



STATE LICENSING COMPLIANCE REPORT

Report #: HL30406001C

Date Concluded: September 9, 2021

Name, Address, and County of Facility

Investigated:

Sunrise Village of Milaca
115 9th Street, NW #120
Milaca, MN 56353
Mille Lacs County

Facility Type: Assisted Living Facility (ALF)

Evaluator's Name: Michele R. 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 144 and 144A. 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: 30406	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/09/2021
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0 000	<p>Initial Comments</p> <p>Initial comments *****ATTENTION*****</p> <p>ASSISTED LIVING LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statutes, section §144G.41, subd. 3, the Minnesota Department of Health issued a correction order pursuant to a survey.</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>On September 9, 2021, the Minnesota Department of Health initiated an investigation of complaint #HL30406001C. At the time of the survey, there were 32 clients receiving services under the assisted living license. The following immediate correction order is issued. Correction orders with a period to correct that are not immediate may be issued at a later date during the investigation.</p> <p>The following immediate correction order is issued for #HL30406001C tag identification 510.</p>	0 000	<p>The Minnesota Department of Health documents the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes 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 are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction.</p> <p>Per Minnesota Statute §144G.41, subd. 3, the home care provider must document any action taken to comply with the correction order. A copy of the provider's records documenting those actions may be requested for follow-up surveys. The home care provider is not required to submit a plan of correction for approval; please disregard the heading of the fourth column, which states "Provider's Plan of Correction."</p> <p>The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to Minn. Stat. § 144G.41, subd. 3.</p>	
0 510 SS=I	<p>144G.41 Subd. 3 Infection control program</p> <p>(a) All assisted living facilities must establish and</p>	0 510		

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

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0 510	<p>Continued From page 1</p> <p>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 observations, interview and record review, the facility failed to establish and maintain an effective infection control program that complied with accepted health care, medical and nursing standards for infection control related to COVID-19 per the Centers for Disease Control (CDC) and Minnesota Department of Health (MDH) guidelines. The facility failed to ensure direct care staff wore proper personal protective equipment (PPE) when entering four of four resident's (R1, R2, R3, R4) quarantined rooms who were exposed to a COVID-19 positive healthcare worker, and failed to ensure R2 remained in his room during the quarantine period. In addition, the facility failed to ensure direct care staff wore protective eyewear when providing services to residents, and failed to ensure residents wore masks in common areas. This had the potential to affect all 32 residents.</p> <p>This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death), and was</p>	0 510	<p>The Minnesota Department of Health documents 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 are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction.</p> <p>Per Minnesota Statute §144G.41, subd. 3, the home care provider must document any action taken to comply with the correction order. A copy of the provider's records documenting those actions may be requested for follow-up surveys. The home care provider is not required to</p>	

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0 510	<p>Continued From page 2</p> <p>issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion of all residents).</p> <p>Findings Include:</p> <p>DIRECT CARE STAFF PPE & QUARANTINED ROOMS</p> <p>MDH's Guideline titled, COVID-19 Personal Protective Equipment (PPE) Grid for Congregate Care Settings, dated June 30, 2021, indicated healthcare workers (HCW) with face-to-face contact with residents in quarantine wore full PPE (eye protection, gown, gloves, medical-grade or preferred N-95 mask) during the resident's quarantined period.</p> <p>R1 R1's medical record was reviewed. R1's medical diagnoses included multiple sclerosis (MS) and anxiety. R1's service plan dated September 9, 2021, indicated R1 received assistance with personal cares, daily oxygen and temperature screenings, toileting, meals, laundry, housekeeping, cold pack treatments, and transfer assistance.</p> <p>Review of R1's progress note dated September 6, 2021, at 10:57 a.m., written by a facility licensed practical nurse (LPN), indicated the LPN received a voicemail from a home care agency alerting the facility their physical therapist (PT) saw R1 on August 30, 2021. The home care agency reported the PT tested positive for COVID-19 on September 6, 2021. The progress note indicated R1 was notified of her quarantine status and was placed on the facility's quarantine protocol.</p>	0 510	<p>submit a plan of correction for approval; please disregard the heading of the fourth column, which states "Provider ' s Plan of Correction."</p> <p>The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to Minn. Stat. § 144G.41, subd. 3.</p>	
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0 510	<p>Continued From page 3</p> <p>R2 R2's medical record was reviewed. R2's medical diagnoses included morbid obesity, and major depressive disorder. R2's service plan dated September 9, 2021, indicated R2 received assistance with personal cares, daily temperature and oxygen screenings, toileting, behaviors, medication set-up, escorts, meals, housekeeping, and laundry. R2 used a wheelchair and walker for ambulation.</p> <p>Review of R2's progress note dated September 6, 2021, at 10:49 a.m., written by a facility LPN, indicated the LPN received a voicemail from a home care agency alerting the facility their PT saw R2 on August 30, 2021. The home care agency reported the PT tested positive for COVID-19 on September 6, 2021. The progress note indicated R2 was notified of his quarantine status and was placed on the facility's quarantine protocol.</p> <p>Review of R2's vital signs documents for September 2021, indicated on September 7, 2021, R2 failed to have his vital signs taken due to "being out of the building".</p> <p>R3 R3's medical record was reviewed. R3's medical diagnoses included chronic obstructive pulmonary disease (COPD), acute respiratory failure with hypoxia and hypercapnia, and Type 2 diabetes mellitus. R3's service plan dated September 9, 2021, indicated R3 received assistance with personal cares, behaviors, meal reminders, daily oxygen and temperature screenings, daily blood glucose readings, skin treatments, housekeeping, and laundry. R3 used a wheelchair and walker for ambulation.</p>	0 510		

