

STATE LICENSING COMPLIANCE REPORT

Report #: HL30754001C Date Concluded: April 25, 2022

Name, Address, and County of Facility Investigated:

Arbor Lakes Sr. Living 12001 80th Ave. N. Maple Grove, MN 55369 Hennepin County

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

Evaluator's Name:

Maerin Renee, RN, Special Investigator James 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 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 (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. DOILDING.		C	
		30754	B. WING			9/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ARBOR I	LAKES SENIOR LIVIN	IG LLC	ROVE, MN			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFIDERICIENCY)	RECTIVE ACTION SHOULD BE COMPLE RENCED TO THE APPROPRIATE DATE	
0 000	00 Initial Comments		0 000			
	Initial comments ******ATTENTION* ASSISTED LIVING CORRECTION OR In accordance with 144A.43 to 144A.43 correction orders a complaint investiga Determination of w requires compliance provided at the state When a Minnesota items, failure to combe considered lack INITIAL COMMENT #HL30754001C On April 19, 2022, for the lack Investigation, there is services under the pementia Care lice The following corrections The following corrections The following corrections To a comments The following corrections To a comments To a	Minnesota Statutes, section 82/144G.08 to 144G.95, these re issued pursuant to a tion. The with all requirements rute number indicated below. Statute contains several apply with any of the items will of compliance. TS: The Minnesota Department of a complaint investigation at the did the following correction At the time of the complaint were 175 residents receiving providers Assisted Living with		Minnesota Department of Health is documenting the State Licensing Correction Orders using federal so Tag numbers have been assigned Minnesota State Statutes for Assis Living Facilities. The assigned tag number appears in the far left coluentitled "ID Prefix Tag." The state state Statute out of compliance is the "Summary Statement of Deficicolumn. This column also includes findings which are in violation of the requirement after the statement, "Minnesota requirement is not met evidenced by." Following the evaluation findings is the Time Period for Corplease DISREGARD THE HEALTHE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION STATUTES. THE LETTER IN THE LEFT COLUMNED FOR TRACKING PURPOS REFLECTS THE SCOPE AND LE ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	oftware. to sted Jimn Statute of the listed in encies" s the le state This as lators ' rection. ON FOR TATE JMN IS ES AND EVEL	
SS=F	144G.61 Subd. 2 (a unlicensed personr	a) Training and evaluation of	01370			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

Minnesota Department of Health

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	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
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		20754	B. WING			
		30754			04/1	9/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		12001 80	TH AVENUE	NORTH		
ARBOR	LAKES SENIOR LIVIN	IG LLC	ROVE, MN			
(VA) ID	STIMMADV STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	<u></u>	(VE)
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TAG	•	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI		DATE
				DEFICIENCY)		
01370	Continued From pa	ao 1	01370			
01370	Continued From pa	ge i	01370			
	(a) Training and cor	mpetency evaluations for all				
	unlicensed personn	el must include the following:				
	(1) documentation i	requirements for all services				
	provided;					
	` ' .	ges in the resident's condition				
	to the supervisor de	esignated by the facility;				
	(3) basic infection control, including blood-borne					
	pathogens;					
	(4) maintenance of	a clean and safe				
	environment;					
	` / ' ' '	safe techniques in personal				
	hygiene and groom	ing, including:				
	(i) hair care and bat	thing;				
	(ii) care of teeth, gu	ms, and oral prosthetic				
	devices;					
	(iii) care and use of	hearing aids; and				
	(iv) dressing and as	ssisting with toileting;				
	(6) training on the p	revention of falls;				
	(7) standby assistar	nce techniques and how to				
	perform them;					
	(8) medication, exe	rcise, and treatment				
	reminders;					
		neal preparation, food safety,				
	and assistance with	•				
	\	modified diets as ordered by a				
	licensed health prof	•				
	` /	skills that include preserving				
	0	sident and showing respect for				
		e resident's preferences,				
	cultural background					
		confidentiality and privacy;				
	` '	appropriate boundaries				
		esidents and the resident's				
	family;					
	` , .	use in handling various				
	emergency situation					
	(15) awareness of a	commonly used health				

