

Protecting, Maintaining and Improving the Health of All Minnesotans

Health Regulation Division Investigative Public Report

Maltreatment Report #: HL20297079M

Compliance #: HL20297080C

Date Concluded: May 13, 2021

Name, Address, and County of Facility

Investigated:

TFF Care LLC 3675 Plymouth Blvd # 100 Plymouth, MN 55446 Hennepin County Name, Address, and County of Housing with Services location:

TFF Care – Copperfield Hill -The Lodge 4200 40th Avenue North Robbinsdale, MN 55422

Facility Type: Home Care Provider Investigator Name:

John Sheridan-Giese, RN, Special Investigator

Finding: Substantiated, facility responsibility

Nature of Visit:

The Minnesota Department of Health investigated an allegation of maltreatment, in accordance with the Minnesota Reporting of Maltreatment of Vulnerable Adults Act, Minn. Stat. 626.557, and to evaluate compliance with applicable licensing standards for the provider type.

Allegation(s):

It is alleged: The facility neglected to provide supervision and monitoring of the client after family and facility staff reported a decline in the client's memory. The client was permitted to leave the facility campus alone for hours on unmonitored walks. During an unmonitored walk, the client fell and fractured an orbital bone (facial bone).

Investigative Findings and Conclusion:

Neglect was substantiated. The facility was responsible for the maltreatment. The client had a diagnosis of dementia and worsening memory loss. The client had a history of increasing behaviors leading up to the incident. The facility failed to provide supervision, monitoring and assessments of the client as her cognitive condition worsened.

The client record was reviewed. Investigators reviewed staff schedules, personnel files, policies and procedures, and complaint reports. The investigation included interviews with unlicensed

staff, administrative staff, and nursing staff. The investigator toured the facility and attempted to interview the client; however, due her cognitive decline, the client was not interviewed. The complainant and client's family member were also interviewed.

The client's medical diagnoses included senile dementia, spinal stenosis, dizziness, and positional vertigo. The client's services included medication management and assistance with activities of daily living (ADLs). The client was independent with walking.

The client lived at the facility for seven (7) months prior to the incident in the assisted living section. The client's daughter (who was also the client's power of attorney) relocated the client to the facility due to the client's increased need for assistance with ADLs and the client's declining memory.

One day, the client was permitted to leave the facility's premises unmonitored. The client returned to the facility with injuries. Other clients reported to facility staff the client had sustained bruising to her left eye. Facility staff called emergency services, and the client was transported to the emergency room for treatment. The client sustained superficial lacerations requiring sutures and a fracture to the bone around her left eye (orbital fracture). The client did not recall falling and did not have a history of falling.

Review of the client's record indicated the client had a history of leaving the facility's premises, unmonitored, to go for walks. On several occasions, the client would become lost and would ask members of the community (whom she did not know) to assist her back to the facility. The client would often attempt to bring these people back to her apartment. Staff would intervene and would not allow them to enter the facility with the client. Staff indicated it was increasingly difficult for the client to understand that she was not allowed to have visitors due to COVID-19 precautions. At times, staff would go outside and look for the client because she had not returned to the facility.

During one incident, an unknown female attempted to enter the facility with the client. Staff did not recognize her and called police. When asked by staff who this person was, the client said, "I don't know."

During an interview, the family said the client moved to the facility due to concerns the client's dementia was worsening. The client could no longer take care of herself. The family said they spoke to facility staff regarding moving the client from assisted living to memory care on multiple occasions, as the client could not remember instances 15 minutes after the instance occurred. The family was concerned the client was wandering outside of the facility and into other clients' rooms in the assisted living.

During an interview, the registered nurse said she was responsible for assessing clients, and the client was permitted to leave the facility premises. The registered nurse stated there were no concerns regarding the client's cognition, safety, or leaving the premises unmonitored. The

registered nurse said she found out about the client's incident the following day, and she observed bruising to the left side of the client's face and a small laceration to the client's left eye, which required sutures. She said was aware the client had a broken bone near her left eye (left orbital fracture). The registered nurse said the client was not receiving routine assessments regarding her cognition, and the client had a change of behavior two weeks prior to the incident. She said the client was not cleaning her room and attempted to bring back members of the community to her apartment. The registered nurse also said the client would go down by the lake frequently because walking alleviated the client's back pain.

During an interview, the client's care coordinator said the client (prior to admission to the facility) scored on a MnChoices assessment (Department of Human Services (DHS) assessment for clients needing long-term services and supports) as having moderate dementia. The care coordinator said she would be concerned if the facility was allowing the client to leave the premises unmonitored, considering the client's dementia diagnosis. The care coordinator said the client was moved from assisted living to memory care a week after the incident where she obtained the facial fracture.

During an interview, the client's physician said the client's diagnosis of senile dementia would worsen over time. The client's physician said the expectation was the facility would complete a significant change in condition assessment if an assessment was warranted. The client's physician said memory care offers a more protective environment, ideally, for clients with similar diagnoses and behaviors as that of the client.

