

STATE LICENSING COMPLIANCE REPORT

Report #: HL30764001C

Date Concluded: September 10, 2022

Name, Address, and County of Facility

Investigated:

The Lodge on Natchez
27890 Natchez Avenue
Elko New Market, MN 55020
Scott 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 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: 30764	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/24/2022
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NAME OF PROVIDER OR SUPPLIER THE LODGE ON NATCHEZ	STREET ADDRESS, CITY, STATE, ZIP CODE 27890 NATCHEZ AVE ELKO, MN 55020
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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>HL30764001C</p> <p>On August 24, 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 eight residents receiving services under the provider's Assisted Living license.</p> <p>The following correction orders are issued for HL30764001C, tag identification 470,1070, and 1390.</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>	
0 470 SS=F	144G.41 Subdivision 1 Minimum requirements	0 470		

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

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0 470	<p>Continued From page 1</p> <p>(11) develop and implement a staffing plan for determining its staffing level that:</p> <ul style="list-style-type: none"> (i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility; (ii) ensures sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; and (iii) ensures that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility; <p>(12) ensure that one or more persons are available 24 hours per day, seven days per week, who are responsible for responding to the requests of residents for assistance with health or safety needs. Such persons must be:</p> <ul style="list-style-type: none"> (i) awake; (ii) located in the same building, in an attached building, or on a contiguous campus with the facility in order to respond within a reasonable amount of time; (iii) capable of communicating with residents; (iv) capable of providing or summoning the appropriate assistance; and (v) capable of following directions; <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to develop, implement, and post a staffing plan. This practice potentially affected all eight residents who resided in the licensee's building.</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</p>	0 470		
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0 470	<p>Continued From page 2</p> <p>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>Findings Include:</p> <p>The facility lacked a staffing plan that:</p> <ul style="list-style-type: none"> * included an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility; *ensured sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; *ensured a facility could respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility; *ensured one or more persons were available 24 hours per day, seven days per week, who were responsible for responding to the requests of residents for assistance with health or safety needs. Such persons must be: awake; located in the same building, in an attached building, or on a contiguous campus with the facility in order to respond within a reasonable amount of time; capable of communicating with residents; capable of providing or summoning the appropriate assistance; and capable of following directions. <p>The licensee's undated website, indicated the facility was capable of caring for residents with a wide range of acuity levels, including residents with higher complex cares.</p>	0 470		
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0 470	<p>Continued From page 3</p> <p>On August 24, 2022, at 10:35 a.m., the state surveyor arrived at the facility and was greeted by unlicensed personnel (ULP)-A assisting a resident in a wheelchair. ULP-A stated she was the only ULP working that morning. ULP-A stated eight residents resided at the facility but there were only seven onsite due to one resident who was at work.</p> <p>On August 24, 2022, at 10:57 a.m., the state surveyor observed a whiteboard hanging on the front of the refrigerator door. Written on the whiteboard were the names of ULP-A and another ULP. Next to their names were shift times they worked, (6:30 a.m. and 7:00 p.m.).</p> <p>On August 24, 2022, at 10:57 a.m., ULP-A stated there were different options to find out staff schedules; on their phones, sometimes on the whiteboard, if residents asked them who would be working that day.</p> <p>On August 24, 2022, at 11:10 a.m., ULP-A stated one resident (R2) used both an EZ-Stand (mechanical standing lift) and occasionally a Hoyer (total body mechanical) lift on days when she could not stand due to weakness.</p> <p>On August 24, 2022, at 11:25 a.m., R2 stated two people assisted her when she used the Hoyer lift and EZ-Stand.</p> <p>On August 24, 2022, at 11:35 a.m., ULP-C arrived at the facility. ULP-C stated she was filling in for another ULP who was supposed to work at 6:30 a.m.</p> <p>On August 24, 2022, at 1:10 p.m., R2 stated only ULP-A assisted her with the EZ-Stand during the morning.</p>	0 470		

