

STATE LICENSING COMPLIANCE REPORT

Report #: HL01678004C

Date Concluded: December 15, 2022

**Name, Address, and County of Facility
Investigated:**

Turning Point Inc.
1500 Golden Valley Road
Mpls., MN 55411
Hennepin County

Facility Type: Supervised Living Facility (SLF)

Evaluator's Name: Lori Pokela RN
Special Investigator

The Minnesota Department of Health conducted a complaint investigation to determine compliance with state laws and rules governing the provision of care under Minnesota Statutes, Chapter 144, and Minnesota Rules Chapter 4665. The purpose of this complaint investigation was to review if facility policies and practices comply with applicable laws and rules. No maltreatment under Minnesota Statutes, Chapter 626 was alleged.

To view a copy of the correction orders, if any, please visit:
<https://www.health.state.mn.us/facilities/regulation/directory/provcompselect.html>, or call 651-201-4201 to be provided a copy via mail or email. If you are viewing this report on the MDH website, please see the attached state form.

CC:

Office of the Ombudsman for Mental Health and Developmental Disabilities

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 01678S	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/08/2022
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NAME OF PROVIDER OR SUPPLIER TURNING POINT INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1500 GOLDEN VALLEY ROAD MINNEAPOLIS, MN 55411
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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5 000	<p>Initial Comments</p> <p>In accordance with Minnesota Statute, section 144.56 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.</p> <p>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.</p> <p>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 December 8, 2022, the Minnesota Department of Health initiated an investigation of complaint #HL01678004C. The following correction order is issued/orders are issued for #HL01678004C, tag identification 0015.</p>	5 000	<p>The Minnesota Department of Health documents the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes.</p> <p>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 number out of compliance are listed in the</p>	
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Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Minnesota Department of Health

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5 000	Continued From page 1	5 000	<p>"Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings, which are in violation of the state statute after the statement, "This Rule is not met as evidenced by." Following the evaluators ' findings is the Time Period for Correction.</p> <p>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.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.</p>	
5 015	<p>MN Rule 4665.0100 Subp. 3. Health and safety component.</p> <p>"Health and safety component" means those elements of a facility which influence all residents including, but not limited to, physical plant design, general sanitation, nutritional requirements, medication handling procedures and practices relating to health, such as provisions for health care arrangements, emergency medical care and physician's orders.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and document review the licensee failed to establish and maintain an effective infection control program that complied with accepted health care, medical,</p>	5 015		

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5 015	<p>Continued From page 2</p> <p>and nursing standards for infection control related to COVID-19. The facility infection control policy lacked COVID-19 policy and procedure. This had the potential to affect all twenty (20) residents in the facility.</p> <p>Findings include:</p> <p>On December 8, 2022 at 11:45 am., the MDH surveyor entered the facility and approached the reception desk where three staff members were working. None of the staff were wearing personal protective equipment (PPE) such as face masks or PPE eyewear. While the facility conducted a COVID-19 symptom screen, a staff member stated PPE masks were to be worn in the facility at all times and PPE eyewear was not required.</p> <p>During an interview on December 8, 2022 at 11:45 a.m., the chief program officer (CPO)-A, was wearing a mask over his mouth only. CPO-A stated the facility was following the Centers for Disease Control, (CDC), Minnesota Department of Health (MDH), COVID-19 County Transmission Rate for wearing PPE in the facility. CPO-A stated PPE face masks are required when in the facility and the facility nurse would have more information regarding the facility Infection Control and COVID-19 policies. CPO-A, stated he would email the policies per request.</p> <p>During a facility tour on December 8, 2022, at 12:15pm, the MDH surveyor observed PPE signage throughout the facility that indicated persons were to be wearing a mask.</p> <p>The facility policy for Infectious and Communicable Diseases dated: May 2022, indicated admission screening for infectious and</p>	5 015		

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5 015	Continued From page 3 communicable diseases, but did not indicate policy or procedure for COVID-19. No further information was provided. TIME PERIOD OF CORRECTION: Seven (7) days.	5 015		