During an interview, the director of nursing said she was responsible for client incident follow-up and managed all licensed nursing staff at the facility. The director of nursing said the client had no falls prior to the incident. The director of nursing said there were several prior instances involving the client being confused. The director of nursing said she was aware the client had attempted to bring people, unknown to the client, back to her apartment. The director of nursing said she was made aware of the client's incident with injuries the evening it occurred, and it was difficult to determine if the client fell or was assaulted, considering her cognition. The director of nursing said there was nothing noted in the client's comprehensive assessment nor did staff complete a significant change in condition assessment. She said staff would normally complete a significant change in condition assessment though one was not completed in the client's case. The director of nursing also said there was no neurological or cognitive testing on file for the client.

During an interview, an unlicensed staff person said he was often responsible for the client's cares. The unlicensed personnel said the client was forgetful and would receive her medication but continue to ask for her medication repeatedly. The unlicensed staff person said he would go outside and look for the client because she would get lost and did not remember how to get back to the facility. He said he reported to management the client wandered and would often forget her way back to the facility. On the day of the incident, he said he was called to tend to the client as the client was bleeding and had bruising around her left eye. He said he called the director of

nursing who directed him to call emergency services. The unlicensed staff person said the client returned to the facility and continued to leave the facility premises, unmonitored, until the client moved to memory care seven (7) days later.

The facility did not file a Minnesota Adult Abuse Reporting Center (MAARC) report, and the facility did not update the client's individual abuse prevention plan (IAPP) after the incident.

The investigator attempted to interview the client. Due to her condition, the client was not interviewed.

In conclusion, neglect was substantiated against the facility.

Substantiated: Minnesota Statutes, section 626.5572, Subdivision 19.

"Substantiated" means a preponderance of evidence shows that an act that meets the definition of maltreatment occurred.

Neglect: Minnesota Statutes, section 626.5572, subdivision 17

"Neglect" means:

- (a) The failure or omission by a caregiver to supply a vulnerable adult with care or services, including but not limited to, food, clothing, shelter, health care, or supervision which is:
- (1) reasonable and necessary to obtain or maintain the vulnerable adult's physical or mental health or safety, considering the physical and mental capacity or dysfunction of the vulnerable adult; and
- (2) which is not the result of an accident or therapeutic conduct.
- (b) The absence or likelihood of absence of care or services, including but not limited to, food, clothing, shelter, health care, or supervision necessary to maintain the physical and mental health of the vulnerable adult which a reasonable person would deem essential to obtain or maintain the vulnerable adult's health, safety, or comfort considering the physical or mental capacity or dysfunction of the vulnerable adult.

Vulnerable Adult interviewed: Attempted, unable to be interviewed due to condition.

Family Responsible Party interviewed: Yes.

Alleged Perpetrator interviewed: Not applicable.

Action taken by facility: The facility completed an incident report, and the client was moved from assisted living to memory care.

Action taken by the Minnesota Department of Health:

The facility was found to be in noncompliance. To view a copy of the Statement of Deficiencies and/or correction orders, please visit:

https://www.health.state.mn.us/facilities/regulation/directory/provcompselect.html, or call 651-201-4890 to be provided a copy via mail or email. If you are viewing this report on the MDH website, please see the attached Statement of Deficiencies.

The responsible party will be notified of their right to appeal the maltreatment finding.

cc: The Office of Ombudsman for Long-Term Care Robbinsdale Police Department Hennepin County Attorney's Office

Minnesota Department of Health

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	`	E CONSTRUCTION	COMPLETED	
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NAME OF F	PROVIDER OR SUPPLIER		,	STATE, ZIP CODE		
TFF CAR	E LLC		OLIS, MN 5	JLEVARD, SUITE 100 5446		
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	144A.43 to 144A.48 of Health issued a casurvey. Determination of wherequires compliance provided at the state. When a Minnesota items, failure to combe considered lack. INITIAL COMMENT On March 16, 2021. Health initiated an in #HL20297080C/#H the survey, there we services under the complete the following correct #HL20297080C/#H.	secrection order(s) pursuant to either a violation is corrected with all requirements attenumber indicated below. Statute contains several apply with any of the items will of compliance. TS: The Minnesota Department of avestigation of complaint L20297079M. At the time of ere 52 clients receiving comprehensive license.		The assigned tag number appears far left column entitled "ID Prefix T state statute/rule number and the corresponding text of the state statumber out of compliance are listed "Summary Statement of Deficience column and replaces the "To Comportion of the correction order. This column also includes the findings, are in violation of the state statute statement, "This Rule is not met as evidenced by." Following the survey findings is the Time Period for Corplease DISREGARD THE HEAD THE FOURTH COLUMN, WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION OF MINNESOTA ST STATUTES/RULES.	tute/rule ed in the les" ply" s which after the s eyors ' rection. ONG OF THIS	
0 325	Subdivision 1.State receives home care in an assisted living chapter 144G has t	(14) Free From Maltreatment ment of rights. (a) A client who services in the community or facility licensed under hese rights: hysical and verbal abuse,	0 325			

