

STATE LICENSING COMPLIANCE REPORT

Report #: HL305733587C

Date Concluded: August 1, 2022

Name, Address, and County of Facility

Investigated:

Edgewood Care Inc
102 10th Avenue
Bovey, MN 55709
Itasca County

Facility Type: Assisted Living Facility (ALF)

Evaluator's Name: Matt Heffron, JD, NREMT
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 (for ALL). 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: 30573	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/01/2022
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NAME OF PROVIDER OR SUPPLIER EDGEWOOD CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 102 10TH AVENUE PO BOX 39 BOVEY, MN 55709
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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
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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>HL305733587C</p> <p>On August 1, 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 no residents receiving services under the provider's Assisted Living license.</p> <p>The following correction order is issued for #HL305733587C, tag identification 1240. No time period for correction is included for this violation because the licensee has no residents and the license will be closed upon conclusion of this process.</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>	
01240 SS=F	144G.57 Subd. 3 Commissioner's approval required prior to imp	01240		

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Minnesota Department of Health

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01240	<p>Continued From page 1</p> <p>(a) The plan shall be subject to the commissioner's approval and subdivision 6. The facility shall take no action to close the residence prior to the commissioner's approval of the plan. The commissioner shall approve or otherwise respond to the plan as soon as practicable.</p> <p>(b) The commissioner may require the facility to work with a transitional team comprised of department staff, staff of the Office of Ombudsman for Long-Term Care, and other professionals the commissioner deems necessary to assist in the proper relocation of residents.</p> <p>This MN Requirement is not met as evidenced by: Based on record review, the licensee closed the assisted living facility prior to the Minnesota Department of Health's (MDH's) approval of the licensee's closure plan. The licensee created and executed a relocation plan for one of one resident reviewed (R1), and transferred the resident to the new location, after receiving communication the day before from MDH indicating the licensee's closure plan could not be approved until additional information was provided.</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 May 25, 2022, at 1:31 p.m., MDH sent an</p>	01240		

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01240	<p>Continued From page 2</p> <p>email to the licensee indicating MDH has received the licensee's assisted living closure form, and the form did not include all pages and did not contain the proposed notice to the residents. The email stated the licensee was not to relocate any residents until the closure plan was approved.</p> <p>On June 6, 2022, at 11:15 p.m., MDH sent an email to the licensee indicating that the proposed notice to residents had still not been received by MDH, nor had a complete closure plan been received. The email indicated that the licensee's closure plan could not be approved until all the components of it were sent to MDH.</p> <p>On July 21, 2022, at 4:47 p.m., the licensee contacted MDH and asked what additional information was required. Preceding correspondence indicated the licensee has first considered remaining open, and consequently paid the fines due on previous correction orders, and had then decided to continue with closing the facility.</p> <p>On July 25, 2022, MDH replied and indicated the licensee's closure plan could not be approved until the licensee provided additional information, including a list identifying each resident who would need to be relocated. On July 26, 2022, a follow-up email reiterated that the notice of closure to residents needed to include the contact information for the Ombudsman for Mental Health and Developmental Disabilities. The licensee replied "What exact contact information do you need? How long does it take to approved for the closure? My only resident already moved out." MDH replied and directed the licensee to submit the notice of completed closure. The licensee submitted a notice of completed closure, dated</p>	01240		

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01240	<p>Continued From page 3</p> <p>July 27, 2022, which indicated R1 had moved out on July 26, 2022, and that the licensee attested the licensee had prepared a relocation plan for the move.</p> <p>Review of MDH documentation on August 1, 2022, indicated that MDH had not approved the licensee's closure plan at any time.</p>	01240		