



STATE LICENSING COMPLIANCE REPORT

Report #: HL307641223C

Date Concluded: November 22, 2024

Name, Address, and County of Facility

Investigated:

The Lodge on Natchez
27890 Natchez Avenue
Elko, MN 55020
Scott County

Facility Type: Assisted Living Facility (ALF)

Evaluator's Name: Peggy Boeck, 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 11/08/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE LODGE ON NATCHEZ	STREET ADDRESS, CITY, STATE, ZIP CODE 27890 NATCHEZ AVE ELKO, MN 55020
---	--

(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 CORRECTION ORDER</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, this correction orders is 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>#HL307641223C</p> <p>On November 8, 2024, the Minnesota Department of Health conducted a complaint investigation at the above provider, and the following correction orders is issued. At the time of the complaint investigation, the facility was licensed for 10 residents.</p> <p>The following correction order is issued for #HL307641223C tag identification 0110.</p>	0 000	<p>The Minnesota Department of Health documents the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes.</p> <p>The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule number out of compliance are listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings, which are in violation of the state statute after the statement, "This Rule is not met as evidenced by." Following the evaluators findings are the Suggested Method of Correction and 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. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.</p>	
0 110 SS=F	<p>144G.10 Subdivision 1a Assisted living director license required</p> <p>Each assisted living facility must employ an assisted living director licensed or permitted by the Board of Executives for Long Term Services and Supports.</p>	0 110		

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

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 11/08/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE LODGE ON NATCHEZ	STREET ADDRESS, CITY, STATE, ZIP CODE 27890 NATCHEZ AVE ELKO, MN 55020
---	--

(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
0 110	<p>Continued From page 1</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review the facility failed to employ a licensed assisted living director (LALD). This had the potential to affect all residents receiving assisted living services.</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 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>An e-mail received from ALD-A on October 28, 2024, at 9:41 a.m. indicated he was no longer with the company and referred the investigator to another individual, vice president (VP)-D.</p> <p>A review of the Board of Executives for Long Term Services and Supports (BELTSS) website (https://nha.hlb.state.mn.us/#/services/onlineEntitySearch) on November 8, 2024, indicated the licensee did not have an assisted living director (ALD). BELTSS review identified ALD-A's employment with the licensee's five facilities (HFID #30445, #30764, #32458, #32608, and #37362) ended on October 27, 2024, and VP-D did not hold an assisted living director license.</p> <p>The Minnesota Department of Health (MDH) investigator sent an e-mail to VP-D on October 28, 2024, at 10:48 a.m., at 11:45 a.m., and on November 8, 2024, at 11:18 a.m., with a request</p>	0 110		

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 11/08/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE LODGE ON NATCHEZ	STREET ADDRESS, CITY, STATE, ZIP CODE 27890 NATCHEZ AVE ELKO, MN 55020
---	--

(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
0 110	<p>Continued From page 2</p> <p>for the name of the new ALD and received no reply.</p> <p>The MDH investigator reached out by phone to clinical manager/registered nurse (CM/RN)-C on November 8, 2024, at 10:59 a.m. with a request for documentation including verification of current ALD but received no reply.</p> <p>The MDH investigator reached out by phone and e-mail to operations manager (OM)-B, on November 8, 2024, at 11:10 a.m. requesting documentation of the current Assisted Living Director but received no reply.</p> <p>The Assisted Living Director policy dated June 12, 2024, indicated the licensee would employ a Licensed Assisted Living Director.</p> <p>TIME PERIOD FOR CORRECTION: TWO (2) DAYS.</p>	0 110		