

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered Via Email

August 2, 2022

Administrator Mtai Albert Place 9911 13th Avenue South Bloomington, MN 55425

RE: Event ID: QOC511

Dear Administrator:

On July 19, 2022, a survey was completed at your facility by the Minnesota Departments of Health and Public Safety to determine if your facility was in compliance with Federal participation requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities participating in the Medicaid program. At the time of the survey, the survey team noted one or more deficiencies.

Federal certification deficiencies are delineated on the electonically delivered form CMS-2567 "Statement of Deficiencies and Plan of Correction". Certification deficiencies are listed on the left side of the form. The right side of the form is to be completed with your written plan for corrective action (PoC). Ordinarily, a provider will be expected to take the steps necessary to achieve compliance within 60 days of the exit interview.

A PoC for the deficiencies must be submitted within ten calendar days of your receipt of this letter. Your PoC must:

- The plan of correcting the specific deficiency. The plan should address the processes that led to the deficiency cited;
- The procedure for implementing the acceptable plan of correction for the specific deficiency cited;
- The monitoring procedure to ensure that the plan of correction is effective and that the specific deficiency cited remains corrected and/or in compliance with the regulatory requirements;
- The title of the person responsible for implementing the acceptable plan of correction; and,
- The date by which the correction will be completed

The PoC must be placed directly on the CMS-2567, signed and dated by the administrator or your authorized official. If possible, please type and return your plan of correction to ensure legibility. Please make a copy of the form for your records and return the original. Additional documentation may be attached to Form CMS-2567, if necessary.

Questions regarding all documents submitted as a response to the client care deficiencies (those preceded by an "W" tag) and emergency preparedness deficiencies (those preceded by an "E" tag), i.e., the plan of correction should be directed to:

Sarah Grebenc, Unit Supervisor
Metro A District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
85 East Seventh Place, Suite 220
P.O. Box 64900
Saint Paul, Minnesota 55164-0900
Email: sarah.grebenc@state.mn.us

Phone: Mobile (651)238-8786

Failure to submit an acceptable written plan of correction of federal deficiencies within ten calendar days may result in decertification and a loss of federal reimbursement.

Feel free to contact me with any questions related to this letter.

Sincerely,

Kim Tyson, Health Program Representative Senior Program Assurance | Licensing and Certification Minnesota Department of Health

P.O. Box 64970 Saint Paul, Minnesota 55164-0970

Phone: 651-201-3831

Email: kim.tyson@state.mn.us



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered via email

August 2, 2022

Administrator Mtai Albert Place 9911 13th Avenue South Bloomington, MN 55425

Re: Enclosed State Supervised Living Facility Licensing Orders - Event ID: QOC511

#### Dear Administrator:

The above facility was surveyed on July 18, 2022 through July 19, 2022 for the purpose of assessing compliance with Minnesota Department of Health Supervised Living Facility Rules. At the time of the survey, the survey team from the Minnesota Department of Health, Health Regulation Division, noted one or more violations of these rules that are issued in accordance with Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144.56. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.

The State licensing orders are delineated on the attached Minnesota Department of Health order form (attached). The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Supervised Living Facilities.

The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings that are in violation of the state statute after the statement, "This Rule 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/RULES.

#### Mtai Albert Place

#### Page 2

When all orders are corrected, the first page of the order form should be signed and returned to:

Sarah Grebenc, Unit Supervisor
Metro A District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
85 East Seventh Place, Suite 220
P.O. Box 64900
Saint Paul, Minnesota 55164-0900
Email: sarah.grebenc@state.mn.us

Phone: Mobile (651)238-8786

We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact Sarah Grebenc. A written plan for correction of licensing orders is not required.

You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.

Feel free to contact me with any questions related to this letter.

