STATE LICENSING COMPLIANCE REPORT

Report #: HL207055017C

Date Concluded: November 6, 2023

Name, Address, and County of Facility Investigated:
Emerald Crest Memory Care of Minnetonka
13401 Lake Street Extension
Minnetonka, MN 55305
Hennepin County

Facility Type: Assisted Living Facility with Dementia Care (ALFDC)

Evaluator's Name: Lissa Lin, 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 144G. 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	20705	A. BUILDING: _____ B. WING _____	C 11/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERALD CREST OF MINNETONKA	13417 LAKE STREET EXTENSION MINNETONKA, MN 55305

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0 000	Initial Comments ******ATTENTION****** ASSISTED LIVING PROVIDER CORRECTION ORDER In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a complaint investigation. Determination of whether a violation is corrected requires compliance with all requirements provided at the statute number indicated below. When a Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: #HL207055017C On November 6, 2023, the Minnesota Department of Health conducted a complaint investigation at the above provider, and the following correction orders are issued. At the time of the complaint investigation, there were 34 residents receiving services under the provider's Assisted Living with Dementia Care license. The following correction orders are issued for #HL207055017C, tag identification 0485 and 0510.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	
0 485 SS=F	144G.41 Subdivision 1. (13)(i)(A)and(C) Minimum Requirements	0 485		

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0 485	Continued From page 1 (13) offer to provide or make available at least the following services to residents: (i) at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The following apply: (A) menus must be prepared at least one week in advance and made available to all residents. The facility must encourage residents' involvement in menu planning. Meal substitutions must be of similar nutritional value if a resident refuses a food that is served. Residents must be informed in advance of menu changes; and (C) the facility cannot require a resident to include and pay for meals in their contract; (ii) weekly housekeeping; (iii) weekly laundry service; This MN Requirement is not met as evidenced by: Based on record review, observation and interview, the licensee failed to ensure menus were made available to all residents and failed to inform residents of menu changes. This had the ability to impact all 34 residents receiving services. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include:	0 485		

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0 485	Continued From page 2 R2's diagnoses included vascular dementia with mood disturbance and stage 4 chronic kidney disease. R2's service plan agreement dated July 1, 2023, indicated R2 received medication administration, cueing and standby assistance with walking. R2's progress note dated August 4, 2023 at 11:07 a.m., indicated she likes ice water and would like milk at lunch and dinner. R3's diagnoses included repeated falls, and mild cognitive impairment. R3's service plan agreement dated April 13, 2023, indicated R3 received medication management and transfer assistance. During an observation on November 6, 2023, at 10:35 a.m., a staff member prepared baking trays of potatoes for the midday meal. Two residents (R2 and R3) were seated at a dining table talking. During an interview on November 6, 2023, at 10:45 a.m., R2 said the residents do not have access to menus and do not know what the meals are until they get the food served. R2 said the food is not good and she does not always eat what is served which concerns her because she is petite and thin. R2 said she likes a glass of milk with meals but has sometimes been told by staff the milk has gone bad or there is no milk available. R2 said that was not communicated to the residents as a menu change. During the same interview, R3 said there are no menus posted. R3 said she she sits with R2 at the same dining table and heard staff tell R2 there is no milk when she's asked for a glass. During an interview on November 6, 2023, at	0 485		

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0 485	Continued From page 3 11:20 a.m., unlicensed personnel (ULP)-E said she is scheduled to prepare the meals and clean kitchen, wash dishes today. ULP-E said there is a menu in the kitchen and opened an upper cabinet door. A menu was taped to the inside of the cabinet door. ULP-E said the staff do not give out menus to the residents, they can tell the residents what is on the menu. Review of the menu indicated beverage choices were: milk, coffee and water for all three meals with lemonade as an added choice for lunch. ULP-E opened the refrigerator and there were gallons of milk on one shelf. During an observation at 11:40 a.m., the surveyor saw a daily mealtime schedule posted near the kitchen (breakfast 8:30, lunch 12:00, dinner 5:00), but did not see a meal menu posted. During an interview on November 6, 2023, at 1:15 p.m., administrative assistant (AD)-F said the meals are prepared at their Burnsville site kitchen and sent over for cooking. Snacks and alternative meal choices also come from the Burnsville site and they will let staff know if there is a menu change. AD-F said residents can get a menu if they ask for one and there is a portal they or families can log into to access menus. A policy titled Dining Services, dated August 1, 2021, indicated menus were prepared at least one week in advance and made available to all residents. Residents were encouraged to be involved in menu planning and informed in advance of menu changes. TIME PERIOD TO CORRECT: Twenty-one (21) Days	0 485		