Minnesota Department of Health

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ` ′	E CONSTRUCTION	COMPLETED		
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NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ARBOR	LAKES SENIOR LIVIN	G LLC	TH AVENUE SROVE, MN			
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01370	Continued From pa	ge 2	01370			
	technology equipme	ent and assistive devices.				
	Based on interview failed to ensure a reand competency-eventopics for three of the personnel (ULP-(A)) employee records repotential to affect all facility. This practice results violation that did not safety but had the personnel to the personnel of the personnel to affect all facility.	and record review, the facility egistered nurse (RN) trained valuated staff in all required nree employees, unlicensed, ULP-B, and ULP-C) with eviewed. This had the I residents residing at the ed in a level two violation (at harm a resident's health or potential to have harmed a safety) and was issued at a when problems are pervasive emic failure that has affected to affect a large portion or all				
	The findings include) :				
	comprehensive hon	August 15, 2017, under the ne care license. ULP-A began iving services to licensee's t 1, 2021.				
	evidence of success	training records lacked sful completion of practical required for training in sisted living 144G statutes in				
	provided; -reports of changes	uirements for all services in the resident's condition to gnated by the facility; trol;				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BOILDING.		C	
		30754	B. WING			9/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, §	STATE, ZIP CODE		
ARBOR	LAKES SENIOR LIVIN	NG LLC	ROVE, MN			
(X4) ID PREFIX TAG	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION DEFICIENCY)	D BE	(X5) COMPLETE DATE
01370	-appropriate and san hygiene and groom standby assistance perform them; -medication, exercitasic nutrition, me and assistance with -preparation of modicensed health processident and the resident and resident and resident and assisted in the resident and the reside	clean and safe environment; afe techniques in personal ning; at techniques and how to use, and treatment reminders; all preparation, food safety, an eating; diffied diets as ordered by a fessional; ills that include preserving the ent and showing respect for the sident's preferences, cultural amily; fidentiality and privacy; appropriate boundaries residents and the resident's in handling various ans; and amonly used health technology sistive devices. In August 2, 2017, under the me care license. ULP-B began living services on August 1, training records lacked asful completion of practical is required for training in assisted living 144G statutes in the resident's condition to gnated by the facility;	01370			
	 -basic infection control; -maintenance of a clean and safe environment; 					

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STATEMEN	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE COMP	SURVEY
		30754	B. WING			C 1 9/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AC	DRESS, CITY, ST	ATE, ZIP CODE		
ARROR	LAKES SENIOR LIVIN	12001 80 ⁻	TH AVENUE N	ORTH		
		MAPLE G	ROVE, MN 55	5369		T
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01370	Continued From pa	ige 4	01370			
	-appropriate and san hygiene and groom standby assistance perform them; -medication, exercise-basic nutrition, meand assistance with preparation of modicensed health profesident and the resident and the residen	afe techniques in personal aing; e techniques and how to se, and treatment reminders; al preparation, food safety, n eating; diffied diets as ordered by a fessional; ills that include preserving the ent and showing respect for the sident's preferences, cultural amily; fidentiality and privacy; appropriate boundaries residents and the resident's in handling various ns; and monly used health technology istive devices. In May 27, 2021, under the me care license. ULP-C began living services on August 1, training records lacked asful completion of practical is required for training in asisted living 144G statutes in				

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-reports of changes in the resident's condition to

-maintenance of a clean and safe environment;

-appropriate and safe techniques in personal

the supervisor designated by the facility;

-basic infection control;

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		l ` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		30754	B. WING		04/1) 9/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ARBOR	LAKES SENIOR LIVIN	IG LLC	ROVE, MN			
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01370	perform them; -medication, exercise-basic nutrition, medication, medication, medication, medication of modicensed health professed health professident and the resident and resident and resident and resident and resident and assistant	ing; e techniques and how to se, and treatment reminders; al preparation, food safety, eating; lified diets as ordered by a fessional; ills that include preserving the ent and showing respect for the sident's preferences, cultural mily; identiality and privacy; ppropriate boundaries esidents and the resident's in handling various ins; and monly used health technology	01370			
	144G.61 Subd. 2 (but unlicensed personn) Training and evaluation of	01380			

