

STATE LICENSING COMPLIANCE REPORT

Report #: HL24253001C

Date Concluded: May 2, 2022

Name, Address, and County of Facility

Investigated:

The Cedars
701 Polk Street
Anoka, MN 55303
Anoka County

Facility Type: Assisted Living Facility (ALF)

Evaluator's Name:

Maerin Renee, RN, Special Investigator

James Larson, 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.

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 24253	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/26/2022
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0 000	<p>Initial Comments</p> <p>Initial comments *****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a complaint investigation.</p> <p>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.</p> <p>INITIAL COMMENTS:</p> <p>#HL24253001C</p> <p>On April 26, 2022, 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 6 residents receiving services under the providers Assisted Living Facility license.</p> <p>The following correction orders are issued for #HL24253001C, tag identification 0510, 0700, 1460, 1470, and 1880.</p>	0 000	<p>Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. 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.</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.</p> <p>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.</p>	
0 510 SS=F	144G.41 Subd. 3 Infection control program	0 510		

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Minnesota Department of Health

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0 510	<p>Continued From page 1</p> <p>(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.</p> <p>(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.</p> <p>(c) The facility must maintain written evidence of compliance with this subdivision.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the facility failed to establish and maintain infection control policies and procedures that complied with accepted health care, medical, and nursing standards for infection control related to the COVID-19 pandemic when the facility failed to ensure visitors, employees, and residents were screened for COVID-19 with temperature checks and screening questions and failed to develop policies and procedures to guide decision making related to COVID-19 pandemic.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect all residents).</p> <p>The findings include:</p> <p>On April 26th, at 9:45 a.m., unlicensed personnel (ULP)-C met two Minnesota Department of</p>	0 510		
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0 510	<p>Continued From page 2</p> <p>Health (MDH) surveyors at the entrance inside of the facility. ULP-C did not screen the MDH surveyors for COVID-19 with a temperature check and/or screening questions.</p> <p>On April 26th, 2022, at approximately 11:00 a.m., registered nurse (RN)-A acknowledged screenings for COVID-19 with residents, employees, and visitors had not occurred this date. A COVID-19 screening document was available at the entrance requiring documenting all employee / visitor temperatures and screening for COVID-19 symptoms at the start of your shift. The document instructed to call the nurse if an employee has a temperature over 100.4 degrees or if they have any symptoms of COVID-19.</p> <p>The facility's COVID Screening policy dated March 13, 2020, indicated all visitors including professional visits will be screened upon entry for all symptoms of COVID-19 including checking their temperature and pulse oximetry will be recorded.</p> <p>No further information provided.</p> <p>Time Period for Correction: Two (2) Days</p>	0 510		
0 700 SS=F	<p>144G.43 Subdivision 1 Resident record</p> <p>(b) Resident records, whether written or electronic, must be protected against loss, tampering, or unauthorized disclosure in compliance with chapter 13 and other applicable relevant federal and state laws. The facility shall establish and implement written procedures to control use, storage, and security of resident records and establish criteria for release of resident information.</p>	0 700		

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0 700	<p>Continued From page 3</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure resident records were protected against unauthorized disclosure when resident medical records were stored in an open cabinet in a public area. This had the potential to affect all residents residing in the facility.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents).</p> <p>The findings include:</p> <p>On April 26, 2022, at 10:00 a.m., resident medical charts were stored on shelves in a main living area. The shelves were in an open cubby with no door or lock. The charts contained resident information including health assessments, provider appointments, prescriptions and medications, and personal contact information. The charts were accessible to unauthorized viewers as the charts were not securely stored.</p> <p>On April 26, 2022, at approximately 12:00 p.m., registered nurse/director of nursing (RN)-A stated resident charts should be locked up and inaccessible to unauthorized viewers.</p> <p>The facility's Client Record-Security and Storage policy, dated August 1, 2021, indicated resident records and resident information will be stored</p>	0 700		

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0 700	Continued From page 4 and secured in an area where only authorized staff will have access. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	0 700		
01460 SS=F	144G.63 Subdivision 1 Orientation of staff and supervisors All staff providing and supervising direct services must complete an orientation to assisted living facility licensing requirements and regulations before providing assisted living services to residents. The orientation may be incorporated into the training required under subdivision 5. The orientation need only be completed once for each staff person and is not transferable to another facility. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure orientation to assisted living licensing requirements and regulations was provided for two of two employees, unlicensed personnel (ULP-(C) and ULP-D, with records reviewed. This had the potential to affect all residents receiving assisted living 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) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include:	01460		