Minnesota Department of Health

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

TITLE (X6) DATE

Minnesota Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
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NAME OF F	PROVIDER OR SUPPLIER		,	STATE, ZIP CODE		
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	maltreatment cover	xploitation, and all forms of red under the Vulnerable Maltreatment of Minors Act;				
	by: Based on observati			No Plan of Correction (PoC) requi Please refer to the public maltreat report (report sent separately) for of tag 0325.	ment	
	Findings include:					
	Health (MDH) issue occurred, and the lice responsible for the with incidents which	the Minnesota Department of ed a determination that neglect icense staff person was maltreatment, in connection noccurred at the facility. The ere was a preponderance of teatment occurred.				
	144A.479, Subd. 6(Vulnerable Adults/M	(a) Reporting Maltrx of /linors	0 805			
	adults and minors. In must comply with resonant of maltreatment of maltreatment of vulue 626.557. Each home and implement a with the requirement of will be a superior of the maltreatment of the maltreatment of the superior of the maltreatment of the superior of the supe	maltreatment of vulnerable (a) All home care providers equirements for the reporting minors in section 626.556 and or the reporting of Inerable adults in section ne care provider must establish ritten procedure to ensure that sted maltreatment are reported.				
	This MN Requireme	ent is not met as evidenced				

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Minnesota Department of Health STATE FORM

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
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	p.m., care coordina concerned C1 was	on March 19, 2021, at 2:00 tor (CC)-G said she was allowed to leave the licensee dering her moderate dementia					
	a.m., medical doctor chronic condition, a worsen over time.	on March 23, 2021, at 8:57 or (MD)-F said dementia is a and C1's cognition would MD-F said that C1's score of a MnChoices assessment timpairment.					
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0 810 SS=G	(b) Each home care implement an individeach vulnerable micare services are provider. The plant review or assessment susceptibility to abuincluding other vulnerable or minors; and state measures to be take abuse to that person or minors. For purperson, the term abuse or minors. For purperson, the term abuse or minors and state measures to be taken abuse to that person or minors. For purperson, the term abuse or minors abuse or minors abuse or purperson, the licensed abuse prevention purperson (C1) reviewed diagnosis, and licented the licensed or the lic	e provider must develop and idual abuse prevention plan for nor or adult for whom home rovided by a home care shall contain an individualized ent of the person's use by another individual, herable adults or minors; the using other vulnerable adults ements of the specific ten to minimize the risk of on and other vulnerable adults esses of the abuse prevention se includes self-abuse. ent is not met as evidenced a failed to update an individual lan (IAPP) for one of two ed. C1 had a dementia usee staff permitted C1 to unsupervised. C1 sustained an anyitnessed physical injury (left	0 810			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	E CONSTRUCTION	l \ '	(X3) DATE SURVEY COMPLETED	
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TFF CARE LLC		MOUTH BOU OLIS, MN 5	JLEVARD, SUITE 100 5446			
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orbital fracture).						
violation that harmed not including serious or a violation that has serious injury, imparissued at an isolate limited number of collimited number of situation has occurrent of the serious injury, imparissued at an isolate limited number of situation has occurrent.	ed in a level three violation (a ed a client's health or safety, s injury, impairment, or death, as the potential to lead to irment, or death), and was d scope (when one or a lients are affected or one or a taff are involved, or the red only occasionally).					
diagnoses included	C1's medical record was reviewed. C1's medical diagnoses included, but were not limited to, senile dementia, spinal stenosis, dizziness, and positional vertigo.					
C1's MnChoices assessment (Department of Human Services (DHS) assessment for clients needing long-term services and supports), dated January 30, 2020, indicated C1 needed daily assistance for increased vulnerability due to behaviors caused by C1's cognitive deficits. C1's assessment indicated, "someone always needs to be with [C1] to help with remembering, decision making or judgment when away from home." C1's assessment also indicated C1 scored 12 out of 30, which indicated moderate dementia.						
indicated C1 required management, activition daily safety checks. staff were supposed immediately if C1 celebrates.	ated February 10, 2020, ed assistance with medication ities of daily living (ADLs), and C1's service plan indicated d to contact the nurse ould not be located. d September 1, 2020,					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE	•	
TFF CAF	RE LLC		MOUTH BOUPOLIS, MN 59	LEVARD, SUITE 100 5446		
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0 810	C1's IAPP dated Sec C1 was at risk of be staff were supposed abuse and report to on-duty immediately report any signs of practical nurse (LPI vulnerable to abuse assistance with good lack of cognitive abuse assistance with good lack of cognitive abuse consumed alcohol of vulnerable due to C1's IAPP did not in interventions to presincident where she fracture occurred of IAPP was not upday memory care on Sectime, staff reported outside on unmonited to the community unwitned licensee with a facial C1 was transported ambulance, was	ed full medication et-up, needed physical help cy, and was at risk for falling. eptember 1, 2020, indicated eing abused. The licensee d to monitor for any signs of the registered nurse (RN) y. The RN on-duty would abuse to MAARC. Licensed N)-K assessed C1 as and indicated C1 required od decision making due to C1's ility and memory impairment. C1 as vulnerable because C1 occasionally, and C1 was and indicated c1 required by decision making due to C1's ility and memory impairment. C1 as vulnerable because C1 occasionally, and C1 was and c1 was and c1 was better short term memory loss. and c2 went physical abuse. C1's sustained an left orbital and September 21, 2020. C1's and until after she moved to be ptember 29, 2020. During this C1 was permitted to go ored walks. report dated September 21, fell outside of the licensee's assed, and C1 returned to the all injury (left orbital fracture). I to the emergency room via anted, and returned to the day. C1 did not recall falling. istory of falling. C1's fall more secure environment				
		oversight of the clients'				

