIOD FOR CORRECTION: Fourteen (14) days	01540		
01880 SS=D	144G.71 Subd. 19 Storage of medications An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure insulin was stored according to the manufacturer's directions	01880		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21410	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/27/2022
NAME OF PROVIDER OR SUPPLIER SUNRISE OF ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2555 SNELLING AVENUE NORTH ROSEVILLE, MN 55113		
(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 30 in one of one refrigerator for two of two residents (R2, R3) with records reviewed. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, 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's second floor medication storage refrigerator temperatures were not monitored and documented daily to ensure adequate storage of insulin medications, according to manufacturer's directions. The medication refrigerator was locked inside the nursing locked office to ensure only staff access. The licensee's "Wellness Refrigerator Temperature" record of the medication refrigerator temperatures dated 2021 listed each of the individual 12 months at the page top, and dates from the first to the 31st day vertically. The medication refrigerator temperatures had been monitored daily only 29 times out of 365 days (8%), with all temperatures noted in the range of 36 to 50 degrees Fahrenheit (F). There was no documentation of a refrigerator temperature log available for January 2022. On January 27, 2022, at approximately 10:10 a.m., the second floor medication refrigerator located in the locked nursing office was observed with registered nurse (RN)-A. RN-A verified the current temperature of the refrigerator was 36	01880		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21410	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/27/2022
NAME OF PROVIDER OR SUPPLIER SUNRISE OF ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2555 SNELLING AVENUE NORTH ROSEVILLE, MN 55113		
(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 31 degrees F. The refrigerator contained the following medications for residents (R): R2 - five Novolog (short acting pre-filled insulin) Flexpens 100 units/ml (milliliter) R3 - two Novolog Flexpens 100 units/ml and one Lantus Solostar (long acting pre-filled insulin) pens R8 - five Basaglar Kwik (long acting pre-filled insulin) 100 units/ml pens. On January 27, 2022, at approximately 10:20 a.m., RN-A provided the medication refrigerator temperature log dated 2021. RN-A stated she was aware the refrigerator temperatures were supposed to be monitored daily and recorded on the licensee's Wellness Refrigerator Temperature log form. RN-A stated the licensee had not been consistent with daily monitoring or documenting the refrigerator temperatures to ensure safe storage. RN-A verified the medication refrigerator temperatures had not been recorded daily on the form for the majority of the year 2021. RN-A also stated the licensee did not have any of the printed manufacturer's guidelines for safe storage of insulin medications. RN-A stated was aware the normal medication refrigerator temperature range would be from 36 degrees F to 46 degrees F to ensure safe storage of unopened pre-filled insulin pens. The manufacturer's storage recommendations for Novolog insulin dated June 2021 noted store unused pens in the refrigerator at 36°F to 46°F (2°C to 8°C). Do not freeze Novolog. The instructions noted opened insulin pens could be used for up to 28 dates and then should be discarded.	01880		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21410	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/27/2022
NAME OF PROVIDER OR SUPPLIER SUNRISE OF ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2555 SNELLING AVENUE NORTH ROSEVILLE, MN 55113		
(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 32 The manufacturer's instructions for Lantus insulin pens dated December 2020 indicated unopened pens should be stored in the refrigerator between 36 to 46 degrees F. Do not freeze. In addition, the instructions noted opened insulin pens could be used for up to 28 days and then should be discarded. The manufacturer's storage recommendations for Basaglar Kwik pens dated November 2019 noted insulin pens are to be kept in cool storage, 36° Fahrenheit (F) to 46°F, and not be allowed to freeze, until first use. The licensee's Medication Storage policy dated February 19, 2014, noted medications would be securely locked and stored according to manufacturer's guidelines, refrigerated or room temperature. The document noted the Health Care Coordinator (HCC) or designee was responsible to monitor the medication refrigerator temperature daily. The policy lacked any language specific to storage of insulin, or medication refrigerator temperatures to be maintained between 36-46 degrees Fahrenheit. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01880		
01890 SS=D	144G.71 Subd. 20 Prescription drugs A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated	01890		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21410	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/27/2022
NAME OF PROVIDER OR SUPPLIER SUNRISE OF ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2555 SNELLING AVENUE NORTH ROSEVILLE, MN 55113		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01890	Continued From page 33 drug. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to discard an expired medication for one of five residents (R2). In addition, the licensee failed to ensure medications were labeled correctly for one of five residents (R3) with records reviewed. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, 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 On January 26, 2022, at approximately 8:35 a.m., unlicensed personnel (ULP)-C was observed preparing medications for R2, to include oral medications and use of a Novolog Flexpen (a disposable pre-filled pen-like device to inject insulin). ULP-C placed R2's oral medications into a disposable medication cup, then removed R2's Novolog Flexpen from the medication cart. R2's Novolog Flexpen was dated as opened November 1, 2021. On January 26, 2022, at 8:36 a.m., ULP-C verified R2's Novolog Flexpen date opened was November 1, 2021, and the insulin had expired. ULP-C stated R2's Novolog insulin Flexpen should have been discarded after 28 days. ULP-C stated R2 was on a sliding scale insulin	01890		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21410	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/27/2022