Sincerely,

Kim Tyson

Kim Tyson, Health Program Representative Senior

Program Assurance | Licensing and Certification

Minnesota Department of Health P.O. Box 64970

Saint Paul, Minnesota 55164-0970

Phone: 651-201-3831

Email: kim.tyson@state.mn.us

Mtai Albert Place

Page 3

PRINTED: 08/02/2022 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		040444					
		24G441	B. WING			07/1	9/2022
NAME OF F	PROVIDER OR SUPPLIER			ST	TREET ADDRESS, CITY, STATE, ZIP CODE		
ΜΤΔΙ ΔΙ Ι	BERT PLACE			99	911 13TH AVENUE SOUTH		
WITAI AL	DEIXI I EAGE			В	LOOMINGTON, MN 55425		
(X4) ID		TEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRESSION OF		COMPLETION DATE
17.0			.,,,,		DEFICIENCY)	33.502.7552.65577542. HIII	
		approved by SG - 8/30/22					
W 000	INITIAL COMMENT		W 0	000	W 148: Effective immediately	/	
					and on an ongoing basis gua	ardian	
	On 7/18/22 - 7/19/2	22, an abbreviated survey was			and case managers (and if		
	100 March 100 Ma	acility to conduct a complaint			appropriate to the team: other	er	
		facility was not in compliance			family members) will be noti	fied	
	_	83, subpart I, requirements for			of any significant incidents,		
		acilities for Individuals with			including but not limited to		
	Intellectual Disabilit	ies.			serious illness accident death	า,	
					abuse or elopement.		
		laint was found to be			The Manager that is made av		
		HG4413210C (MN85035),			of an incident (REC coverage	je,	
		ed at W148, W153, and			house management, or		
	W331.				administrator) will direct the	_	
	Unon receipt of an	acceptable electronic POC, an			notification of family, guardia	n,	
		r facility may be conducted to			and case manager.		
	1 -	ntial compliance with the			The REC coverage, house	ator	
	regulations has bee	TOTAL TOTAL CONTROL OF THE CONTROL O			management, and administra will receive training on this	atOi	
W 148	COMMUNICATION	WITH CLIENTS, PARENTS	W 1	48	expectation.		
	&				The preferred method of		
	CFR(s): 483.420(c)	(6)			communication of the teams		
					will be added to Therap for		
	_	tify promptly the client's			quick reference.		
	parents or guardian of any significant incidents, or				All incidents will be reported	to	
		nt's condition including, but not			the Guardians, Case manag		
	or unauthorized abs	Iness, accident, death, abuse,			(& if appropriate to other	,	
		s not met as evidenced by:			family members) within		
	The second secon	and document review the			24 hours, with record of the		
		fy the legal guardian/family			reporting on the GER (Gener	ral	
	_	t of alleged abuse resulting in			Event Report).		
	an injury for 1 of 2 (				Area Director will monitor GE	R's	
					to assure timely reporting to		
	Findings include:				team members.		
	001-	4- f			Correction date: 9/15/22		
		ta form undated, indicated C2					
		autism and disability function					
	was moderate.						
	/ D.   D.   D.   D.   D.   D.   D.   D.	ED/OLIDBLIED DEDDEOENTATIVEIO OLON			TIT! E		(VC) DATE

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

Res

TITLE

(X6) DATE

Residential Administrator 08/30/22

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILD	TIPLE CONSTRUCTION  ING	` '	E SURVEY IPLETED
		24G441	B. WING		07/	C / <b>19/2022</b>
	PROVIDER OR SUPPLIER  BERT PLACE			STREET ADDRESS, CITY, STATE, ZIP COD 9911 13TH AVENUE SOUTH BLOOMINGTON, MN 55425	<u> </u>	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		HOULD BE	(X5) COMPLETION DATE
W 148	7/8/22, indicated injutook a picture off the ground into two piece came with police to and staff. They said do just fine until mothis hands under was 10:29 a.m. family mot notified of C2's hand injury until two grandmother FM-B off C2 to the facility stated she was not management.	vent Reports (GER) dated uries were sustained when C2 e wall and slammed it on the ces. The paramedics that the facility spoke to the nurse what had been done would rning. This included running ter to rinse and gauze.  phone call on 7/19/22, at member (FM)-A stated she was incident that resulted in a days later. FM-A stated C2's was informed when dropping on 7/10/22 by staff. FM-A notified of the incident by		148		
W 153	director (AD) stated was called during the to called the family a change in condition would indicate an unimmediately after the On-call supervisor of contacting family/guardian was STAFF TREATMENT CFR(s): 483.420(d). The facility must entitle mistreatment, negliginguries of unknown immediately to the action of the contacting family.	did not return calls to address lardian during this incident. cords did not indicate notified of incident.	W	153		