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AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		COMPLETED		
		30754	B. WING		04/1) 9/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE		01-0
	LAKES SENIOR LIVIN	12001 80	TH AVENUE	NORTH		
		MAPLE G	ROVE, MN	55369		
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01380	Continued From pa	ge 6	01380			
	competency evaluated providing assisted I (1) observing, report resident status; (2) basic knowledge changes in body fur observed changes in body fur observed changes in appropriate personn (3) reading and receased and respirations of (4) recognizing physicand developmental (5) safe transfer tec (6) range of motion (7) administering management (7) administering management (8) required.	ording temperature, pulse, the resident; sical, emotional, cognitive, needs of the resident; thniques and ambulation; ing and positioning; and edications or treatments as				
	Based on interview failed to ensure the trained and compet topics for three of the personnel (ULP-(A) employee records in potential to affect all facility. This practice results violation that did not safety but had the president's health or widespread scope (or represent a system)	and record review, the facility registered nurse (RN)-B ency-tested in all required nree employees, unlicensed, ULP-B, and ULP-C) with eviewed. This had the Il residents residing in the ed in a level two violation (at harm a resident's health or potential to have harmed a safety) and was issued at a (when problems are pervasive emic failure that has affected to affect a large portion or all				
	The findings include	e :				

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AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		COMPLETED		
		30754	B. WING		04/1) 9/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ARBOR	LAKES SENIOR LIVIN	IG LLC	TH AVENUE I			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
01380	comprehensive hor providing assisted I residents on August ULP-A's employee evidence of succes skills evaluations as accordance with as the following areas: -observing, reporting status; -basic knowledge of changes in body further observed changes in body further observed changes in appropriate personnereading and record respirations of the recognizing physic developmental needs ambulation; -range of motion and record respirations.	n August 15, 2017, under the me care license. ULP-A began iving services to licensee's t 1, 2021. Itraining records lacked sful completion of practical is required for training in sisted living 144G statutes in g, and documenting resident of body functioning and actioning, injuries, or other that must be reported to hel; ling temperature, pulse, esident; al, emotional, cognitive, and dis of the resident; ambulation techniques and	01380			
	comprehensive hor	n August 2, 2017, under the ne care license. ULP-B began iving services on August 1,				
	evidence of succes skills evaluations as	training records lacked sful completion of practical required for training in sisted living 144G statutes in				
	-observing, reportin	g, and documenting resident				

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` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.			
		30754	B. WING		C 04/19/2022	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ARBOR	LAKES SENIOR LIVIN	IG LLC	TH AVENUE I ROVE, MN 4			
(VA) ID	STIMMADV STA	TEMENT OF DEFICIENCIES	1	PROVIDER'S PLAN OF CORRECTION	ON (VE)	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE	
01380	Continued From pa	ge 8	01380			
	-basic knowledge of changes in body fur observed changes appropriate persons reading and record respirations of the recognizing physic developmental needs ambulation; -range of motion are administering medical required. ULP-C was hired of comprehensive hore	of body functioning and nctioning, injuries, or other that must be reported to nel; ding temperature, pulse, resident; al, emotional, cognitive, and ds of the resident; ambulation techniques and nd positioning; ications or treatments as n May 27, 2021, under the me care license. ULP-C began				
	providing assisted living services on August 1, 2021. ULP-C's employee training records lacked evidence of successful completion of practical skills evaluations as required for training in accordance with assisted living 144G statutes in the following areas: -observing, reporting, and documenting resident status; -basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel; -reading and recording temperature, pulse, respirations of the resident; -recognizing physical, emotional, cognitive, and developmental needs of the resident; -safe transfer and ambulation techniques and ambulation;					

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required.