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0 510	<p>Continued From page 4</p> <p>Review of R3's progress note dated September 6, 2021, at 10:47 a.m., written by a facility LPN, indicated the LPN received a voicemail from a home care agency alerting the facility their PT saw R3 on August 30, 2021. The home care agency reported the PT tested positive for COVID-19 on September 6, 2021. The progress note indicated R3 was notified of his quarantine status and was placed on the facility's quarantine protocol.</p> <p>R4 R4's medical record was reviewed. R4's diagnoses included Type 2 diabetes with mellitus, chronic kidney disease Stage 5 with end-stage renal disease (ESRD), and COPD. R4's service plan dated September 9, 2021, indicated R4 received assistance with personal cares,</p> <p>Review of R4's progress note dated September 6, 2021, at 10:42 a.m., written by a facility LPN, indicated the LPN received a voicemail from a home care agency alerting the facility their PT saw R4 on August 30, 2021. The home care agency reported the PT tested positive for COVID-19 on September 6, 2021. The progress note indicated R4 was notified of his quarantine status and was placed on the facility's quarantine protocol.</p> <p>On September 9, 2021, at approximately 9:35 a.m., the state surveyor entered the facility.</p> <p>On September 9, 2021, at approximately 9:40 a.m., an entrance conference was initiated with the licensed assisted living director (LALD)-A, and the director of nursing (DON)-B.</p> <p>On September 9, 2021, at approximately 10:05</p>	0 510		

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0 510	<p>Continued From page 5</p> <p>a.m., DON-B conducted a tour of the facility upon the state surveyor's request.</p> <p>On September 9, 2021, at approximately 10:10 a.m., the state surveyor observed a room on the first level (R3) with a PPE sign hanging on the door alerting staff to wear full PPE (protective eyewear, mask, gown, and gloves) before entering the R3's room. Next to the door was a partially filled isolation cart with a few medical grade masks and gowns. On top of the isolation cart was an empty box of gloves.</p> <p>On September 9, 2021, at approximately 10:13 a.m., DON-B said R3 and 3 other residents (R1, R2, R4) were exposed to a PT on August 30, 2021. DON-B said on September 6, 2021, the PT tested positive to COVID-19. DON-B said after receiving the PT's positive COVID-19 test results on September 6, 2021, R1, R2, R3, and R4 were placed in quarantine for 14 days. The state surveyor obtained the room numbers for R1, R2, and R4.</p> <p>On September 9, 2021, at 10:15 a.m., unlicensed personnel (ULP)-C was observed walking out of R3's room with a long bandana hanging out of her shirt pocket and wearing only protective eyewear and a medical-grade mask.</p> <p>On September 9, 2021, at approximately 10:25 a.m., the state surveyor observed two quarantined rooms on the third floor (R1, R4). The surveyor observed R4's door had a PPE sign on the door, but R1's door lacked a PPE sign. The surveyor observed R1's door was opened wide. During that time, R1 appeared at the inside entrance of her door wearing a fabric neck gator pulled up to her chin.</p>	0 510		

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0 510	<p>Continued From page 6</p> <p>On September 9, 2021, at approximately 10:20 a.m., ULP-C said the facility rehired her on September 1, 2021. ULP-C said she previously worked for the facility for two months in 2020. ULP-C said she never received infection control/COVID-19 training upon rehire.</p> <p>On September 9, 2021, at approximately 10:30 a.m., R1 told the surveyor staff wore no PPE when they entered her room. R1 said she was never instructed to keep her door closed.</p> <p>On September 9, 2021, at approximately 10:40 a.m., the state surveyor observed residents in the dining area not wearing masks while being within six feet proximity of each other.</p> <p>On September 9, 2021, at approximately 11:30 a.m., DON-D said R1, R2, R3, and R4 were not tested for COVID-19.</p> <p>On September 9, 2021, at approximately 11: 32 a.m., LALD-A said the facility did not have a COVID-19 policy but instead referenced their infection control policy (1/2 page in length).</p> <p>On September 9, 2021, at approximately 11:35 a.m., an immediate correction order was initiated due to direct care staff not wearing full PPE, proper quarantine, and R2 being allowed to leave the facility while quarantined.</p> <p>On September 9, 2021, at approximately 11:45 a.m., a plan of correction (POC) was implemented by LALD-A and DON-B in response to the immediate correction order.</p> <p>Review of the facility's POC dated September 9, 2021, at 11:45 a.m., the facility implemented the following POC with dates of completion:</p>	0 510		

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0 510	<p>Continued From page 7</p> <ul style="list-style-type: none"> *PPE signage on each quarantined resident. Effective: September 9, 2021. *Disposal bins for R1 and R4. Effective: September 9, 2021. *Isolations carts fully stocked for quarantined residents. Effective: September 9, 2021. *Quarantined residents to wear medical-grade masks while quarantined. Effective: September 9, 2021. *Non-quarantined residents to wear masks when outside their rooms. Effective: September 9, 2021. *Mandatory protective eyewear for all staff. Effective: September 9, 2021. *Direct care staff training on PPE donning and doffing for quarantined rooms, including handwashing. Effective: September 13, 2021. <p>On September 9, 2021, at approximately 1:28 p.m., R2 stated he left the facility on September 7, 2021. R2 said he was getting "mixed messages" from different people regarding his quarantined status. R2 said he did not think he had the COVID-19 virus due to not being around people.</p> <p>Review of the facility policy titled Infection Control, dated August 1, 2021, indicated the facility followed current CDC infection control guidelines, and MN Statute 144G.41, subd. 3, infection control program.</p> <p>TIME PERIOD TO CORRECT: IMMEDIATE</p>	0 510		