	TATEMENT OF DEFICIENCIES  ND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA  (X2) MU  IDENTIFICATION NUMBER:  A. BUIL			TIPLE CONSTRUCTION	(X3) DATE COMF	SURVEY
		24G441	B. WING			)
NAME OF I	PROVIDER OR SUPPLIER	240441	1	STREET ADDRESS, CITY, STATE, ZIP CODE	•	9/2022
	BERT PLACE			9911 13TH AVENUE SOUTH BLOOMINGTON, MN 55425		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOOT CROSS-REFERENCED TO THE APPOPULATION DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 153	Based on interview facility failed to immabuse to the admin Agency (SA) for 2 dreviewed for allegate Findings include:  Review of a Vulnera submitted to the SA an estimated time at on 7/8/22, 10:00 p. TV with three other arrived. As evening C2 "not to do it agawhen overnight worstaff suggested that went to watch TV in staff led a client to the very familiar but distriggered a chain rearound and said "F from the wall in the breaking glass, and client [C1], who sate C1 with an open had Overnight staff called closer to divert atternate grabbed two laundres them at C1. After the and overnight staff (911) to de-escalate were unable to han police were on site and began pointing him to come out as		W 1	53W 153/ (state 5 815) Effective immediately and con-going basis, all allegatio mistreatment, neglect, or all will be immediately reported the Administer.  **If there is injury, Nursing will assure follow to resolution, as well as notifice to the primary physician.  **The Administrator will asset that State Agency be contained as required.  Direct Service Professionals site supervisor, and Program will be provided additional to on VA policy, which include immediacy of reporting all accusations of suspected a or neglect, injuries of unknownigin or any significant mederror to the Administrator and MAARC.  This training will include the Client-to-Client aggression injury/or potential harm wou be included in this reporting requirement.  REC phone coverage will be an on this training.  The Area Director will monitor for compliance.  Completion date: 9/15/22	ns of ouse I to staff ation ure sted ouse own dication address the ouse own dication address the outen	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ´	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		24G441	B. WING			C 1 <b>9/2022</b>
	PROVIDER OR SUPPLIER BERT PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 9911 13TH AVENUE SOUTH BLOOMINGTON, MN 55425		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
W 331	who then spoke to to C2 went back to his When interviewed of director (AD) stated and the incident had immediately. AD stabuse occur the incident had abuse occur the incident had a stabuse occur the incident had a numerable and Internal Review "as a mandated repthat a vulnerable activate has been an imust report it immed NURSING SERVIC CFR(s): 483.460(c). The facility must preservices in accorda This STANDARD is Based on interview facility failed to compete to the physic of 2 client (C2) who Findings include:  C2's emergency dawas diagnosed with was moderate.  Facilities General Edated 7/8/22, indicated Table 22, indicated Table 22, indicated Table 22, indicated Table 23, indicated Table 24, indica	ook at the client [C1] who was as informed of the incident the medics. After this incident, a room and calmed down.  on 7/18/22, at 3:20 p.m. area the policy was not followed do not been reported to the SA rated when allegations of cident was to be reported to and within 2 hours.  Adults Maltreatment Reporting of Policy dated 8/18, indicated porter, if you know or suspect full has been maltreated or injury of unknown origin, you ediately".  ES  Ovide clients with nursing new with their needs.  Is not met as evidenced by: It and document review, the inprehensively assess and it an a change in condition for 1	W 33	W 331: Nursing Services Effective immediately and on on-going basis, all incident of or potential injury will be repo- immediately to the Nurse (Nurse on call for after hours)  **If immediate medical attentials received, the house LPN wanter the Dr. referral form a complete follow-up as directed **On the next business day, The LPN will notify clients pringhysician of the situation and	injury rted on ill ind d. mary	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILE	TIPLE CONSTRUCTION DING	l \ '	TE SURVEY MPLETED
		24G441	B. WING		07	C / <b>19/2022</b>
	PROVIDER OR SUPPLIER  BERT PLACE			STREET ADDRESS, CITY, STATE, ZIP CO 9911 13TH AVENUE SOUTH BLOOMINGTON, MN 55425	•	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		SHOULD BE	(X5) COMPLETION DATE
W 331	that came with police nurse and staff. The would do just fine urunning his hands urgauze.  When interviewed of licensed practical nurse primary physician his physician should has business day after the A facility policy, entired at ed 9/19/18, indicated 9/19/18, indicated significant with nursing their needs: community and staff. The would do just fine urunning his hands urgauze.	two pieces. The paramedics be to the facility spoke to the ey said what had been done ntil morning. This included under water to rinse and on 7/19/22, at 10:05 a.m. urse (LPN)-A stated C2's ad not been updated and the lid been updated on the next		331		