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AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	COMPLETED		
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NAME OF I	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE		
ARBOR	LAKES SENIOR LIVIN	G LLC	ROVE, MN			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
01380	0 Continued From page 9		01380			
	(RD)-D stated leader need to retrain staff statutes, so training. The facility policy tit Evaluations dated Addelegated services competency of task statutes.	p.m., residence director ership was unaware of the in accordance with 144G had not been completed. led Competency Training august 1, 2021, staff providing must demonstrate is in accordance with 144G				
	No further informati					
	(21) days.	R CORRECTION: Twenty-one				
01460 SS=F		n 1 Orientation of staff and	01460			
	must complete an of facility licensing required before providing asserted residents. The orientation need on	nd supervising direct services orientation to assisted living uirements and regulations sisted living services to ntation may be incorporated uired under subdivision 5. The ly be completed once for each not transferable to another				
	by: Based on interview licensee failed to en living licensing requiprovided for three of personnel (ULP-(A)	and record review, the sure orientation to assisted irements and regulations was of three employees, unlicensed, ULP-B, and ULP-C), with This had the potential to affect				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		` '	(X3) DATE SURVEY COMPLETED	
		30754	B. WING			C 1 9/2022
	PROVIDER OR SUPPLIER	12001 80 ⁻	DRESS, CITY, S TH AVENUE ROVE, MN			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUTH CORRECT ACTION SHOUTH CORRECTIVE ACTION SHOUTH ACTI	ULD BE	(X5) COMPLETE DATE
01460	This practice results violation that did no safety but had the president's health or widespread scope (or represent a system or has the potential of the residents). The findings include ULP-A was hired or comprehensive hor providing assisted I residents on August ULP-A's employee evidence of successiving orientation in statutes. ULP-B was hired or comprehensive hor providing assisted I 2021. ULP-B's employee evidence of successiving orientation in statutes. ULP-C was hired or comprehensive hor providing assisted I 2021. ULP-C was hired or comprehensive hor providing assisted I 2021.	ng assisted living services. ed in a level two violation (a tharm a resident's health or potential to have harmed a safety) and was issued at a (when problems are pervasive emic failure that has affected to affect a large portion or all e: n August 15, 2017, under the me care license. ULP-A began iving services to licensee's to 1, 2021. training records lacked sful completion of assisted accordance with 144G n August 2, 2017, under the me care license. ULP-B began iving services on August 1, training records lacked sful completion of assisted accordance with 144G n May 27, 2021, under the me care license. ULP-C began iving services on August 1, training records lacked sful completion of assisted accordance with 144G	01460			
	evidence of succes	sful completion of assisted				

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AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		COMPLETED		
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		30754	B. WING		04/1	9/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ARBOR	LAKES SENIOR LIVIN	G LLC	H AVENUE I			
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01460	Continued From page 11		01460			
	living orientation in accordance with 144G statutes. On April 19, 2022, at 1:15 p.m., residence director (RD)-D stated leadership was unaware of the need to retrain staff in accordance with 144G statutes, so training had not been completed. The facility policy titled Orientation of Staff and Supervisors & Content dated August 1, 2021, indicated all staff providing and supervising direct care services must complete an orientation to Assisted Living facility licensing requirements and regulations.					
	No further informati	on was provided.				
	TIME PERIOD FOF (21) days.	R CORRECTION: Twenty-one				
01470 SS=F		ontent of required orientation	01470			
	topics: (1) an overview of the (2) an introduction as policies and proced of assisted living seperson; (3) handling of emergency services (4) compliance with maltreatment of vulue 626.557 to the Minn Center (MAARC); (5) the assisted living	and review of the facility's ures related to the provision rvices by the individual staff rgencies and use of s; and reporting of the nerable adults under section resota Adult Abuse Reporting bill of rights and staff ted to ensuring the exercise				

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` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
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NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
ARBOR	ARBOR LAKES SENIOR LIVING LLC 12001 80TH AVENUE NORTH MAPLE GROVE, MN 55369						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE	
01470	and service delivery support services pro (7) handling of reside complaints, and whincluding information Facility Complaints; (8) consumer advoor Ombudsman for Lo Ombudsman for Me Developmental Disar Ombudsman at the Services, county-mother relevant advoor (9) a review of the training on hearing subdivision must be based, may include include training on hearing subdivision must be based, may include include training on the training on hearing subdivision must be based, may include include training on topics: (1) an explanation of and how it manifest the challenges it por (2) health impacts in age-related hearing incidence of demential	person-centered planning and how they apply to direct ovided by the staff person; dents' complaints, reporting of ere to report complaints, n on the Office of Health cacy services of the Office of Ing-Term Care,	01470				