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Minnesota Department of Health

NAME OF PROVIDER OR SUPPLIER TFF CARE LLC 375 PLYMOUTH BOULEVARD, SUITE 100 MININEAPOLIS, MIN 55446 DX3,10 SUMMARY STATEMENT OF DEFICIENCIES TAG PREFIX FREGULATORY OR LSC IDENTIFYING INFORMATION) DRIVE TAG O 810 Continued From page 8 assessments. DON-B said C1 was confused. DON-B said C1 control to him peach unknown individuals with her to the licensee after C1 had no several occasions attempted to bring back unknown individuals with her to the licensee after C1 had no several occasions attempted to bring back unknown individuals with her to the licensee after C1 had no several occasions attempted to bring back unknown individuals with her to the licensee after C1 had no several occasions attempted to bring back unknown individuals with her to the licensee after C1 had on several occasions attempted to bring back unknown individuals with her to the licensee after C1 had on several occasions attempted to bring back unknown individuals with her to the licensee after C1 had on several occasions attempted to bring back unknown individuals with her to the licensee after C1 had on several occasions attempted to bring back unknown individuals with her. DON-B said C1 reported she fell, though it would be difficult to differentiate if C1 fell or was assaulted based on her cognition. DON-B said there were no updates made to C1's assaulted based on her cognition. DON-B said there were no updates made to C1's sassessments. During an interview on March 18, 2021 at 3:21 p.m., unlicensed personnel (ULP)-J said she den worked with C1 and assisted with C1's medication and would repeatedly ask for medications. ULP-J said C1 would so utside and there would be times staff could not find her. ULP-J said C1 would go outside and there would be times staff could not find her. ULP-J said C1	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
SUMMARY STATEMENT OF DEFICIENCIES DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEPICIENCY MUST BE PRECEDED BY FULL TAG DEPICIENCY NOT SO INTERPRECEDED BY FULL TAG PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CONSTRUCTIVE ACTION SHOULD BE CONSTRUCTED ACTION SHOULD BE CONSTRUCTED ACTION SHOULD BE CONSTRUCTED ACTION SHOULD BE CONSTRUCTIVE ACTION SHOULD BE CONSTRUCTED ACTION SHOULD BE CASH AND SHOULD BE CONSTRUCTED ACTION SHOULD BE C			H20297	B. WING			
PREFIX TAG REGULATORY OR USCIDENTIFYING INFORMATION) 0810 Continued From page 8 assessments. DON-B said C1 was confused. DON-B said Staff reported C1 had on several occasions attempted to bring back unknown individuals with her to the licensee unsupervised. DON-B said C1 did not comprehend that she was not allowed to leave the licensee unsupervised. DON-B said C1 did not comprehend that she was not allowed to have people come back with her. DON-B said C1 fell or was assaulted based on her cognition. DON-B said there were no updates made to C1's assessments. During an interview on March 16, 2021, at 12:32 p.m., RN-D said she was responsible for client assessments. RN-D said C1 suffered bruising to the left side of her face, a small laceration to her left eye and a left orbital fracture. C1 required sutures at the emergency room. RN-D said she did not perform routine cognitive assessments with C1. RN-D said after the incident, C1 was transferred to memory care. During an interview on March 18, 2021 at 3:21 p.m., unlicensed personnel (ULP)-J said he often worked with C1 and assisted with C1's medication management and ADLs. ULP-J said C1 was not able to take care of herself and often would not change her clothes or clean her apartment. ULP-J said C1 would go outside and there would be times staff could not find her. ULP-J said C1 would forget her way back and would ask strangers for help, often bringing the strangers back with her. ULP-J said C1 would wander into other clients' rooms. He said he			3675 PLYI	MOUTH BOL	JLEVARD, SUITE 100		
assessments. DON-B said C1 was confused. DON-B said staff reported C1 had on several occasions attempted to bring back unknown individuals with her to the licensee after C1 had been allowed to leave the licensee unsupervised. DON-B said C1 did not comprehend that she was not allowed to have people come back with her. DON-B said C1 reported she fell, though it would be difficult to differentiate if C1 fell or was assaulted based on her cognition. DON-B said there were no updates made to C1's assessments. During an interview on March 16, 2021, at 12:32 p.m., RN-D said She was responsible for client assessments. RN-D said C1 suffered bruising to the left side of her face, a small laceration to her left eye and a left orbital fracture. C1 required sutures at the emergency room. RN-D said She did not perform routine cognitive assessments with C1. RN-D said after the incident, C1 was transferred to memory care. During an interview on March 18, 2021 at 3:21 p.m., unlicensed personnel (ULP)-J said he often worked with C1 and assisted with C1's medication management and ADLs. ULP-J said C1 would forget she already took her medication and would repsetedly ask for medications. ULP-J said C1 would forget she already took her medication and would repsetedly ask for medication. ULP-J said C1 would forget she already took her medication and would repsetedly ask for medications. ULP-J said C1 would forget she already took her medication and swold repsetedly ask for medications. ULP-J said C1 would forget she already took her medication and swold repsetedly ask for medications. ULP-J said C1 would forget she already took her medication and swold repsetedly ask for medication of the worked with C1 would forget she already took her medication and swold sk strangers for help, often bringing the strangers back with her. ULP-J said C1 would wander into other clients' rooms. He said c1 would wander into other clients' rooms. He said he	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	LD BE	COMPLETE
During an interview on March 19, 2021, at 1:00	0 810	assessments. DONDON-B said staff recocasions attempted individuals with here been allowed to lead DON-B said C1 did not allowed to have DON-B said C1 republe difficult to differed assaulted based on there were no updated assessments. During an interview p.m., RN-D said she assessments. RN-E the left side of her filleft eye and a left of sutures at the emered did not perform rour with C1. RN-D said transferred to memoral transferred	N-B said C1 was confused. Sported C1 had on several and to bring back unknown to the licensee after C1 had we the licensee unsupervised. Not comprehend that she was people come back with her. Orted she fell, though it would entiate if C1 fell or was her cognition. DON-B said tes made to C1's On March 16, 2021, at 12:32 to was responsible for client D said C1 suffered bruising to ace, a small laceration to her rebital fracture. C1 required agency room. RN-D said she tine cognitive assessments after the incident, C1 was ory care. On March 18, 2021 at 3:21 to sonnel (ULP)-J said he often assisted with C1's ement and ADLs. ULP-J said already took her medication ally ask for medications. ULP-J le to take care of herself and ange her clothes or clean her said C1 would go outside and as staff could not find her. Id forget her way back and so for help, often bringing the her. ULP-J said C1 would lients' rooms. He said he have had more supervision.	0 810			

