STATE LICENSING COMPLIANCE REPORT

Report #: HL304955691C

Date Concluded: March 13, 2023

Name, Address, and County of Facility Investigated:
Scandia Capital Partners
102 North 58th Avenue West
Duluth, MN 55807

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

Evaluator's Name: Matthew Heffron, JD
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 complaint investigation was conducted during the survey identified as project number SL30495015. 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
	30495	A. BUILDING: _____ B. WING _____	C 12/07/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SCANDIA CAPITAL PARTNERS LLC	102 NORTH 58TH AVENUE WEST DULUTH, MN 55807

(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	Initial Comments ******ATTENTION****** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL#30495015 On December 5, 2022 through December 7, 2022, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were seven (7) residents receiving services under the provider's Assisted Living with Dementia Care license. Immediate correction orders were identified on December 6, 2022, issued for SL#30495015, tag identifications 0110, 0495, 1290, 1750 and 2070. On December 7, 2022, at approximately 11:00 a.m., the surveyor exited the facility. As of the time of exit, immediacy remained in effect for all issued immediate correction orders: 0110, 0495, 1290, 1750 and 2070. In addition on December 5, 2022 through December 7, 2022, a complaint evaluation was	0 000	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 License Providers. 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 surveyors' 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 subd. 1, 2, and 3.	

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0 000	Continued From page 1 conducted for complaint HL304955691C, tag identifications 0495 and 1760.	0 000		
0 495 SS=I	144G.41 Subd. 1 (14) Minimum Requirements (14) provide staff access to an on-call registered nurse 24 hours per day, seven days per week This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to ensure that a registered nurse (RN) was available on-call 24 hours a day, seven days per week. This had the potential to affect all seven (7) residents and staff of the facility. 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 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 or all of the residents). This resulted in a correction order on December 6, 2022, at approximately 8:00 a.m. The findings include: On December 5, 2022, at 9:29 a.m., owner/agent (O/A)-E returned the surveyor's call. O/A-E stated at this time they did not have a RN. O/A-E stated he hired a RN, but she has not started work yet, as she had to give notice at her previous job. On December 5, 2022, at 9:45 a.m., the surveyor asked community coordinator (CC)-A who the RN	0 495		

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0 495	Continued From page 2 was. CC-A stated they have not had a RN in the facility in over a month. CC-A stated the last day a RN was on site was October 31, 2022. CC-A stated if there was a emergency and need to call someone, CC-A would either call regional director/licensed practical nurse (RD/LPN)-D or a LPN at another facility. CC-A stated she did not have a phone number of a RN to call. On December 5, 2022, at 2:27 p.m., RD/LPN-D stated they hired a RN last week, but she has not started yet as she needed to give notice at her previous employment. R2's Incident Report dated November 14, 2022, at 9:45 a.m. indicated R3 came to the office and asked CC-A come wake up R2. R2 had fallen asleep in a chair in R3's apartment. When CC-A got to R3's apartment R2 was on the floor. CC-A checked R2's vital signs and asked her a series of questions to make sure she was OK. No injuries were noticed. Used gait belt to assist R2 up off of the floor. CC-A notified on call LPN on November 14, 2022, at 10:00 a.m. R2's record lacked evidence a RN had assessed the resident's condition after the fall and for causal factors of the fall. R1 and R2's record lacked documentation of reassessment by the RN every 90-days. R1 was admitted for services on January 13, 2016. R1's service plan dated August 2, 2021, indicated R1 received the following services: medication management, assistance with shower, dressing, grooming, housekeeping, laundry, and safety checks every two hours.	0 495		

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0 495	Continued From page 3 R1's record contained one RN assessment that was dated January 31, 2022. R2 was admitted for services on November 3, 2020. R2's service plan dated November 12, 2021, indicated R2 received the following services: medication management, assistance with showers, housekeeping, laundry, and safety checks every two hours. R2's record only contained one assessment that was dated January 31, 2022. On December 5, 2022, at 2:00 p.m., CC-A confirmed R1 and R2's records only contained one RN assessment that were both dated January 31, 2022. On December 5, 2022, at 2:27 p.m., RD/LPN-D stated the RN assessment should be in the resident records. RD/LPN-D stated she just got access to the previous RN's computer, and she does not know if there are assessments in the computer for these two residents. No further information was provided. TIME PERIOD OF CORRECTION: IMMEDIATE On December 7, 2022, at approximately 11:00 a.m., the surveyor exited the facility. As of the time of exit, immediacy remained in effect for immediate correction order 0495.	0 495		
01760 SS=D	144G.71 Subd. 8 Documentation of administration of medication	01760		

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01760	Continued From page 4 Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure medications were administered as prescribed for one of two residents (R1). 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). The findings include: R1's diagnoses included: arterial fibrillation, chronic kidney disease, and Alzheimer's disease. R1's service plan dated August 2, 2021, indicated the resident received services which included medication administration.	01760		

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01760	Continued From page 5 R1's prescriber's orders dated June 30, 2022, included acetaminophen PM 250/12.5 mg (milligrams) daily, Donepezil 5 mg daily, Famotidine 10 mg daily, gabapentin 100 mg, daily and oxybutynin 15 mg daily. R1's December 2022 medication administration record (MAR) lacked documentation to indicated R1 received the following medications: -On December 1, 2022, at 8:00 p.m., acetaminophen PM (pain and sleep) 250/12.5 mg; -On December 1, 2022, at 8:00 p.m., Famotidine (anti acid)10 mg; -On December 1, 2022, at 8:00 p.m., gabapentin (pain) 100 mg; -On December 1, 2022, at 8:00 p.m., oxybutynin (pain) 15 mg; and -On December 1, 3, and 4, 2022, at 8:00 p.m., Donepezil (medication to treat Alzheimer's disease) 5 mg. On December 6, 2022, at 2:00 p.m., community coordinator (CC)-A confirmed R1's December 2022 MAR indicated R1 did not receive the medications as indicated above. The licensee's Medication Documentation Procedure (undated) indicated each medication administered by staff will be documented in the client's clinical record. Documentation will be complete, accurate and legible, No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760		