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	I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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			<u> </u>		1 04/1	JIZUZZ
NAME OF	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE		
ARBOR LAKES SENIOR LIVING LLC MAPLE GROVE, MN 55369						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION DEFICIENCY)	D BE	(X5) COMPLETE DATE
01470	Continued From pa	ge 13	01470			
	Based on interview failed to ensure thre unlicensed personn ULP-C), received the for 144G licensing records reviewed. Tall residents resident violation that did no safety but had the president's health or widespread scope (or represent a system)	and record review, the facility see of three employees, sel (ULP-(A), ULP-B, and he required orientation content requirements with training this had the potential to affect g in the facility. The facility is a level two violation (and the harm a resident's health or potential to have harmed and safety) and was issued at a safety) and was issued at a safety and was issued at a safety and was affected to affect a large portion or all				
	The findings include	e:				
	comprehensive hor	n August 15, 2017, under the ne care license. ULP-A began iving services to licensee's t 1, 2021.				
	evidence of succes	training records lacked sful completion of assisted accordance with 144G wing areas:				
	policies and proced assisted living servi	d review of the facility's ures related to the provision of ces encies and use of emergency and reporting of the nerable adults				

Minnesota Department of Health

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
		30754	B. WING		04/1) 9/2022	
	PROVIDER OR SUPPLIER	IG LLC 12001 807	DDRESS, CITY, STATE, ZIP CODE TH AVENUE NORTH SROVE, MN 55369				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
01470	-handling of resider complaints, and who consumer advocate Ombudsman for Modern Developmental Discombudsman at the Services, county-mother relevant advocate review of the type the employee will be category of licensure ULP-B was hired or comprehensive hor providing assisted I 2021.	erson-centered planning and at complaints, reporting of ere to report complaints by services of the office of the eng-Term Care, Office of ental Health and abilities, Managed Care Department of Human anaged care advocates, or cacy services es of assisted living services e providing and the facility's	01470				
	evidence of succes living orientation in statutes. -an overview of 144 -an introduction and policies and proced assisted living servi- handling of emerge services -compliance with an maltreatment of vul -the assisted living -the principles of pe service delivery -handling of resider complaints, and wh -consumer advocace	sful completion of assisted accordance with 144G G statutes a review of the facility's ures related to the provision of ices encies and use of emergency and reporting of the nerable adults					

Minnesota Department of Health

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Minnesota Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	30754	B. WING		04/1) 9/2022
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ARBOR LAKES SENIOR LIVING LLC MAPLE GROVE, MN 55369					
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
01470 Continued From pag	ge 15	01470			
Ombudsman for Me Developmental Disa Ombudsman at the Services, county-ma other relevant advocareview of the type the employee will be category of licensure ULP-C was hired on comprehensive homproviding assisted live 2021. ULP-C's employee the evidence of success living orientation in a statutes. -an overview of 1440-an introduction and policies and procedulassisted living services and procedulassisted living of emerge services -compliance with an maltreatment of vulnethe assisted living between the principles of perservice delivery service delivery handling of resident complaints, and whe consumer advocacy Ombudsman for Me Developmental Disa Ombudsman at the	ental Health and abilities, Managed Care Department of Human anaged care advocates, or eacy services as of assisted living services are providing and the facility's are as a license. ULP-C began wing services on August 1, araining records lacked accordance with 144G. G statutes review of the facility's ares related to the provision of ces and use of emergency are dreporting of the nerable adults will of rights reson-centered planning and at complaints, reporting of the nerable adults will of rights reson-centered planning and at complaints, reporting of the nerable adults will of rights reson-centered planning and at complaints, reporting of the nerable adults will of rights reson-centered planning and at complaints, reporting of the nerable adults will of rights reson-centered planning and at complaints, reporting of the nerable adults will of rights reson-centered planning and at complaints, reporting of the nerable adults will be a report complaints and the provision of the nerable adults of the nerable adults will be a report complaints and the nerable adults of the nerable adults of the nerable adults will be a report complaints and the nerable adults of the nerab				

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, , ,		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.		С	
		30754	B. WING			9/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ARBOR	LAKES SENIOR LIVIN	IG LLC	TH AVENUE ROVE, MN &			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	LD BE	(X5) COMPLETE DATE
01470	Continued From pa	ige 16	01470			
	the employee will b category of licensu	e providing and the facility's re				
	On April 19, 2022, at approximately 1:15 p.m., residence director (RD)-D stated leadership was unaware of the need to retrain staff in accordance with 144G statutes, so training had not been completed.					
	Supervisors & Cont staff providing and services must com	tled Orientation of Staff and tent dated August 1, 2021, all supervising direct care plete an orientation to Assisted ing requirements and				
	No further information was provided.					
	TIME PERIOD FOR CORRECTION: Twenty-one (21) days.					