Minnesota Department of Health

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Minnesota Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		l ` ′	(X3) DATE SURVEY COMPLETED	
	H20297	B. WING		03/1) 6/2021	
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
TFF CARE LLC		MOUTH BOU OLIS, MN 5	JLEVARD, SUITE 100 5446			
PREFIX (EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	LD BE	(X5) COMPLETE DATE	
Arizona to Minneso because C1's memindicated prior to adwas forgetting convended poor. FAM-I indicated frector (HD)-L, after 26, 2020, had remineed to go to memineed to go to move the formation of the good for the	er (FAM)-I said C1 moved from ota to be closer to FAM-I nory was deteriorating. FAM-I dmission to the licensee, C1 versations, when to take her C1's short term memory was ted that RN-D and housing er C1's admission on February nded FAM-I that C1 would ory care by the summer of the topic of C1 going to memory at conversation with RN-D and ated after C1's incident on c10, RN-D and HD-L called the needed to go to memory care g C1 would be considered ained in her assisted living otember 29, 2020, when she					

Minnesota Department of Health

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AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			D 14/11/0		С	
		H20297	B. WING		03/1	6/2021
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, ST	TATE, ZIP CODE		
TFF CAF	RE LLC		MOUTH BOUI OLIS, MN 55	LEVARD, SUITE 100 446		
(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 APPROPERTION OF CORRECTION SHOUL CROSS-REFERENCED TO THE APPROPERTION (INC.)	D BE	(X5) COMPLETE DATE
	Subd. 8.Compreher and reassessment. provided are compran individualized iniconducted in persor the services are proprofessionals, the aconducted by the argument of the days after the dare first provided. (b) Client monitoring conducted in the client are first provided. (c) Ongoing client must be conducted in the needs of the days from the last of monitoring and reast at the client's reside of telecommunications that meets are first provided. This MN Requirement of telecommunications that meets are first provided. This MN Requirement of telecommunications that meets are failed to end documented confirmed the licensee per licensee unsupervisions.	assessment, monitoring, (a) When the services being rehensive home care services, tial assessment must be no ya registered nurse. When ovided by other licensed health resessment must be oppopriate health professional, rent must be completed within late that home care services are as needed based on changes client and cannot exceed 90 resessment may be conducted and reassessment. The resessment may be conducted and cannot exceed 90 resessment may be conducted and control the utilization on methods based on practice the individual client's needs. The result is not met as evidenced and record review, the result is not met as evidenced and record review is not result in the record review.	0 860			