NAME OF PROVIDER OR SUPPLIER SUNRISE OF ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2555 SNELLING AVENUE NORTH ROSEVILLE, MN 55113		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01890	Continued From page 34 administration, had not had any elevated blood sugar levels for months and, therefore, had not received any Novolog insulin. On January 27, 2022, at 2:55 p.m., registered nurse (RN)-A stated R2's Novolog Flexpen insulin should have been discarded, as it was past the 28 days opened date and, thus, expired. RN-A stated the designated medication administration ULP for each medication cart was supposed to check for any resident expired medications, notify the RN, and document the medication was discarded. R3 On January 26, 2022, at 12:30 p.m., ULP-E was observed to correctly dial up and administer R3's prescribed Lantus Solostar insulin via a pre-filled syringe pen. R3's Lantus insulin pen lacked the date the pen had been opened, and when the pen would expire. On January 26, 2022, at 12:32 p.m., ULP-E confirmed there was no open or expiration date noted on R3's insulin pen device. ULP-E stated the medication labeling process was for the insulin pens to have the date filled out by staff when first taken out of the medication refrigerator for use. On January 27, 2022, at 11:45 a.m., RN-A confirmed the process of labeling and dating of all resident insulin pre-filled pens was required when first opened. RN-A also stated this was part of the initial medication administration training process for ULP who were designated to administer insulin. The licensee's "Community Medication Oversight Program V2.0" dated July 1, 2019, (intended as training curriculum for staff medication	01890		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21410	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/27/2022
NAME OF PROVIDER OR SUPPLIER SUNRISE OF ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2555 SNELLING AVENUE NORTH ROSEVILLE, MN 55113		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01890	Continued From page 35 administration procedures) indicated the proper storage and labeling of insulin pens, "All multi-dose medications (i.e. insulin, eye drops etc.) are dated when opened and discarded after 28 days or as directed by the pharmacy." The licensee's policy related to labeling medications and disposition of expired medication procedures was requested, but not provided. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890		
01950 SS=D	144G.72 Subd. 4 Administration of treatments and therapy Ordered or prescribed treatments or therapies must be administered by a nurse, physician, or other licensed health professional authorized to perform the treatment or therapy, or may be delegated or assigned to unlicensed personnel by the licensed health professional according to the appropriate practice standards for delegation or assignment. When administration of a treatment or therapy is delegated or assigned to unlicensed personnel, the facility must ensure that the registered nurse or authorized licensed health professional has: (1) instructed the unlicensed personnel in the proper methods with respect to each resident and the unlicensed personnel has demonstrated the ability to competently follow the procedures; (2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's record; and (3) communicated with the unlicensed personnel	01950		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21410	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/27/2022
NAME OF PROVIDER OR SUPPLIER SUNRISE OF ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2555 SNELLING AVENUE NORTH ROSEVILLE, MN 55113		
(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
01950	Continued From page 36 about the individual needs of the resident. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure the registered nurse (RN) specified, in writing, specific instructions for each resident and documented those instructions in the resident's record for one of three residents (R5) receiving blood glucose monitoring with records reviewed. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, 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: R5's record "Weights and Vitals Summary" (intended as documentation of the delegated treatment task of blood glucose monitoring results) dated January 1, 2022, through January 26, 2022, noted unlicensed personnel (ULP)-C assisted with the blood glucose monitoring check procedures on multiple occasions. R5's record did not contain any specific written instructions from a RN related to R5's blood glucose monitoring or when staff should notify a nurse when R5's blood glucose monitoring results were outside parameters. On January 26, 2022, at approximately 12:15 p.m., ULP-C was observed assisting R5 with a	01950		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21410	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/27/2022
NAME OF PROVIDER OR SUPPLIER SUNRISE OF ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2555 SNELLING AVENUE NORTH ROSEVILLE, MN 55113		
(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