Minnesota Department of Health

MALE OF PROVIDER OR SUPPLIER  STREET ADDRESS. CITY. STATE. ZIP CODE  9911 13TH AVENUE SOUTH BLOOMINGTON, MN 55425  PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG  FREGULATORY OR LSC IDENTIFYING INFORMATION)  In accordance with Minnesota Statute, section 144.563, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shell be assessed in accordance with minesota Department of Health.  Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number or MN Statute indicated below. When a rule or statute contains several items, failure to comply with any of the items will be considered lack of compliance.  Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.  You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receip of a notice of assessment for non-compliance.  On 7/18/22 - 7/19/22, a compliant investigation was conducted. Your facility was found to be not in compliance expended to the part of the requirements of Minnesota Rules. Chapter 4665 requirements for Supervised Living Facilities (SLF).  The following accompliant was found to be not in compliance with requirements of Minnesota Rules. Chapter 4665 requirements for Supervised Living Facilities (SLF).	AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	<b>l</b> ` ′	E CONSTRUCTION	COMPLETED
MAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  9911 13TH AVENUE SOUTH BLOOMINGTON, MN 55425  [X4] ID PREERIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG  PRECIDENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG  In accordance with Minnesota Statute, section 144.55 and/or Minnesota Statute, section 144.653, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.  Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number or MN Statute indicated below. When a rule or statute contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.  You may request a hearing on any assessments that may result from non-compliance. On 7/18/22 - 7/19/22, a compliance. On 7/18/22 - 7/19/22, a complaint investigation was conducted. Your facility was found to be not in compliance with requirements of Minnesota Rules, Chapter 4655 requirements for Supervised Living Facilities (SLF).					С
MTAI ALBERT PLACE    SUMMARY STATEMENT OF DEFICIENCIES   CA4   D   PREPRIX   CACH DEFICIENCY MUST BE PRECEDED BY FULL   PREPRIX TAG   PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFLERANCE) TO THE APPROPRIATE		01565	B. WING		07/19/2022
CALL   CALL	NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	
PRÉFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  In accordance with Minnesota Statute, section 144.55 and/or Minnesota Statute, section 144.55 and/or Minnesota Statute, section 144.55. this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promujated by rule of the Minnesota Department of Health.  Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number or MN Statute indicated below. When a rule or statute contains several items, failure to comply with any of the items will be considered lack of compliance.  Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.  You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.  On 7/18/22 - 7/19/22, a complaint investigation was conducted. Your facility was found to be not in compliance with requirements of Minnesota Rules, Chapter 4665 requirements for Supervised Living Facilities (SLF).	MTAI ALBERT PLACE				
In accordance with Minnesota Statute, section 144.66 and/or Minnesota Statute, section 144.65 and/or Minnesota Statute, section 144.653, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.  Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MIN Rule number or MIN Statute indicated below. When a rule or statute contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.  You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance On 7/18/22 - 7/19/22, a complaint investigation was conducted. Your facility was found to be not in compliance with requirements of Minnesota Rules, Chapter 4665 requirements for Supervised Living Facilities (SLF).	PREFIX (EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE COMPLETE
144.55 and/or Minnesota Statute, section 144.653, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.  Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number or MN Statute indicated below. When a rule or statute contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.  You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance. On 7/18/22 - 7/19/22, a complaint investigation was conducted. Your facility was found to be not in compliance with requirements of Minnesota Rules, Chapter 4665 requirements for Supervised Living Facilities (SLF).	5 000 Initial Comments		5 000		
The following complaint was found to be SUBSTANTIATED: HG4413210C (MN85035) with licensing orders issued at 0380 and 0815.	In accordance with 144.56 and/or Minn 144.653, this correct pursuant to a surver found that the deficit herein are not corrected shall livith a schedule of the Minnesota Departments of the Minnesota Departments of the number and MN Ruindicated below. We several items, failur items will be consided Lack of compliance item of multi-part ruing assessment of a finity violated during the incorrected.  You may request a that may result from orders provided that the Department with notice of assessment of a finity violated during the incorrected.  You may request a that may result from orders provided that the Department with notice of assessment on 7/18/22 - 7/19/2 was conducted. You in compliance with the Rules, Chapter 466 Living Facilities (SL. The following composubstantiates) with licensing orders.	esota Statute, section ction order has been issued y. If, upon reinspection, it is iency or deficiencies cited ected, a fine for each violation be assessed in accordance ines promulgated by rule of artment of Health.  The ther a violation has been compliance with all rule provided at the tag alle number or MN Statute then a rule or statute contains the to comply with any of the ered lack of compliance. The upon re-inspection with any alle will result in the the even if the item that was antial inspection was  The aring on any assessments and non-compliance with these that a written request is made to any and the second of the ered to any assessments to non-compliance with these that a written request is made to any assessments to non-compliance with these that a written request is made to any assessments to non-compliance with these that a written request is made to any assessments to non-compliance with these that a written request is made to the requirements of the second of the			
When corrections are completed, please sign and  Minnesota Department of Health		re completed, please sign and			