Minnesota Department of Health

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01460	<p>Continued From page 5</p> <p>ULP-C was hired December 18, 1998, under the comprehensive home care license. ULP-C began providing assisted living services to licensee's residents on August 1, 2021. ULP-C's employee training records lacked evidence of successful completion of assisted living orientation in accordance with 144G statutes.</p> <p>ULP-D was hired on July 5, 2017, under the comprehensive home care license. ULP-D began providing assisted living services on August 1, 2021. ULP-D's employee training records lacked evidence of successful completion of assisted living orientation in accordance with 144G statutes.</p> <p>On April 26, 2022, at 12:00 p.m., registered nurse/director of nursing (RN)-A stated orientation to 144G statutes had not been completed.</p> <p>The facility did not have an updated staff orientation policy regarding training for 144G/assisted living statutes.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	01460		
01470 SS=F	<p>144G.63 Subd. 2 Content of required orientation</p> <p>(a) The orientation must contain the following topics: (1) an overview of this chapter; (2) an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person; (3) handling of emergencies and use of</p>	01470		

Minnesota Department of Health

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01470	<p>Continued From page 6</p> <p>emergency services;</p> <p>(4) compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC);</p> <p>(5) the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights;</p> <p>(6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person;</p> <p>(7) handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints;</p> <p>(8) consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services; and</p> <p>(9) a review of the types of assisted living services the employee will be providing and the facility's category of licensure.</p> <p>(b) In addition to the topics in paragraph (a), orientation may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics:</p> <p>(1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and the challenges it poses to communication;</p> <p>(2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations,</p>	01470		

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01470	<p>Continued From page 7</p> <p>isolation, and depression; or (3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the facility failed to ensure orientation to assisted living licensing requirements and regulations was provided for two of two employees, unlicensed personnel (ULP-(C) and ULP-D, with employee records reviewed. This had the potential to affect all residents receiving assisted living services.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>ULP-C was hired December 18, 1998, under the comprehensive home care license. ULP-C began providing assisted living services to licensee's residents on August 1, 2021.</p> <p>ULP-D was hired on July 5, 2017, under the comprehensive home care license. ULP-D began providing assisted living services on August 1, 2021.</p> <p>ULP-C and ULP-D's employee training records</p>	01470		

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01470	<p>Continued From page 8</p> <p>lacked evidence of successful completion of assisted living orientation in accordance with 144G statutes, including the following content:</p> <ul style="list-style-type: none"> -An overview of 144G statutes -An introduction and review of the facility's policies and procedures related to the provision of assisted living services -Handling of emergencies and use of emergency services -Compliance with and reporting of the maltreatment of vulnerable adults -The assisted living bill of rights -The principles of person-centered planning and service delivery -Handling of resident complaints, reporting of complaints, and where to report complaints -Consumer advocacy services of the office of the Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services -A review of the types of assisted living services the employee will be providing and the facility's category of licensure <p>On April 26, 2022, at 12:00 p.m., registered nurse/director of nursing (RN)-A stated orientation to 144G statutes had not been completed.</p> <p>The facility did not have an updated staff orientation policy regarding training for 144G/assisted living statutes.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	01470		

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01880	Continued From page 9	01880		
01880 SS=F	<p>144G.71 Subd. 19 Storage of medications</p> <p>An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure prescription medication storage was secure. This had the potential to affect all residents.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On April 26, 2022, at 10:30 a.m. observations were made of a refrigerator located in the common living area which was left unsecured with a key style padlock placed on top of the refrigerator. The medications in the refrigerator, which included insulin, could be accessed by all residents and visitors.</p> <p>When interviewed on April 26, 2022, at 10:30 a.m. unlicensed personnel (ULP)-C verified the refrigerator containing residents medication was not properly secure and locked the refrigerator with the padlock.</p>	01880		

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01880	<p>Continued From page 10</p> <p>The facility policy titled Medication Policies, dated May 1, 2015, indicated all medications that are prescribed and over-the-counter, will be stored in locked medication cabinets.</p> <p>TIME PERIOD FOR CORRECTION: Fourteen (14) days.</p>	01880		