01950	Continued From page 37 blood glucose monitoring check which resulted in a reading of 163 milligrams/deciliter (mg/dl.) On January 26, 2022, at approximately 12:20 p.m., ULP-C stated she thought a low blood glucose level would be under 100 (mg/dl) and a high reading would be over 300 (mg/dl). ULP-C stated she would call the RN for blood glucose results under 100 or over 300. ULP-C confirmed there were no written procedures in R5's record instructing her when to notify a nurse if an issue arose related to R5's elevated or low blood glucose monitoring results. On January 26, 2022, at 2:00 p.m., RN-A confirmed R5's treatment plan record for blood glucose monitoring checks did not contain any documented instructions or parameters intended for the ULP to follow of when to notify the nurse if a problem arose. The licensee's policy for development and documentation of a resident's treatment and therapy management services plan was requested and not provided. No further information was provided. TIME PERIOD OF CORRECTION: Seven (7) days	01950		
02040 SS=F	144G.81 Subdivision 1 Fire protection and physical environment An assisted living facility with dementia care that has a secured dementia care unit must meet the requirements of section 144G.45 and the following additional requirements: (1) a hazard vulnerability assessment or safety	02040		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21410	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/27/2022
NAME OF PROVIDER OR SUPPLIER SUNRISE OF ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2555 SNELLING AVENUE NORTH ROSEVILLE, MN 55113		
(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
02040	Continued From page 38 risk must be performed on and around the property. The hazards indicated on the assessment must be assessed and mitigated to protect the residents from harm; and (2) the facility shall be protected throughout by an approved supervised automatic sprinkler system by August 1, 2029. This MN Requirement is not met as evidenced by: Based on observation, document review, and interview, the licensee failed to provide a complete facility hazard vulnerability or safety risk assessment (HVA) plan to identify hazard vulnerabilities and mitigations on and around the property of the facility. The hazards identified on the HVA plan must be mitigated to protect the residents from harm. This has the potential to directly affect all memory care residents receiving assisted living services on the third floor. This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at 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 clients). The findings include: On January 26, 2022, between the hours of 9:30 a.m. to 12:05 p.m. and again between the hours of 1:15 p.m. to 3:40 p.m., survey staff toured the facility with the director of maintenance (DM)-H. The facility is three stories. The first and second floors consisted of assisted living resident living units and the third floor consisted of secured	02040		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21410	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/27/2022
NAME OF PROVIDER OR SUPPLIER SUNRISE OF ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2555 SNELLING AVENUE NORTH ROSEVILLE, MN 55113		
(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
02040	Continued From page 39 memory care assisted living units. On January 26, 2022, at approximately 4:00 p.m., survey staff received the HVA documentation, Direct Supply Hazard Vulnerability Assessment Tool, for review: -The HVA plan documentation lacked complete contents of the hazard vulnerability assessment to specifically include a comprehensive hazard assessment on and around the property of the facility to protect the memory care residents from harm. The hazard assessments on the HVA plan tool need to be expanded further in scope to include specific safety risks or potential hazard vulnerabilities such as resident elopement throughout and around the memory care building including deactivation of power doors due to loss of power or fire alarm activation, the potential use of the fire alarm pull station release boxes at doors by residents, the risks of resident room windows being comprised, accessing nearby highways and ponds when elopement occurs, residents risks of harm when the natural gas fireplace is turned on or when the toasters and coffee burner are accessible to the residents, and the risks of the misuse of portable fire extinguishers without access restrictions or architectural accessories throughout the building. - The HVA plan lacked mitigations to the hazard identified in the Direct Supply Hazard Vulnerability Assessment Tool. All hazards assessed on the tool and additional hazards identified on and around the property to protect all memory care residents from harm must be provided with mitigations and/or safety measures to minimize harm. On January 26, 2022, at approximately 5:20 p.m.,	02040		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21410	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/27/2022
NAME OF PROVIDER OR SUPPLIER SUNRISE OF ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2555 SNELLING AVENUE NORTH ROSEVILLE, MN 55113		
(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
02040	Continued From page 40 during the exit interview with the licensed assisted living director (LALD)-I, the regional director (RD), the administrator (A)-B, and the DM-H, survey staff explained the licensee must develop the HVA plan. All potential safety risks or harm on and around the property must be identified, assessed, and mitigated in the HVA plan documentation and implemented to protect memory care residents from harm. The RD and the LALD-I acknowledged the findings. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	02040		