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

TITLE

(X6) DATE

Cathy Hanson, RA STATE FORM

Residential Administrator 8/30/22

6899 If continuation sheet 1 of 6 QOC511

Minnesota Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:	(X3) DATE SURVEY COMPLETED
	01565	B. WING	C 07/19/2022

NAME OF P	PROVIDER OR SUPPLIER ST	TREET ADDRES	SS, CITY, S	STATE, ZIP CODE	
ΜΤΔΙΔΙ Ε	SERT PLACE	911 13TH AVE	ENUE SO	OUTH	
	BI	55425			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FUL REGULATORY OR LSC IDENTIFYING INFORMATION	A IX	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
5 000	date, make a copy of these orders and electronically return to:  Susie.haben@state.mn.us		380	W 331: (State 5 380) Nursing Service Effective immediately and on an on-going basis, all incident of injury or potential injury will be reported immediately to the Nurse (Nurse on call for after hours).	es
5 380	MN Rule 4665.3300 PURPOSE OF HEALT SERVICES.  Health services shall be utilized to maintain optimal general level of health and to maxin function, prevent disability, and promote op development of each resident.  This MN Requirement is not met as evider by: Based on interview and document review, to facility failed to comprehensively assess an report to the physician a change in condition of 2 client (C2) who suffered an injury.  Findings include:  C2's emergency data form undated, indicated was diagnosed with autism and disability for was moderate.  Facilities General Event Reports (GER) data 7/8/22, indicated injuries were sustained with took a picture off the wall and slammed it of ground into two pieces. The paramedics that came with police to the facility spoke to the and staff. They said what had been done with do just fine until morning. This included run his hands under water to rinse and gauze.  When interviewed on 7/19/22, at 10:05 a.m. licensed practical nurse (LPN)-A stated C2	ted C2 Inction  ted hen C3 Inction  ted hen C4		**If immediate medical attention Is received, the house LPN will Review the Dr. referral form and complete follow-up as directed. **On the next business day, The LPN will notify clients primary physician of the situation and steps thus far and follow any recommendation, as well as document this communication in a Tlog. ***LPN will monitor and document situation through resolution. Area Director will monitor for compliance by reviewing Tlogs daily and reviewing all GER's for proper notification. Correction date 9/15/22	
Minnesota Da	primary physician had not been updated an	ia tne			

Minnesota Department of Health

STATE FORM QOC511 If continuation sheet 2 of 6

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:	(X3) DATE SURVEY COMPLETED
	01565	B. WING	C <b>07/19/2022</b>