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Minnesota Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		H20297				C 1 6/2021
NAME OF			·		03/1	10/2021
	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE JLEVARD, SUITE 100		
TFF CAF	RE LLC		OLIS, MN 5			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
0 860	Continued From pa	ge 11	0 860			
	violation that harmed not including serious or a violation that has serious injury, impaissued at an isolate limited number of colimited number of situation has occurred. The findings included the findings included to appropriate mansurable article indicated monitoring and asserturn from the host change in a client's assessments and more ferrals for clients mitigate certain behadocument also indicated the document also indicated indicated the document also indicated in the document also indi	sociation document titled, ity Residential Care, dated ular formal assessment is key agement of a client's care. It dequally important is ongoing essment, particularly upon pital or upon a significant condition. Ongoing making the appropriate with dementia can help haviors and injuries. The cated, wandering may be results in a client leaving the ng unsafe areas or another h could result in injuries, tloss, excessive fatigue or				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		l \ '	(X3) DATE SURVEY COMPLETED	
		H20297	B. WING			C 16/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE	_	
TFF CAF	RE LLC		MOUTH BOU	LEVARD, SUITE 100 446		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
0 860	behaviors caused be assessment indicate to be with [C1] to he decision making or home." C1's assessored 12 out of 30 dementia. C1's service plan de indicated C1 require management, active daily safety checks staff were supposed immediately if C1 conservice plan also in impairment was in was mainly oriented behavioral intervental cated C1 require management and shelp during an emergial falling. C1's Individual Abused at the Minnesota Adult (MAARC). Licensed assessed C1 as vurindicated C1 required decision making duability and memory labeled C1 as vulned as vulned c1 as vulned c2 as vulned c2 as vulned c3 as vulned c3 as vulned c4 c4 as vulned c4 c6 as vulned c6 c7 as vulned c7 as vulned c6 c7 as vulned c7 as	eased vulnerability due to by C1's cognitive deficits. C1's ed, "someone always needs elp with remembering, judgment when away from sment also indicated C1, which indicated moderate ated February 10, 2020, ed assistance with medication ities of daily living (ADLs), and C1's service plan indicated d to contact the nurse ould not be located. The dicated C1's memory the form of daily confusion, C1 d to self, and required tion from staff.	0 860			

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Minnesota Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	l ` ′	(X3) DATE SURVEY COMPLETED		
		H20297	B. WING			C 16/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE		
TFF CAF	RE LLC		MOUTH BOUPOLIS, MN 55	LEVARD, SUITE 100 3446		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
	not include any spending physical abuse. Licensee's incident 2020, indicated C1 community unwitned licensee with a facial C1 was transported ambulance, was transported licensee the same of C1 did not have a high physical abuse.	report dated September 21, fell outside of the licensee's ssed, and C1 returned to the al injury (left orbital fracture). Ito the emergency room via eated, and returned to the day. C1 did not recall falling. istory of falling. C1's fall nore secure environment				
	significant change i In email correspond 11:53 a.m., DON-B	did not include any notice condition assessments. dence dated May 3, 2021, at indicated there was no assessments on file for C1.				
	p.m., RN-D said she assessments. RN-E the left side of her for left eye and a left of sutures at the emer did not perform round.	on March 16, 2021, at 12:32 e was responsible for client 0 said C1 suffered bruising to ace, a small laceration to her bital fracture. C1 required gency room. RN-D said she tine cognitive assessments after the incident, C1 was ory care.				
	p.m., director of numerous personsible for the assessments. DON DON-B said staff recoccasions attempted individuals with her	on March 16, 2021, at 1:35 sing (DON)-B said she was oversight of the clients' N-B said C1 was confused. Eported C1 had on several ed to bring back unknown to the licensee after C1 had ve the licensee unsupervised.				

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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	(X3) DATE SURVEY COMPLETED		
		IDEITH IO/ (HON HOMBER)	A. BUILDING: _ 			
		H20297	B. WING		03/1	6/2021
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, ST	TATE, ZIP CODE	•	
TFF CAF	RE LLC		MOUTH BOUL OLIS, MN 55	LEVARD, SUITE 100 446		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
0 860	Continued From pa	ae 14	0 860			
	DON-B said C1 did not allowed to have DON-B said C1 rep be difficult to differe assaulted based on there were no updated assessments. During an interview p.m., unlicensed perworked with C1 and medication manage C1 would forget she and would repeated said C1 was not about often would not character apartment. ULP-J staid C1 would ask strangers strangers back with	not comprehend that she was people come back with her. Forted she fell, though it would entiate if C1 fell or was her cognition. DON-B said tes made to C1's on March 18, 2021 at 3:21 ersonnel (ULP)-J said he often diassisted with C1's ement and ADLs. ULP-J said er already took her medication ally ask for medications. ULP-J le to take care of herself and lange her clothes or clean her said C1 would go outside and es staff could not find her. Id forget her way back and so for help, often bringing the her. ULP-J said C1 would lients' rooms, and he thought				
	p.m., family member Arizona to Minneso because C1's memindicated prior to accommodicated prior to accommodications and C1 poor. FAM-I indicated director (HD)-L, after 26, 2020, had reminded to go to memor 2020. FAM-I said the care was a frequent HD-L. FAM-I indicated September 21, 202	on March 19, 2021, at 1:00 or (FAM)-I said C1 moved from ta to be closer to FAM-I ory was deteriorating. FAM-I dmission to the licensee, C1 dersations, when to take her 1's short term memory was seed that RN-D and housing for C1's admission on February and FAM-I that C1 would be care by the summer of the topic of C1 going to memory the topic of C1 going to memory the topic of C1's incident on 0, RN-D and HD-L called needed to go to memory care				

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STATE FORM L3MO11 If continuation sheet 15 of 22