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0 470	<p>Continued From page 4</p> <p>On September 1, 2022, at 9:00 a.m., director of nursing (DON)-B stated staffing level were based on resident acuity. DON-B stated the facility used a software system to base their staffing levels. DON-B stated the facility strived to have two staff per shift but stated it was not always possible due to the licensee's facilities being continually short staffed. DON-B initially stated the facility had two staff on days and evenings, unless the resident census dropped low but stated that never occurred since she was employed in March 2020. DON-B stated agency staff were used at another facility owned by the licensee due to more staff and residents. DON-B stated the facility tried to use resident acuity levels to staff the facility but stated that was not always possible due to new hired staff not showing up for work. DON-B stated she would have to look at the staffing schedule and stated she thought there were more times there were two staff than one, stating, "I think it's more than two staff on per shift, but I can't say for sure. It's some of both, definitely." DON-B stated she hoped the staffing schedule reflected the times when staff worked extra hours from working an overnight shift to assist with morning cares. DON-B stated, "we've had days we have struggled and can't find staff. The staff here are amazing; somehow they manage to get things done."</p> <p>The licensee policy titled, Staffing, Direct-Care Staffing Plan and Daily Schedule, dated August 1, 2021, indicated one or more persons would be available 24 hours per day, seven days per week to respond to resident requests for their health and safety needs. The clinical nurse supervisor, or designee, developed, wrote, and implemented a staffing plan that met the residents scheduled and reasonably unforeseeable, unscheduled</p>	0 470		
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0 470	Continued From page 5 needs. TIME PERIOD TO CORRECT: Seven (7) days.	0 470		
01070 SS=D	<p>144G.52 Subd. 10 Right to return</p> <p>If a resident is absent from a facility for any reason, including an emergency relocation, the facility shall not refuse to allow a resident to return if a termination of housing has not been effectuated.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee refused to allow the return of one of two residents (R1) with records reviewed. R1 was not allowed to return to the licensee after several inpatient stays at local hospitals.</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, 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).</p> <p>The findings include:</p> <p>The licensee's undated website, indicated the facility was capable of caring for residents with a wide range of acuity levels, including residents with higher complex cares.</p> <p>R1's medical record was reviewed. R1 admitted to the facility at an unknown date, around three</p>	01070		

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01070	<p>Continued From page 6</p> <p>years ago under the comprehensive home care license, and began receiving assisted living services on August 1, 2021. R1's diagnoses included chronic hypoxemia, chronic hypercapnia, and respiratory failure. R1 required continuous oxygen using either a non-invasive ventilation machine (Trilogy), or an oxygen concentrator. R1 used a motorized wheelchair for mobility.</p> <p>R1's service plan, dated August 29, 2022, indicated R1 received assistance with personal cares, medication management, hourly oxygen checks, daily blood glucose checks, as needed (PRN) assistance with her nebulizer, daily insulin administration, PRN safety checks, walking, weekly skin care checks, laundry, and housekeeping.</p> <p>Reivew of R1's medical record and hospital record indicated since January 2022, R1 had been in and out of the hospital multiple times due to respiratory failure.</p> <p>R1's progress note dated March 2, 2022, at 12:34 p.m., written by director of nursing (DON)-B, indicated DON-B emailed R1's case manager indicating R1 may need to relocate to another facility owned by the licensee that had 24/7 nursing. DON-B indicated the move was necessary for R1's health and safety.</p> <p>R1's hospital social work note dated March 2, 2022, at 1:21 p.m., indicated hospital social worker (SW)-E talked to DON-B about R1's discharge back to the facility on March 2, 2022. The note indicated DON-B refused to allow R1 to return to the facility unless she moved to another facility the licensee owned, indicating the potential move would not occur until a few days later. DON-B indicated R1 was not informed about her</p>	01070		

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01070	<p>Continued From page 7</p> <p>potential move to another facility.</p> <p>R1's hospital social work note dated March 2, 2022, at 3:57 p.m., indicated DON-B and the facility administrator continued to refuse R1's return to the facility due to staffing. The social work note indicated SW-E referenced Minnesota statues regarding facilities were required to accept a resident's return to the facility after a hospitalization.</p> <p>On August 24, 2022, at 1:20 p.m., R1 stated she enjoyed living at the facility, and preferred living there over the other facilities owned by the licensee, stating she liked the scenery at the facility more than the other locations.</p> <p>On August 29, 2022, at 11:17 a.m., SW-E stated residents show be allowed to return home, stating, "that's their home."</p> <p>On September 1, 2022, at 9:00 a.m., DON-B stated the facility housed residents with complex medical and behavioral needs. DON-B stated she would never refuse to allow a resident to return to the facility unless there was a reason.</p> <p>A policy was requested, but not provided.</p> <p>TIME PERIOD TO CORRECT: Seven (7) days.</p>	01070		
01390 SS=F	<p>144G.62 Subdivision 1 Availability of contact person to staff</p> <p>(a) Assisted living facilities must have a registered nurse available for consultation by staff performing delegated nursing tasks and must have an appropriate licensed health professional available if performing other delegated services</p>	01390		

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01390	<p>Continued From page 8</p> <p>such as therapies.</p> <p>This MN Requirement is not met as evidenced by: Based on interview, and document review, the licensee failed to have a registered nurse available 24 hours a day, seven days a week to address needs and concerns for one of one resident (R1) with records reviewed. R1 was unable to be discharged from a hospital multiple times do to no RN available to perform R1's change-in-condition assessments.</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>Findings Include:</p> <p>The licensee's undated website, indicated the facility was capable of caring for residents with a wide range of acuity levels, including residents with higher complex cares. The website indicated the facility provided 24/7 on-call nursing staff, in addition to 40 hours per week on-site nursing.</p> <p>During the entrance conference on August 24, 2022, at 11:43 a.m., the director of nursing (DON)-B stated the facility had one licensed practical nurse on-site. DON-B stated she was available 24/7.</p> <p>DON-B was hired on March 31, 2020, as the DON for three of the licensee's facilities.</p>	01390		