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

5 380 Continued From page 2 physician should had been updated on the next business day after the incident.  A facility policy, entitled: Nursing Services Policy dated 9/19/18, indicated the facility must provide clients with nursing services in accordance to their needs: communicate with the client's physician and other healthcare professionals.  TIME PERIOD FOR CORRECTION: Twenty-one (21) days.  5 815 MN Statute 626.557 Subd. 3. VA Timing of report.  (a) A mandated reporter who has reason to believe that a vulnerable adult has sustained a physical injury which is not reasonably explained shall immediately report the information to the common entry point. If an individual is a vulnerable adult solely because the individual is admitted to a facility, a mandated reporter is not required to report suspected maltreatment of the individual was admitted to the facility from another facility and the reporter has reason to believe that the individual is a vulnerable adult as a defined in section 626.5572, subdivision 21, clause (4).  (b) A person not required to report under the	NAME OF I	PROVIDER OR SUPPLIER STREET ADI	DRESS, CITY,	STATE, ZIP CODE		
FREEDY TAG  Continued From page 2 physician should had been updated on the next business day after the incident.  A facility policy, entitled: Nursing Services Policy dated 9/19/18, indicated the facility must provide clients with nursing services in accordance to their needs: communicate with the client's physician and other healthcare professionals.  TIME PERIOD FOR CORRECTION: Twenty-one (21) days.  5 815  MN Statute 626.557 Subd. 3. VA Timing of report.  (a) A mandated reporter who has reason to believe that a vulnerable adult is being or has been maltreated, or who has knowledge that a vulnerable adult has sustained a physical injury which is not reasonably explained shall immediately report the information to the common entry point. If an individual is a vulnerable adult oscurred prior to admission, unless:  (1) the individual was admitted to the facility from another facility and the reporter has reason to believe that the individual is a vulnerable adult as a vulnerable adult was maltreated in the previous facility; or (2) the reporter knows or has reason to believe that the individual is a vulnerable adult as a defined in section 628.5572, subdivision 21, clause (4).  (b) A person not required to report under the	MTALALBERT PLACE					
physician should had been updated on the next business day after the incident.  A facility policy, entitled: Nursing Services Policy dated 9/19/18, indicated the facility must provide clients with nursing services in accordance to their needs: communicate with the client's physician and other healthcare professionals.  TIME PERIOD FOR CORRECTION: Twenty-one (21) days.  5 815 MN Statute 626.557 Subd. 3. VA Timing of report.  (a) A mandated reporter who has reason to believe that a vulnerable adult is being or has been maltreated, or who has knowledge that a vulnerable adult has sustained a physical injury which is not reasonably explained shall immediately report the information to the common entry point. If an individual is a vulnerable adult solely because the individual is a damitted to a facility, a mandated reporter is not required to report suspected maltreatment of the individual that occurred prior to admission, unless:  (1) the individual was admitted to the facility from another facility and the reporter has reason to believe the vulnerable adult was maltreated in the previous facility; or (2) the reporter knows or has reason to believe the vulnerable adult as defined in section 626.5572, subdivision 21, clause (4).  (b) A person not required to report under the	PRÉFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	COMPLETE	
report as described above.  (c) Nothing in this section requires a report of known or suspected maltreatment, if the		physician should had been updated on the next business day after the incident.  A facility policy, entitled: Nursing Services Policy dated 9/19/18, indicated the facility must provide clients with nursing services in accordance to their needs: communicate with the client's physician and other healthcare professionals.  TIME PERIOD FOR CORRECTION: Twenty-one (21) days.  MN Statute 626.557 Subd. 3. VA Timing of report.  (a) A mandated reporter who has reason to believe that a vulnerable adult is being or has been maltreated, or who has knowledge that a vulnerable adult has sustained a physical injury which is not reasonably explained shall immediately report the information to the common entry point. If an individual is a vulnerable adult solely because the individual is admitted to a facility, a mandated reporter is not required to report suspected maltreatment of the individual that occurred prior to admission, unless:  (1) the individual was admitted to the facility from another facility and the reporter has reason to believe the vulnerable adult was maltreated in the previous facility; or  (2) the reporter knows or has reason to believe that the individual is a vulnerable adult as defined in section 626.5572, subdivision 21, clause (4).  (b) A person not required to report under the provisions of this section may voluntarily report as described above.  (c) Nothing in this section requires a report of		Effective immediately and on an on-going basis, all allegations of mistreatment, neglect, or abuse will be immediately reported to the Administer.  **If there is injury, Nursing staff will assure follow to resolution, as well as notification to the primary physician.  **The Administrator will assure that State Agency be contacted as required.  Direct Service Professionals, site supervisor, and Program Manag will be provided additional training on VA policy, which includes the immediacy of reporting all accusations of suspected abuse or neglect, injuries of unknown origin or any significant medication error to the Administrator and/or to MAARC.  This training will include that Client-to-Client aggression with injury/or potential harm would be included in this reporting requirement.  REC phone coverage will be included in on this training.  The Area Director will monitor for compliance.		