Minnesota Department of Health

AND DIAN OF CORRECTION INTERCATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		H20297	B. WING		03/1	6/ 2021
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	•	
TFF CAF	RE LLC		MOUTH BOU OLIS, MN 5	ILEVARD, SUITE 100 5446		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
0 860	negligent. C1 remark apartment until Septemoved to a memory. During an interview p.m., care coordinated concerned C1 was unsupervised considiagnosis. During an interview a.m., medical doctor condition, a worsen over time. Nout of 30 on the Mnindicated significant Licensee policy title Nursing Assessmen 17, 2020, indicated reassess clients with when a client return licensee policy indicated nursing significant and a pattern of significant and a pattern of significated nursing state reason for the refactors and cause of interventions to additional content of significations and cause of interventions to additional content of significant cause of interventions to additional cause of interventions.	g C1 would be considered ained in her assisted living of tember 29, 2020, when she was allowed to leave the licensee dering her moderate dementia on March 23, 2021, at 8:57 or (MD)-F said dementia is a and C1's cognition would MD-F said C1's score of a 12 Choices assessment a impairment. Indicate the licensee is required to the a change of condition and the licensee is required to the a change of conditions and the licensee is required to the achange of conditions and the licensee is required to the achange of conditions and the licensee is required to the achange of conditions and the licensee policy also reaff, at a minimum, will identify the change of condition, are sthe risk and minimize a supdate the service plan as	0 860	DEFICIENCY)		
	Their Services, updindicated the license whenever the client has a change in con	ed, Monitoring of Clients and lated August 18, 2020, ee would reassess the client returned from the hospital or ndition. The licensee's policy of condition assessment is				

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Minnesota Department of Health

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		COMPLETED		
		H20297	B. WING		03/1) 6/2021
NAME OF F	PROVIDER OR SUPPLIER		l .	STATE, ZIP CODE	1 00/1	0,202.
TFF CAR			, ,	JLEVARD, SUITE 100		
IFF CAR		MINNEAP	OLIS, MN 5	5446		T
(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 APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
0 860	Continued From pa	ge 16	0 860			
	status is expected t	ent's cognitive or behavioral o last longer than 30 days and sessed on an ongoing basis.				
	Status, updated Aug licensee's nursing s status assessment The licensee's police follow-up would be	d, Assessment of Mental gust 1, 2014, indicated the taff would initiate a mental as determined necessary indicated the assessment based on score, client's determined necessary and ing staff.				
	No further informati	on provided.				
	TIME PERIOD FOR days.	R CORRECTION: Seven (7)				
02015 SS=D	626.557, Subd. 3 Ti	ming of Report	02015			
	who has reason to lis being or has been knowledge that a vua physical injury whe explained shall import to the common entry vulnerable adult solladmitted to a facility required to report solindividual that occur unless:	eport. (a) A mandated reporter believe that a vulnerable adult in maltreated, or who has ulnerable adult has sustained ich is not reasonably rediately report the information by point. If an individual is a ely because the individual is a lely because the individual is a lely a mandated reporter is not suspected maltreatment of the red prior to admission,				
	another facility and	as admitted to the facility from the reporter has reason to ble adult was maltreated in the				
	(2) the reporter known	ws or has reason to believe				

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STATE FORM L3MO11 If continuation sheet 17 of 22

Minnesota Department of Health

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		H20297	B. WING		03/1	C 1 6/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE	•	
TFF CAF	RE LLC			LEVARD, SUITE 100		
			OLIS, MN 5			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
02015	Continued From pa	ge 17	02015			
		a vulnerable adult as defined , subdivision 21, paragraph				
		quired to report under the ection may voluntarily report as				
	known or suspected	ection requires a report of maltreatment, if the reporter on to know that a report has ommon entry point.				
	(d) Nothing in this section shall preclude a reporter from also reporting to a law enforcement agency.					
	reason to believe the 626.5572, subdivision (5), occurred must subdivision. If the rebelieves that an invinvestigative agency determine that the reaccording to the critical subdivision 17, pararefer or facility mentry point or direct agency information meets the criteria usubdivision 17, paralead investigative agency agency information meets the criteria usubdivision 17, paralead investigative agency agency agency information meets the criteria usubdivision 17, paralead investigative agency agency agency information meets the criteria usubdivision 17, paralead investigative agency agency information meets the criteria usubdivision 17, paralead investigative agency information agency information meets the criteria usubdivision 17, paralead investigative agency information agency information meets the criteria usubdivision 17, paralead investigative agency information agency information meets the criteria usubdivision 17, paralead investigative agency information agency information meets the criteria usubdivision 17, paralead investigative agency information agency information meets the criteria usubdivision 17, paralead investigative agency information agency information meets the criteria usubdivision 17, paralead investigative agency information	y will determine or should reported error was not neglect teria under section 626.5572, agraph (c), clause (5), the nay provide to the common by to the lead investigative explaining how the event nder section 626.5572, agraph (c), clause (5). The gency shall consider this naking an initial disposition of				
	by:	ent is not met as evidenced and record review, the				