02110 SS=F	144G.82 Subd. 3 Policies (a) In addition to the policies and procedures required in the licensing of all facilities, the assisted living facility with dementia care licensee must develop and implement policies and procedures that address the: (1) philosophy of how services are provided based upon the assisted living facility licensee's values, mission, and promotion of person-centered care and how the philosophy shall be implemented; (2) evaluation of behavioral symptoms and design of supports for intervention plans, including nonpharmacological practices that are person-centered and evidence-informed; (3) wandering and egress prevention that provides detailed instructions to staff in the event a resident elopes; (4) medication management, including an assessment of residents for the use and effects of medications, including psychotropic medications;	02110		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21410	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/27/2022
NAME OF PROVIDER OR SUPPLIER SUNRISE OF ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2555 SNELLING AVENUE NORTH ROSEVILLE, MN 55113		
(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
02110	Continued From page 41 (5) staff training specific to dementia care; (6) description of life enrichment programs and how activities are implemented; (7) description of family support programs and efforts to keep the family engaged; (8) limiting the use of public address and intercom systems for emergencies and evacuation drills only; (9) transportation coordination and assistance to and from outside medical appointments; and (10) safekeeping of residents' possessions. (b) The policies and procedures must be provided to residents and the residents' legal and designated representatives at the time of move-in. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure policies and procedures for assisted living with dementia care were provided to residents and the resident's legal and designated representatives at the time of move-in for two of two residents (R3, R4) with records reviewed. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: The licensee was licensed as an Assisted Living Facility with Dementia Care on August 1, 2021. The licensee's assisted living with dementia care	02110		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21410	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/27/2022
NAME OF PROVIDER OR SUPPLIER SUNRISE OF ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2555 SNELLING AVENUE NORTH ROSEVILLE, MN 55113		
(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
02110	Continued From page 42 policies did not document development and implementation of: - Philosophy of how services would be provided based upon the assisted living facility licensee's values, mission, and promotion of person-centered care and how the philosophy would be implemented. - Evaluation of behavioral symptoms and design of supports for intervention plans, including nonpharmacological practices that are person-centered and evidence-informed. - Wandering and egress prevention that provided 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 would be implemented. - Description of family support programs and efforts to keep the family engaged. - Limiting the use of public address and intercom systems for emergencies and evacuation drills only. - Transportation coordination and assistance to and from outside medical appointments; and - Safekeeping of residents' possessions. On January 27, 2022, at 2:00 p.m., administrator (A)-B confirmed the licensee had not developed the above required policies and procedures, and no policies were available for residents or their legal and designated representative at the time of move in. A-B verified the current dementia care resident records to include R3 and R4, did not document the resident, legal representative, or designated representative received the written policies and procedures that address 144G.82	02110		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21410	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/27/2022
NAME OF PROVIDER OR SUPPLIER SUNRISE OF ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2555 SNELLING AVENUE NORTH ROSEVILLE, MN 55113		
(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
02110	Continued From page 43 Subd. 3. The licensee's dementia care policies and procedures were requested and not provided. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	02110		
02310 SS=D	144G.91 Subd. 4 Appropriate care and services (a) Residents have the right to care and assisted living services that are appropriate based on the resident's needs and according to an up-to-date service plan subject to accepted health care standards. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure the care and services were provided according to a suitable and up-to-date plan, and subject to accepted health care, medical, or nursing standards with bed rail usage for one of two residents (R7) with records reviewed. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, 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:	02310		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21410	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/27/2022
NAME OF PROVIDER OR SUPPLIER SUNRISE OF ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2555 SNELLING AVENUE NORTH ROSEVILLE, MN 55113		
(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
