STATE LICENSING COMPLIANCE REPORT

Report #: HL314741201C

Date Concluded: September 11, 2023

Name, Address, and County of Facility Investigated:
The Waters on Mayowood
827 Mayowood Road southwest
Rochester, MN 55902
Olmstead County

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

Evaluator's Name: Erin Johnson-Crosby, 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	31474	A. BUILDING: _____ B. WING _____	C 07/18/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE WATERS ON MAYOWOOD	827 MAYOWOOD ROAD SW ROCHESTER, MN 55902

(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 ******ATTENTION****** ASSISTED LIVING PROVIDER CORRECTION ORDER In accordance with Minnesota Statutes, section 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: #HL314741201C On July 18, 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 206 residents receiving services under the provider's Assisted Living with Dementia Care license. The following correction order is issued/orders are issued for #HL314741201C, tag identification	0 000		

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0 000	Continued From page 1 _2480	0 000		
02480 SS=F	144G.91 Subd. 20 Grievances and inquiries Residents have the right to make and receive a timely response to a complaint or inquiry, without limitation. Residents have the right to know, and every facility must provide the name and contact information of the person representing the facility who is designated to handle and resolve complaints and inquiries. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to respond to the grievances of one of one resident (R4) reviewed for grievances. 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). The findings include: On July 18, 2023, the investigator requested to review the licensee's filed grievances. The licensees' Grievances/Inquiry log contained seven grievances filed since January 2023. The licensee's grievance reports were requested and reviewed. The grievance log or reports did not include concerns/complaints from R4's family members.	02480		

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02480	Continued From page 2 R4's unsigned service plan dated June 28, 2023, indicated R4 required assistance with medication management, bathing, set up assistance with dressing and grooming, stand-by assist for transferring, safety checks every two hours, and catheter care. R4 resided in memory care with diagnoses including a history of falls, and mild cognitive impairment. R4's service plan was emailed to R4's power of attorneys on June 28, 2023. The service plan was returned to the licensee with questions regarding the service plan from R4's family member (FM). R4's change of condition assessment dated May 30, 2023, indicated R4 required assistance with cueing/set up assistance for transfers, dressing, grooming, bathing, and one assist with catheter cares. The licensee's Speciality Care Levels document indicated Level 1 (Minimal Assistance) was $2,900 a month, Level 2 (stand-by assistance) was $4,050, Level 3 (hands on assistance) was $5,090 and Level 4 (total assistance) was $6,150. R4's level of care assessment (an assessment used to determine level of care and cost) dated May, 30, 2023, July 5, and August 4, 2023, indicated R4 was assessed as a level two and prior to hospitalization was a level one. Review of multiple emails sent by R4's family member to the licensee indicated numerous concerns regarding the licensee's contract, level of care assessments, and the service plan. On August 15, 2023, at 9:45 p.m., R4's FM stated R4 returned to the facility on May 30, 2023, but did not receive a service plan until June 28, 2023.	02480		

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02480	Continued From page 3 R4's FM stated she had voiced numerous concerns regarding the inaccuracies of the licensee's lease and R4's service plan. R4's FM also stated she did not understand the level of care assessment used to determine cost for memory care residents. FM stated she was not aware of the formal grievance process. FM stated when concerns were brought up sometimes there was no response from facility staff. On August 17, 2023, at 1:00 p.m., Licensed Assisted Living Director (LALD)-A stated R4's FM had frequent and on going concerns. LALD-A stated there were so many concerns from R4's family the concerns were not put on the grievance log or grievance report, but stated she could start doing that. LALD-A stated she had not asked R4's family if they would like to file a formal grievance. LALD-A stated R4's concerns were related to the lease, service plan, and assessments. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) Days	02480		