DEPARTMENT OF HEALTH

STATE LICENSING COMPLIANCE REPORT

Report #: HL30767001C

Date Concluded: March 21, 2022

Name, Address, and County of Facility Investigated:
The Thomas House Inc.
701 3rd Avenue SW
Perham, Minnesota 56573
Otter Tail County

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

Evaluator's Name: Zalei Lewis, 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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30767	A. BUILDING: ______ B. WING ______	C 03/17/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE THOMAS HOUSE INC	**701 3RD AVENUE SW PERHAM, MN 56573**

(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	Initial Comments Initial comments ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER In accordance with Minnesota Statutes, 144G.08 to 144G.95, these correction orders are issued pursuant to a complaint investigation. 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. INITIAL COMMENTS: #HL30767001C On March 17, 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 clients receiving services under the provider 's Assisted Living with Dementia Care license. The following correction orders are issued for #HL30767001C tag identification 1240 and 1260.	0 000	Assisted Living Provider 144G. 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. 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. 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.	

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30767	A. BUILDING: ____ B. WING ____	C 03/17/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE THOMAS HOUSE INC	**701 3RD AVENUE SW PERHAM, MN 56573**

(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
01240	Continued From page 1	01240		
01240 SS=F	144G.57 Subd. 3 Commissioner's approval required prior to imp (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. (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. This MN Requirement is not met as evidenced by: Based on document review and interview, the facility failed to provide notice of intent to close the facility to the commissioner before initiating the process of facility closure. 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 the residents). Findings Include: On May 5, 2021, administrator (ADM) A submitted a signed application to the Minnesota Department of Health on behalf of licensee acknowledging licensee reviewed and understood Minnesota Statutes, Rules, and requirements	01240		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30767	A. BUILDING: ______ B. WING ______	C 03/17/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE THOMAS HOUSE INC	701 3RD AVENUE SW PERHAM, MN 56573

(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
01240	Continued From page 2	01240		

related to assisted living licensure.

On July 27, 2021, licensee was issued an Assisted Living Facility/with Dementia Care license.

The Minnesota Department of Health received the licensee's document titled, Closure Form, as well as an attachment, signed by ADM A and dated January 28, 2022. The attached document included the following, "January 4, 2022, I decided that I wanted to close The Thomas House, Inc...On January 6, 2022, I announced to families and staff that I was going to close as soon as we found homes for the five current residents. I spoke with 4 of our 5 residents' families in person and the fifth person by phone...I assured the residents had a smooth transition by having caregivers write personal notes about what the resident's typical day was, their likes and dislikes of food, beverages, wake and sleep times, and activities enjoyed. We assisted every family with packing, faxed all required documents to their new assisted living facility, provided refunds the moment they moved out, and we hugged and cried while saying good-bye to each of them. The last resident moved out on January 20, 2022."

On March 17, 2022, ADM A was interviewed and asked why she did not contact the Minnesota Department of Health before, or on, January 6, 2022, when the residents and families were told the facility was going to close. ADM A responded to the question, "I guess I didn't, I didn't know that I had to."

No further information was provided.

TIME PERIOD FOR CORRECTION: Twenty-one

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30767	A. BUILDING: ____ B. WING ____	C 03/17/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE THOMAS HOUSE INC	**701 3RD AVENUE SW PERHAM, MN 56573**

(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
01240	Continued From page 3 (21) Days	01240		
01260 SS=F	144G.57 Subd. 5 Notice to residents After the commissioner has approved the relocation plan and at least 60 calendar days before closing, except as provided under subdivision 6, the facility must notify residents, designated representatives, and legal representatives of the closure, the proposed date of closure, the contact information of the ombudsman for long-term care, and that the facility will follow the termination planning requirements under section 144G.55, and final accounting and return requirements under section 144G.42, subdivision 5. For residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the facility must also provide this information to the resident's case manager. This MN Requirement is not met as evidenced by: Based on document review and interview, the facility failed to provide residents, the ombudsman of long-term care, and a case manager, a written closure notification at least 60 calendar days before initiating the facility closure. 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 the residents). Findings Include:	01260		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30767	A. BUILDING: ______ B. WING ______	C 03/17/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE THOMAS HOUSE INC	701 3RD AVENUE SW PERHAM, MN 56573

(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
01260	Continued From page 4 On May 5, 2021, administrator (ADM) A submitted a signed application to the Minnesota Department of Health on behalf of licensee acknowledging licensee reviewed and understood Minnesota Statutes, Rules, and requirements related to assisted living licensure. On July 27, 2021, licensee was issued an Assisted Living Facility/with Dementia Care license. The Minnesota Department of Health received the licensee's document titled, Closure Form, as well as an attachment, signed by ADM A and dated January 28, 2022. The attached document included the following, "On January 6, 2022, I announced to families and staff that I was going to close as soon as we found homes for the five current residents. I spoke with 4 of our 5 residents' families in person and the fifth person by phone. I explained to everyone the reasons for my decision to close and everyone understood wholeheartedly; they were just sad to have to move their loved ones as they were happy at the Thomas House. I assured them I would do everything possible to find new assisted living residences for their loved ones. I told them I would call around to find out availabilities and pricing. I told them I would help with the packing and the move. I told them their loved one could stay at the Thomas House until we found places the family and resident were satisfied with that would provide continued care that met their social, emotional, and health needs." On March 17, 2022, ADM A was interviewed and asked if notice of closure was provided to the residents and family members in writing. ADM A responded, "No."	01260		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30767	A. BUILDING: ____ B. WING ____	C 03/17/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE THOMAS HOUSE INC	**701 3RD AVENUE SW PERHAM, MN 56573**

(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
01260	Continued From page 5	01260		

Continued From page 5

On March 17, 2022, family member (FM) B was interviewed and asked how much notice the residents and families were given to find a facility to move into before the facility was going to close, FM B responded, "...they told us they had legally, we had six weeks."

On March 21, 2022, FM C was interviewed and asked how much notice the residents and families were given to find a facility to move into before the facility was going to close, FM C responded, "There was a couple of weeks heads up to do that, so it was kind of quick. I was kind of surprised."

On March 21, 2022, case manager (CM) D was interviewed and asked when CM D had been notified that the facility was going to close. CM D replied, "The guardian told me...January 10, (2022) the guardian called...They didn't really ever update me on much."

On March 21, 2022, the ombudsman replied to correspondence sent inquiring when the Office of the Ombudsman had been notified of the facility closure. Ombudsman E wrote, "On 1/28, our office received information on this closure however it was from MDH not the facility. The letter was dated 1/28 & the facility had closed on 1/20 as I understand. I did visit with displaced residents at their current facilities... however it didn't appear that the notices were given or at least weren't given within the timeframe needed by statute/rule."

No further information was provided.

TIME PERIOD FOR CORRECTION: Twenty-one (21) Days

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30767	A. BUILDING: ______ B. WING ______	C 03/17/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE THOMAS HOUSE INC	**701 3RD AVENUE SW PERHAM, MN 56573**

(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