Minnesota Department of Health

Minnesota Department of Health

AND DIANIOE CORRECTION TO IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		` ′	(X3) DATE SURVEY COMPLETED	
		H20297	B. WING			C 1 6/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
TFF CAF	RE LLC		MOUTH BOU OLIS, MN 5	ILEVARD, SUITE 100 5446		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOWN CROSS-REFERENCED TO THE APPROPRIES (EACH)	ULD BE	(X5) COMPLETE DATE
02015	hours) to the Minne Center (MAARC) for reviewed. C1 had a licensee staff permit unsupervised. C1 states which was not reastlicensee did not reprequired. This practice results violation that did not safety but had the proclient's health or satisolated scope (whe clients are affected staff are involved or only occasionally). Findings Include: C1's medical record diagnoses included dementia, spinal states positional vertigo. C1's MnChoices as Human Services (Diagnoses included dementia, spinal states positional vertigo. C1's MnChoices as Human Services (Diagnoses included dementia, spinal states positional vertigo. C1's MnChoices as Human Services (Diagnoses included dementia, spinal states positional vertigo. C1's MnChoices as Human Services (Diagnoses included dementia, spinal states positional vertigo.	ge 18 Immediately report (within 24 Isota Adult Abuse Reporting Isota one of two clients (C1) Idementia diagnosis, and the Itted C1 to leave the licensee Isotalined a physical injury Isonably explained. The Isotalined in a level two violation (a It harm a client's health or Ite or the incident to MAARC as Indicated the situation has occurred It was reviewed. C1's medical It was not limited number of It is in the situation has occurred It was reviewed. C1's medical It was reviewe	02015			

Minnesota Department of Health

STATE FORM L3MO11 If continuation sheet 19 of 22

Minnesota Department of Health

AND DIANIOE CODDECTION INTERNITIEICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		H20297	B. WING		03/1	6/2021
NAME OF	PROVIDER OR SUPPLIER	3675 PLYI	,	TATE, ZIP CODE ILEVARD, SUITE 100 5446		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	LD BE	(X5) COMPLETE DATE
02015	management, active daily safety checks. staff were supposed immediately if C1 control C1's care plan date indicated C1 requiremanagement and such dated September 1 risk of being abused supposed to monitor report to the register immediately. The Risigns of abuse to M C1 required assistate making due to C1's memory impairment. Review of C1's fall 2020, indicated C1 community unwitned licensee with a facing C1 was transported ambulance, was tredicensee the same of C1 did not have a historical report indicated a mould mitigate the report indicated a mould mitigate the report would be filed though RN-D was report would be filed though RN	ed assistance with medication ities of daily living (ADLs), and C1's service plan indicated d to contact the nurse ould not be located. In display the display the display to the display	02015			

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	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		H20297	B. WING		I	C 16/2021
NAME OF	PROVIDER OR SUPPLIER	3675 PLYI	,	TATE, ZIP CODE LEVARD, SUITE 100 5446		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
02015	after the fall incident memory care. During an interview p.m., director of nurconfused. DON-B several occasions a unknown individuals C1 had been allowed unsupervised. DON comprehend that step people come back reported she fell, the differentiate if C1 fellower the incident to the people come back reported she fell, the differentiate if C1 fellower the incident to the people come back reported she fell, the differentiate if C1 fellower the incident to the people come back reported she fell, the differentiate if C1 fellower the incident to the people come back reported she fell, the differentiate if C1 fellower the incident to the people come back reported she fell, the differentiate if C1 fellower the incident to the people come back reported she fell, the differentiate if C1 fellower the incident to the people come back reported she fell, the differentiate if C1 fellower the incident to the people come back reported she fell, the differentiate if C1 fellower the incident to the people come back reported she fell, the differentiate if C1 fellower the incident to the people come back reported she fell, the differentiate if C1 fellower the incident to the people come back reported she fell, the differentiate if C1 fellower the incident to the people come back reported she fell, the differentiate if C1 fellower the incident to the people come back reported she fell, the differentiate if C1 fellower the incident to the people come back reported she fell, the differentiate if C1 fellower the incident to the people come back reported she fell, the differentiate if C1 fellower the incident to the people come back reported she fell, the differentiate if C1 fellower the incident to the people come back reported she fell, the differentiate if C1 fellower the incident to the people come back reported she fell, the differentiate if C1 fellower the incident to the people come back reported she fell, the differentiate if C1 fellower the incident to the people she fell, the differentiate if C1 fellower the incident the peopl	ts for her cognition. RN-D said at, C1 was transferred to an March 16, 2021, at 1:35 rsing (DON)-B said C1 was said staff reported C1 had on attempted to bring back swith her to the licensee after ed to leave the licensee with her. DON-B said C1 ough it would be difficult to ell or was assaulted based on al-B said the licensee did not so MAARC. Ton March 19, 2021, at 2:00 stor (CC)-G said she was allowed to leave the licensee dering her moderate dementia at and C1's cognition would and D-F said that C1's score of a machoices assessment to impairment. To March 23, 2021, at 8:57 or (MD)-F said that C1's score of a machoices assessment to impairment. The see policy titled, Vulnerable at Investigation Policy, updated cated the licensee's staff ispected maltreatment to to to (CEP). The licensee's policy	02015	DEFICIENCY		
	common entry poin indicated staff woul physical injury (une lacerations, or fract	•				

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AND DIAN OF CODDECTION INTERNITIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
H20297		B. WING		C 03/16/2021	
NAME OF	PROVIDER OR SUPPLIER	3675 PLY	,	STATE, ZIP CODE JLEVARD, SUITE 100 5446	•
(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 APPRODEFICIENCY)	D BE COMPLETE
02015	report, if the Director Executive Director reportable maltreat Director of Healthca would make a repo	urs following the initial incident or of Healthcare and/or remained unsure whether a ment had occurred, the are or Executive Director	02015		

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