Minnesota Department of Health

STATE FORM QOC511 If continuation sheet 3 of 6

Minnesota Department of Health

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		COMPLETED	
		01565	B. WING		07/1	; 9/2022
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	ORESS CITY S	STATE, ZIP CODE	•	
	BERT PLACE	9911 13TH	I AVENUE S	OUTH		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIES (CROSS-REFERENCE)	D BE	(X5) COMPLETE DATE
5 815	Continued From pa	ge 3	5 815			
	report has been may (d) Nothing in this is reporter from also reagency.  (e) A mandated reported reason to believe the 626.5572, subdivision. If the resubdivision. If the resubdivision. If the resubdivision are ported error was reported erro	as reason to know that a de to the common entry point. ection shall preclude a eporting to a law enforcement orter who knows or has at an error under section on 17, paragraph (c), clause make a report under this eporter or a facility, at any time estigation by a lead agency ould determine that the not neglect according to the on 626.5572, subdivision 17, se (5), the reporter or facility common entry point or directly information explaining how the teria under section 626.5572, agraph (c), clause (5). The consider this information when exposition of the report under				
	facility failed to immabuse to the adminitional Agency (SA) for 2 of	and document review, the ediately report allegations of strator and designated State of 2 client (C1 and C2) ions of physical abuse.				
	Findings include:					
	an estimated time a on 7/8/22, 10:00 p.r TV with three other arrived. As evening	able Adult (VA) reported on 7/11/22, at 7:25 p.m. with and date of this incident was n. indicated C2 was watching clients when overnight staff staff was departing, they told in" referring to being awake				

Minnesota Department of Health

STATE FORM QOC511 If continuation sheet 4 of 6

Minnesota Department of Health

AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA  IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	COMPLETED		
		01565	B. WING		O7/19	/2022
NAME OF PROVIDE	R OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
			I AVENUE S			
MTAI ALBERT P	PLACE		GTON, MN			
—	ACH DEFICIENCY	TEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF CORRECTION SHOULD DEFICIENCY)	D BE	(X5) COMPLETE DATE
5 815 Contin	nued From pa	ge 4	5 815			
when staff is went it staff is went it staff is very fatrigge aroun from it break client C1 wir Overracloser grabb them and or (911) were police and be him to open in the condition of the condi	overnight working gested that to watch TV in ed a client to the amiliar but district and said "Fine wall in the ing glass, and [C1], who sate the divert attended two laundrated two laundrated to de-escalate unable to hand were on site egan pointing to de-escalate unable to hand were on site egan pointing to de-escalate unable to hand were on site egan pointing to come out as each the door to each back to his interviewed to interviewed to interviewed to interviewed to entitle the control of the incident had alternal Review mandated report and the control of the incident had alternal Review mandated report and the control of the incident had alternal Review mandated report and the control of the incident had alternal Review mandated report and the control of the incident had alternal Review mandated report and the incident had alternated the incident had alte	ald arrive on shift. Overnight to the TV be turned off, and C2 another client's bedroom. As their room the client made a agreeable noise, which faction. Immediately C2 turned you!" C2 grabbed things dining room and threw them I then he went after the other on the floor. C2 began to hit and on the side of his head. Ed for C2 to stop and got intion at which point C2 y baskets and began throwing its, C2 returned to his room called for emergency services the situation as though they dle it on their own. Before the C2 opened his bedroom door to his hand. Staff waved for the doorbell rang and staff allow the officers to come in. ook at the client [C1] who was as informed of the incident the medics. After this incident, is room and calmed down.  On 7/18/22, at 3:20 p.m. area I the policy was not followed to not been reported to the SA atted when allegations of cident was to be reported to and within 2 hours.  Adults Maltreatment Reporting of Policy dated 8/18, indicated corter, if you know or suspect that has been maltreated or njury of unknown origin, you				

Minnesota Department of Health

STATE FORM QOC511 If continuation sheet 5 of 6

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		01565	B. WING		07/1	; 9/2022
		01303			07/1	3/2022
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
MTAI ALBERT PLACE  BLOOMINGTON, MN 55425						
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5					
PREFIX TAG	•	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)		COMPLETE DATE
5 815	Continued From page 5		5 815			
	TIME PERIOD FOR (21) days.	R CORRECTION: Twenty-one				

Minnesota Department of Health