02310	Continued From page 44 The findings include: R7's service plan dated September 2, 2021, indicated an alternative community provider hospice nurse was also involved with coordination of services. The service plan noted R7 required a Hoyer (hydraulic sling lift used for transferring clients whose mobility is limited, requires two trained ULP for safe use) for all transfers to and from the bed. R7's record did not contain documentation of a registered nurse (RN) resident functional assessment, explanation of the risks and benefits of a bed rail, and an assessment of the safety and security of the bedrail installation. On January 26, 2022, at 9:55 a.m., unlicensed personnel (ULP)-C was observed completing a blood glucose monitoring check of R7. R7 was fully dressed sitting up in a recliner with both legs elevated. The surveyor noted a hospital type bed with two side bedrails, one on each side of the bed securely attached, measuring 28 inches long, height of 11 inches, with vertical bars placed between the top and lower rail, and all openings less than four and three-fourths inches wide. R7's bilateral bedrails were found to be within the FDA recommended dimensional measurements. On January 26, 2022, at 10:05 a.m., R7 stated his hospice nurse had recently arranged for him to obtain the hospital bed, and he used the bedrails regularly to reposition himself in bed. On January 26, 2022, at 10:45 a.m., registered nurse (RN)-A stated she was unaware R7's bed had two side bedrails attached. RN-A stated the licensee required a prescriber order for any type of assistive physical device to include bedrails	02310		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21410	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/27/2022
NAME OF PROVIDER OR SUPPLIER SUNRISE OF ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2555 SNELLING AVENUE NORTH ROSEVILLE, MN 55113		
(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
02310	Continued From page 45 and a functional assessment of the resident with an explanation of the risks versus benefits of the assistive physical device to the resident. RN-A stated she knew a hospice nurse had ordered R7 a hospital type bed; however, she was unsure when it had arrived. RN-A confirmed R7's record would not contain a functional assessment of the resident, assessment of the safety and security of the bedrail installation, or an explanation of the risks versus benefits to the resident, as she was unaware R7's bed was delivered. RN-A stated she would ensure the two side bedrails were removed today and discuss with R7 and the hospice staff. The licensee's Assistive Devices policy dated September 22, 2017, noted a licensed nurse must conduct a resident functional assessment, a health care manager (HCM) would consult with a physician and a resident's legal representative, obtain a physician order, ensure safe installation, and discuss the risks versus benefits with a resident. The March 10, 2006, FDA Side Rail Entrapment Zones and Dimensional Recommendations indicated to reduce the risk of entrapment, zone 1 (space between the rails), should be less than 4 and 3/4 inches. The FDA, "A Guide to Bed Safety" revised April 2010, included the following information: "When bed rails are used, perform an on-going assessment of the patient's physical and mental status, closely monitor high-risk patients. The FDA also identified; "Patients who have problems with memory, sleeping, incontinence, pain, uncontrolled body movement, or who get out of bed and walk unsafely without assistance, must be carefully assessed for the best ways to keep	02310		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21410	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/27/2022
NAME OF PROVIDER OR SUPPLIER SUNRISE OF ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2555 SNELLING AVENUE NORTH ROSEVILLE, MN 55113		
(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
02310	Continued From page 46 them from harm, such as falling. Assessment by the patient's health care team will help to determine how best to keep the patient safe". No further information was provided. TIME PERIOD FOR CORRECTION: Immediate	02310		
03090 SS=C	144.6502, Subd. 8 Notice to Visitors Subd. 8. Notice to visitors. (a) A facility must post a sign at each facility entrance accessible to visitors that states: "Electronic monitoring devices, including security cameras and audio devices, may be present to record persons and activities." (b) The facility is responsible for installing and maintaining the signage required in this subdivision. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure signage was posted at the main entry way of the establishment to display statutory language to disclose electronic monitoring activity, potentially affecting all 76 residents, staff, and visitors of the licensee. 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 of the residents).	03090		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21410	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/27/2022
NAME OF PROVIDER OR SUPPLIER SUNRISE OF ROSEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2555 SNELLING AVENUE NORTH ROSEVILLE, MN 55113		
(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
03090	Continued From page 47 The findings include: On January 25, 2022, at approximately 9:30 a.m., Minnesota Department of Health (MDH) surveyors entered the assisted living with dementia care facility. There was no signage observed to be posted in the facility regarding electronic monitoring devices. On January 25, 2022, at approximately 9:40 a.m., director of maintenance (DM)-H confirmed the licensee did not have signage posted in the entry way regarding electronic monitoring. DM-H stated the licensee did not have any cameras or electronic monitoring devices within the facility, and several were placed outside the building entrances. Both DM-H and administrator (A)-B stated the licensee was not aware of the requirement for posting the MDH language related to electronic monitoring devices. The licensee's Electronic Monitoring policy dated September 3, 2021, indicated the licensee's Executive Director (ED) would facilitate the installation of signs at each community entrance that state "Electronic monitoring devices, including security cameras and audio devices, may be present to record persons or activities." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	03090		

