

STATE LICENSING COMPLIANCE REPORT

Report #: HL242539359C

Date Concluded: June 6, 2024

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: Brooke Anderson, 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 04/29/2024
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NAME OF PROVIDER OR SUPPLIER THE CEDARS	STREET ADDRESS, CITY, STATE, ZIP CODE 701 POLK STREET ANOKA, MN 55303
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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
0 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER 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>#HL242539359C</p> <p>On April 29, 2024, 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 5 residents receiving services under the provider's Assisted Living license.</p> <p>The following correction order is issued for #HL242539359C, tag identification 0590.</p>	0 000	<p>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.</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>	
0 590 SS=D	<p>144G.42 Subd. 3 Facility restrictions</p> <p>(a) This subdivision does not apply to licensees</p>	0 590		

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

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0 590	<p>Continued From page 1</p> <p>that are Minnesota counties or other units of government.</p> <p>(b) A facility or staff person may not:</p> <p>(1) accept a power-of-attorney from residents for any purpose, and may not accept appointments as guardians or conservators of residents; or</p> <p>(2) borrow a resident's funds or personal or real property, nor in any way convert a resident's property to the possession of the facility or staff person.</p> <p>(c) A facility may not serve as a resident's legal, designated, or other representative.</p> <p>(d) Nothing in this subdivision precludes a facility or staff person from accepting gifts of minimal value or precludes acceptance of donations or bequests made to a facility that are exempt from section 501(c)(3) of the Internal Revenue Code.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee allowed a staff member, vice president (VP), to serve as guardian for one of one resident (R1).</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, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>R1 admitted to the facility on August 17, 2023.</p> <p>R1's diagnoses included borderline personality</p>	0 590		

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0 590	<p>Continued From page 2</p> <p>disorder, antisocial personality disorder and history of alcohol abuse.</p> <p>R1's record included a signed Client Agreement, dated August 17, 2023. The contract was signed by owner (O)-D as the facility representative. Vice President (VP)-C signed in the client section acting as the resident's guardian.</p> <p>Guardianship paperwork indicated VP-C was appointed guardian of the resident on November 12, 2021, prior to the R1's admission at the facility.</p> <p>On April 29, 2024, at 11:20 a.m., R1 stated VP-C became his guardian three years before moving into the facility when the court appointed her. R1 stated he was living at a different facility and one day he woke up and VP-C moved him to this facility.</p> <p>On April 30, 2024, at 9:30 a.m., VP-C stated she was guardian before R1 moved in. If you check the law, you cannot be guardian after the resident lives at the facility, but he can live there if you were guardian before.</p> <p>In an email on May 2, 2024, at 9:30 a.m., licensed assisted living director (LALD)-E stated VP-C was appointed guardianship of R1 prior to his admission at the facility. LALD-E stated that the licensee does not allow any of their employees to accept appointments as guardians of current facility residents.</p> <p>The licensee's Facility Restrictions Policy, dated June 6, 2022, revised on August 28, 2023, and September 27, 2023, indicated "neither WPAL [Whispering Pines Assisted Living] or any of it staff may accept a power-of-attorney from</p>	0 590		

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0 590	<p>Continued From page 3</p> <p>residents for any purpose, accept appointments as guardians or conservators of residents, borrow funds from a resident, or borrow personal or real property from a resident. "</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) Days</p>	0 590		