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01390	<p>Continued From page 9</p> <p>R1's medical record was reviewed. R1 was admitted to the facility at an unknown date, around three years ago under the comprehensive home care license, and began receiving assisted living services on August 1, 2021. R1's diagnoses included chronic hypoxemia, chronic hypercapnia, and respiratory failure. R1 required continuous oxygen using either a non-invasive ventilation machine (Trilogy), or an oxygen concentrator. R1 used a motorized wheelchair for mobility.</p> <p>R1's service plan, dated August 29, 2022, indicated R1 received assistance with personal cares, medication management, hourly oxygen checks, daily blood glucose checks, as needed (PRN) assistance with her nebulizer, daily insulin administration, PRN safety checks, ambulation, weekly skin care checks, laundry, and housekeeping.</p> <p>R1's individual abuse prevention plan (IAPP), dated August 20, 2022, indicated R1 had a history of increasing the oxygen on the concentrator and loosening the mask on the Trilogy ventilator. R1 was reeducated on health and safety risks, including increased hospitalizations. R1's IAPP indicated R1 received a new ventilator August 20, 2022. R1's equipment was checked and replaced.</p> <p>R1 FACILITY PROGRESS NOTES</p> <p>R1's progress note dated February 3, 2022, at 12:18 a.m., and written by DON-B, indicated R1 was hospitalized, but would be ready for discharge February 4, 2022.</p> <p>R1's progress note dated February 7, 2022, at 6:08 p.m., (late entry for February 6, 2022); written by DON-B, indicated R1 would be</p>	01390		

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01390	<p>Continued From page 10</p> <p>discharged back to the facility February 7, 2022, at 12:00 p.m.</p> <p>R1's progress note dated February 15, 2022; written by DON-B, indicated R1 was transported back to the hospital due to low oxygen (O2) levels.</p> <p>R1's progress note dated February 17, 2022, at 11:41 a.m.; written by DON-B, indicated hospital staff reported no issues with R1's Trilogy machine or respiratory, and indicated R1 was ready for discharge on February 17, 2022. DON-B indicated to a hospital social worker R1 could be discharged on February 18, 2022, writing the facility did not have enough staff on February 17, 2022, to accommodate R1's discharge back to the facility.</p> <p>R1's progress note dated February 18, 2022, at 2:02 p.m.; written by DON-B, indicated R1 was discharged back to the facility on February 18, 2022, at 9:00 a.m.</p> <p>R1's progress note dated March 2, 2022, at 12:34 p.m.; written by DON-B, indicated DON-B emailed R1's case manager indicating R1 may need to relocate to another facility owned by the licensee that had 24/7 nursing. DON-B indicated the move was necessary for R1's health and safety.</p> <p>R1 HOSPITAL SOCIAL WORK NOTES</p> <p>Review of R1's hospital social work notes, indicated between January 18, 2022, and August 19, 2022, R1 was not allowed to return to the facility due to no registered nurse (RN) availability on the following dates:</p> <p>*01/18/2022</p>	01390		

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01390	<p>Continued From page 11</p> <p>*02/04/2022 *02/17/2022 *03/02/2022 *08/01/2022 *08/15/2022 *08/18/2022</p> <p>On August 24, 2022, at 1:20 p.m., R1 stated facility nurses did not work on weekends. R1 stated she recalled two incidents in August 2022 where she was not allowed to be discharged back to the facility. R1 stated she could not remember the specific dates but stated, "it was frustrating."</p> <p>On August 29, 2022, at 11:17 a.m., social worker (SW)-E stated there were several times when DON-B would not return her phone calls when she called to let DON-B know R1 was ready to be discharged back to the facility. SW-B stated it used to be common practice for facilities to not accept residents due to no RN, but stated things have improved since the laws changed (August 1, 2021). SE-B stated, "If they say they are going to have a nurse available 24/7, then have a nurse available." SW-B stated, "the resident should be able to go back home anytime. That's their home."</p> <p>On September 1, 2022, at 9:00 a.m., DON-B initially stated she and another RN were available at the facility 24/7. Later in the interview, DON-B confirmed the facility did not have 24/7 on-call nursing, stating, "I can't be in multiple places at one time." DON-B stated the facility had one licensed practical nurse (LPN) who worked 25 hours per week. DON-B stated she was unaware of the website advertisement indicating the facility had on-call nursing 24/7 or staffed with an on-site nurse 40 hours per week.</p>	01390		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30764	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/24/2022
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NAME OF PROVIDER OR SUPPLIER THE LODGE ON NATCHEZ	STREET ADDRESS, CITY, STATE, ZIP CODE 27890 NATCHEZ AVE ELKO, MN 55020
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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
01390	Continued From page 12 A policy was requested but not provided. TIME PERIOD TO CORRECT: Seven (7) days.	01390		