



STATE LICENSING COMPLIANCE REPORT

Report #: HL305777944C

Date Concluded: February 2, 2023

Name, Address, and County of Facility

Investigated:

Scandia Capital Partners LLC
126 98th Avenue West
Duluth, MN, 55808
Saint Louis County

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

Evaluator's Name: Angela Vatalaro, 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: 30577	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/02/2023
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NAME OF PROVIDER OR SUPPLIER SCANDIA CAPITAL PARTNERS LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 126 98TH AVENUE WEST DULUTH, MN 55808
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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 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>#HL305777944C</p> <p>On February 2, 2023, 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 7 residents receiving services under the provider's Assisted Living with Dementia Care license. The following immediate correction order are 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 #HL305777944C tag identification 0495.</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 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.</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 subd. 1, 2, and 3.</p>	
0 495 SS=I	144G.41 Subd. 1 (14) Minimum Requirements	0 495		

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

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0 495	<p>Continued From page 1</p> <p>(14) provide staff access to an on-call registered nurse 24 hours per day, seven days per week.</p> <p>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 affected all seven (7) residents and staff of the facility.</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 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).</p> <p>The findings include:</p> <p>On February 2, 2023, at 9:00 a.m., the evaluator observed one unlicensed personnel (ULP)-A working at the facility. When asked if the licensee had an RN available to speak to, ULP-A stated a new RN, RN-B started last week. When asked if she was available for staff to contact, ULP-A showed evaluator a document in the licensee's office with a heading "[RN-B] Only contact for Nursing issues" and phone number. The same document indicated [RN-B] was part time and would be onsite between two of the owner's facilities 2-3 days per week. RN-B worked another job until 11:30 a.m. so won't get to the facility until at least 12:30 p.m.</p> <p>On February 2, 2023, at 9:30 a.m., evaluator</p>	0 495		

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0 495	<p>Continued From page 2</p> <p>called RN-B and left a voicemail requesting a phone call back.</p> <p>On February 2, 2023, at 9:34 a.m., RN-B called evaluator back, left a voicemail, and stated she was returning the call, was currently working at her other job until 11:30 a.m., and would be available at 12:00 p.m.</p> <p>On February 2, 2023, at 9:38 a.m., regional director/licensed practical nurse (RD/LPN)-C stated RN-B was the licensee's RN. RN-B started last week, worked part time, and worked another job. RD/LPN-C stated the licensee had an RN, RN-D who left in October of 2022. Prior to RN-B's start date the licensee hired RN-E on January 4, 2023, RN-E worked a couple days then chose to work at the licensee's sister location only. RD/LPN-C stated the licensee had another full time RN hired, RN-F however RN-F had not started yet.</p> <p>On February 2, 2023, at 11:38 a.m., RN-B told an MDH surveyor she was resigning.</p> <p>On February 2, 2023, at 12:38 p.m., RN-B stated she was not the RN on-call for the licensee.</p> <p>On February 2, 2023, at 12:47 p.m., RD/LPN-C stated the licensee currently did not have a RN available for on-call.</p> <p>On February 2, 2023, at 1:45 p.m., RD/LPN-C sent an email that indicated the licensee was without an RN from October 21, 2022, through January 4, 2023. Attachments included the following: RN-D's last date of employment was October 21, 2022. RN-E's hire date was January 4, 2023. Records</p>	0 495		

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0 495	<p>Continued From page 3</p> <p>dated January 19, 2023, indicated RN-E would only work at the licensee's sister location. RN-B's hire date was January 23, 2023. Records did not indicate RN-F's anticipated start date.</p> <p>TIME PERIOD OF CORRECTION: IMMEDIATE</p>	0 495		