Type: Full
Date: 01/26/22
Time: 10:00:00
Report: 8041221020

Food and Beverage Establishment Inspection Report

Page 1

Location:

Sunrise Of Roseville
2555 Snelling Avenue North
Roseville, MN 55113
Ramsey County, 62

Establishment Info:

ID #: 0038270
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 6516364800
ID #:

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

The following orders were issued during this inspection.

3-500D Microbial Control: disposition of food

3-501.18A **** Priority 1 ****

MN Rule 4626.0405A Discard all TCS food prepared in the establishment or opened commercially packaged food when the time exceeds 7 days from the preparation or opening date or if the container or package is not marked.

THE FOLLOWING ITEMS IN THE KITCHEN PREP COOLER WERE DATE MARKED AND PREPARED MORE THAN 7 DAYS AGO AND DISCARDED DURING INSPECTION: TUNA, COLESLAW, POTATO SALAD, EGG SALAD.

Comply By: 01/26/22

2-100 Supervision

2-102.12AMN

MN Rule 4626.0033A Employ a certified food protection manager (CFPM) for the establishment.

ESTABLISHMENT DOES NOT HAVE A CERTIFIED FOOD PROTECTION MANAGER. MANAGER RECENTLY TOOK SERVSAFE CLASS. CFPM APPLICATION SENT TO ESTABLISHMENT.

Comply By: 01/26/22

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

3-305.11A

MN Rule 4626.0300A Store all food in a clean, dry location; where it is not exposed to splash, dust or other contamination; and at least 6 inches above the floor.

SEVERAL FOOD BOXES STORED ON THE FLOOR IN THE WALK-IN FREEZER.

Comply By: 02/02/22

Type: Full
Date: 01/26/22
Time: 10:00:00
Report: 8041221020
Sunrise Of Roseville

Food and Beverage Establishment Inspection Report

Page 2

3-500A Microbial Control: cooling

3-501.11

MN Rule 4626.0370 Maintain all stored frozen foods in a frozen state at all times.