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0 510	Continued From page 4	0 510		
0 510 SS=F	144G.41 Subd. 3 Infection control program (a) All assisted living facilities must establish and maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control. (b)The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities. (c) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on interview and record review, the assisted living facility failed to report aggregate positive COVID-19 cases for five of five residents (R1, R2, R4, R5 and R6) reviewed as required by the Minnesota Department of Health (MDH). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: The COVID-19 Reporting Requirements for Minnesota Long-Term Care Facilities dated May 2, 2023, read: There are three types of COVID-19 reporting required by long-term care (LTC)	0 510		

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0 510	Continued From page 5 facilities: aggregate case reporting, death reporting and laboratory reporting. Report aggregate case counts to MDH COVID-19 Long-Term Care Report Form. R1 R1's diagnoses included unspecified dementia and hypertension. R1's service plan agreement, dated September 2, 2022, indicated R1 received assistance with activities of daily living (ADLs), reminders to use her walker and medication administration. R1's progress note dated August 14, 2023, at 12:31 p.m., indicated she received a COVID-19 nasal swab test due to shivers and fatigue early in morning. R1 tested positive for COVID-19. Registered nurse (RN)-G documented the progress note. R2 R2's diagnoses included vascular dementia with mood disturbance and stage 4 chronic kidney disease. R2's service plan agreement dated July 1, 2023, indicated R2 received medication administration, cueing and standby assistance with walking. R2's progress note dated August 16, 2023, at 2:41 p.m., indicated R2 was potentially exposed to COVID-1. R2 tested positive using antigen nasal swab. RN-G documented the progress note. R4 R4's diagnoses included Alzheimer's disease and type 2 diabetes. R4's service plan agreement dated June 21, 2023, indicated R4 received assitance with bathing and required 2 staff to transfer using a mechanical lift, escort to meals,	0 510		

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0 510	Continued From page 6 assistance with dressing and medication administration. R4's progress note dated August 4, 2023, at 11:08 a.m., indicated R4 tested positive for COVID-19. R5 R5's diagnoses included bipolar 2 disorder, cerebral infarction and late onset Alzheimer's disease. R5's service plan agreement dated June 27, 2023, indicated R5 received medication administration, cueing and standby assistance for activities of daily living. R5's progress note dated August 14, 2023, at 3:32 p.m., indicated R5 tested positive for COVID-19. RN-G documented the progress note. R6 R6's diagnoses included anxiety and alcohol induced dementia. R6's service plan agreement dated July 11, 2023, indicated R6 received cueing for activities of daily living and medication administration. R6's progress note dated August 16, 2023, at 2:49 p.m., indicated R6 tested COVID-19 positive using antigen test via nasal swab. An email from an MDH epidemiologist to housing director (HD)-I dated October 3, 2023, at 11:27 a.m., requested information on R1's type of COVID-19 test and the date of the positive COVID-19 result since the facility had not yet reported R1's information as required by MDH when there is a resident COVID-19 death. The email also indicated all positive SARS-CoV-2 tests administered by the facility were reportable to MDH and requested HD-I ensure all positive	0 510		

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0 510	Continued From page 7 labs were reported. The email included the reporting resources for aggregate weekly cases for residents and staff. During an interview on November 6, 2023, at 1:39 p.m., the director of health services (DHS)-A said she was new to the facility as of mid September 2023 and would have to review the infection control policies on reporting requirements but she will be responsible for all aspects of infection control. DHS-A said there is a website for reporting positive COVID-19 cases. During an interview on November 6, 2023, at 2:20 p.m., RN-B said HD-I would report COVID-19 cases to the regional director of operations (RDO)-C. RN-B said just COVID-19 deaths were reported to MDH. She said there were two interim nurses, RN-G and RN-H, who filled the DHS role at the facility in August so there could have been a reporting gap. During an interview on November 6, 2023, at 2:44 p.m., RDO-C said HD-I did not contact her with any COVID lab reporting information. RDO-C said there was some staffing transition with the DHS position, but HD-I was at the facility and she could have reported positive COVID information to either interim DHS. RDO-C said HD-I was currently out on a medical leave. An email to the MDH surveyor, dated November 11, 2023, at 3:51 p.m., from RN-B, indicated the two nurse consultants, RN-G and RN-H, worked at the facility the following dates: RN-G worked August 7 through 23, 2023 RN-H worked August 22, 24 and 25, 2023. The Housing Director job description, undated, indicated she/he assures the building is in	0 510		

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0 510	Continued From page 8 compliance with federal, state and local standards and regulations. A policy titled COVID-19 Protocol -AL, reviewed date May 11, 2023, indicated Minnesota assisted living sites are required to report positive COVID-19 tests performed at facility. TIME PERIOD TO CORRECT: Two (2) Day	0 510		