THE REACH-IN FREEZER IN THE SERVING KITCHEN HAD AN AMBIENT AIR TEMP. OF 15dF, ICE CREAM SANDWICHES STARTING TO THAW ADJUST/REPAIR UNIT AS NEEDED.

Comply By: 01/26/22

4-600 Cleaning Equipment and Utensils

4-601.11C

MN Rule 4626.0840C Clean non-food contact surfaces of equipment and maintain free of accumulations of dust, dirt, food residue, and other debris.

BUILD-UP OF FOOD DEBRIS INSIDE THE REACH-IN COOLER IN THE SERVING KITCHEN.

Comply By: 02/02/22

6-500 Physical Facility Maintenance/Operation and Pest Control

6-501.12A

MN Rule 4626.1520A Clean and maintain all physical facilities clean.

BUILD-UP OF DUST AROUND THE CEILING VENTS IN THE KITCHEN.

Comply By: 02/02/22

Surface and Equipment Sanitizers

Chlorine: = 50 ppm at Degrees Fahrenheit

Location: serving kitchen dish machine

Violation Issued: No

Utensil Surface Temp.: = at 161 Degrees Fahrenheit

Location: kitchen dish machine

Violation Issued: No

lactic acid/smartic power: = at Degrees Fahrenheit

Location: 3 comp. sink

Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cold Holding

Temperature: 41 Degrees Fahrenheit - Location: serving kitchen reach-in: butter

Violation Issued: No

Process/Item: Cold Holding

Temperature: 41 Degrees Fahrenheit - Location: serving kitchen upright cooler: milk

Violation Issued: No

Process/Item: Cold Holding

Temperature: 38 Degrees Fahrenheit - Location: prep cooler: cut tomato

Violation Issued: No

Type: Full
Date: 01/26/22
Time: 10:00:00
Report: 8041221020
Sunrise Of Roseville

Food and Beverage Establishment Inspection Report

Page 3

Process/Item: Cold Holding
Temperature: 41 Degrees Fahrenheit - Location: prep cooler: ham
Violation Issued: No

Process/Item: Cold Holding
Temperature: 40 Degrees Fahrenheit - Location: prep cooler: hot dog
Violation Issued: No

Process/Item: Hot Holding
Temperature: 154 Degrees Fahrenheit - Location: steam table: sausage link
Violation Issued: No

Process/Item: Cooking
Temperature: 183 Degrees Fahrenheit - Location: oven: pot roast
Violation Issued: No

Process/Item: Cold Holding
Temperature: 38 Degrees Fahrenheit - Location: walk-in cooler: cauliflower soup
Violation Issued: No

Process/Item: Cold Holding
Temperature: 38 Degrees Fahrenheit - Location: walk-in cooler: red potato
Violation Issued: No

Process/Item: Cold Holding
Temperature: 38 Degrees Fahrenheit - Location: walk-in cooler: salmon
Violation Issued: No

Total Orders	In This Report	Priority 1	Priority 2	Priority 3
		1	0	5

Inspection was completed with the kitchen manager, Josh Kenny. Mary Carroll (lead RN evaluator) was also present completing site survey.

Establishment has kitchen on the main floor and a serving kitchen (Reminiscence) on the third floor.

Discussed the following:

- Employee illness policy and logging requirements. All staff are screened at the main entrance.
- Date marking
- Approved cooling methods and parameters
- Proper cold holding
- Glove-use
- Handwashing
- Thermometer use and calibration
- Routine cleaning

Type: Full
Date: 01/26/22
Time: 10:00:00
Report: 8041221020
Sunrise Of Roseville

Food and Beverage Establishment Inspection Report

Page 4

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 8041221020 of 01/26/22.

Certified Food Protection Manager: _____

Certification Number: _____ Expires: ____/____/____

Inspection report reviewed with person in charge and emailed.

Signed: _____

Josh Kenny
Kitchen manager

Signed: _____



Sarah Conboy
Public Health Sanitarian III
651-201-3984
sarah.conboy@state.mn.us