



# STATE LICENSING COMPLIANCE REPORT

**Report #: HL315572508C**

**Date Concluded: 9/2/22**

**Name, Address, and County of Facility**

**Investigated:**

**Farmstead Care of Moorhead**

**3200 28<sup>th</sup> Street South**

**Moorhead, MN 56560**

**Clay County**

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

**Evaluator's Name: Barbara Axness, 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:  <b>31557</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/02/2022</b>
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0 000	<p><b>Initial Comments</b></p> <p>Initial comments *****ATTENTION*****</p> <p><b>HOME CARE PROVIDER/ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER</b></p> <p>In accordance with Minnesota Statutes, section 144A.43 to 144A.482/144G.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><b>INITIAL COMMENTS:</b></p> <p>HL315572508C</p> <p>On September 1, 2022 through September 2, 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 76 residents receiving services under the provider's Assisted Living with Dementia Care license.</p> <p>On September 1, 2022, we issued an immediate correction order for tag identification, 0510.</p> <p>On September 2, 2022, we were not able to remove the immediacy of tag identification, 0510.</p> <p>As a result of our findings, The following immediate correction order remains for</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 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 are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction.</p> <p>Per Minnesota Statute §144G.30, Subd. 5 (c), the assisted living facilities must document any action taken to comply with the correction order. A copy of the provider's records documenting those actions may be requested for follow-up surveys. The home care provider is not required to submit a plan of correction for approval; please disregard the heading of the fourth column, which states "Provider's Plan of Correction."</p> <p>The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to Minn. Stat. § 144G.31, Subd. 2 and 3.</p>	
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Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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0 000	Continued From page 1  #HL315572508C, tag identification 0510.	0 000		
0 510 SS=I	<p><b>144G.41 Subd. 3 Infection control program</b></p> <p>(a) All assisted living facilities must establish and maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control.</p> <p>(b) The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities.</p> <p>(c) The facility must maintain written evidence of compliance with this subdivision.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and document review, the licensee failed to establish and maintain an effective infection control program to comply with accepted health care, medical, and nursing standards for infection control and current recommendations for COVID-19 regarding wearing appropriate personal protective equipment (PPE). This had the potential to affect all residents, staff, and visitors.</p> <p>An immediate correction order was issued on September 1, 2022, when facility staff were observed without masks and eye protection and the facility was in a county with a high transmission rate of COVID-19. The facility also had a recent COVID-19 outbreak amongst residents and staff. The immediate correction order was reissued on September 2, 2022 when facility staff were observed without masks and</p>	0 510		

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0 510	<p>Continued From page 2</p> <p>eye protection and the facility was in a county with a high transmission rate of COVID-19.</p> <p>This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to 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 potential to affect a large portion or all of the residents).</p> <p>Findings include:</p> <p>The Minnesota Department of Health (MDH) guidance titled, COVID-19 Personal Protective Equipment (PPE) and Source Control Grids dated April 7, 2022, indicated health care workers working with residents with or without suspected or confirmed SARS-CoV-2 (Covid-19) wear a face mask and eye protection in communities with substantial and high community transmission levels.</p> <p>On September 1, 2022, at 8:40 a.m., the surveyor observed no postings present indicating masks are to be worn in the facility. The surveyor observed two administrative staff members not wearing masks or eye protection.</p> <p>During a facility tour on September 1, 2022, at 9:00 a.m., the surveyor observed staff in both buildings operated by the licensee, no staff observed were wearing masks or eye protection.</p> <p>On September 1, 2022, at 9:10 a.m., unlicensed personnel (ULP)-C stated staff did not wear masks and they would only use PPE if a resident had COVID-19.</p>	0 510		



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0 510	<p>Continued From page 3</p> <p>On September 1, 2022, at 9:15 a.m., ULP-D confirmed staff would not wear masks or eye protection while working with residents and the only time PPE would be used was if a resident had COVID-19.</p> <p>On September 1, 2022, at 9:15 a.m., ULP-C, ULP-D, two other nursing staff members, and a dining services staff member were observed interacting with residents without a mask or eye protection on.</p> <p>On September 1, 2022, at 9:20 a.m., licensed practical nurse (LPN)-A stated they have not enforced mask use since February. LPN-A stated since no one was wearing them properly, families were upset, and no one in the community is wearing them, they got tired of being the mask police so they decided as a group to not mask anymore.</p> <p>On September 1, 2022, at 9:50 a.m., LPN-A stated they do not do contact tracing or exposure testing. LPN-A stated she thought they had had a couple of COVID-19 positive staff lately but not a lot. LPN-A confirmed the licensee followed CDC guidance to develop testing procedures and COVID-19 related policies and confirmed the licensee only had one current policy it was following related to COVID-19. LPN-A stated they'll test based on symptoms, but sometimes it can be harder to track if staff test outside of work. LPN-A stated they follow the CDC's community transmission levels but was not sure what level they are at today.</p> <p>On September 1, 2022, at 9:55 a.m., LPN-A and licensed assisted living director (LALD)-B confirmed they were not aware of MDH's PPE</p>	0 510		

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0 510	<p>Continued From page 4</p> <p>grid. LALD-B stated nursing staff do not participate in MDH COVID-19 meetings but they have a business office employee and the maintenance director listen to the calls and report any changes to them. LALD-B was not sure when the last COVID-19 call was held and stated the business office manager will update her in passing and had reported the last meeting didn't have any changes to report. LALD-B stated if a resident had COVID-19 and a staff member were exposed, they'd typically mask and if they wanted to be tested, they'd test them. LALD-B stated they only test based off symptoms so if they don't feel well, they'll test them. LALD-B stated registered nurse (RN)-E was responsible for the facility's infection control program and was not sure if the facility's recent COVID-19 cases had been reported to the state.</p> <p>On September 1, 2022, at 10:00 a.m., the surveyor was provided lists of recent COVID-19 positive residents and staff which included the following information:</p> <p>On August 4, 2022, an activities staff member tested positive.</p> <p>On August 8, 2022, a dining services staff member and a ULP tested positive.</p> <p>On August 9, 2022, another dining services staff member and a ULP tested positive.</p> <p>On August 10, 2022, an activities staff member tested positive.</p> <p>On August 10, 2022, three residents residing on the same unit, assisted living north, tested positive.</p>	0 510		

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0 510	<p>Continued From page 5</p> <p>On August 11, 2022, a nurse, a housekeeper, and a dining services staff member tested positive.</p> <p>On August 11, 2022, four more residents tested positive. Two resided on the same unit, memory care south, one on assisted living south, and one in the independent living.</p> <p>On August 12, 2022, a nurse, a ULP, and a dining services staff member tested positive.</p> <p>On August 12, 2022, a resident on assisted living north tested positive.</p> <p>On August 14, 2022 three residents on assisted living north, two on memory care north, and one on assisted living south tested positive.</p> <p>On August 15, 2022, two ULPs tested positive.</p> <p>On August 17, 2022, a resident on assisted living south and one on memory care north tested positive.</p> <p>On August 18, 2022, a ULP tested positive.</p> <p>On August 18, 2022, two residents on memory care north tested positive.</p> <p>On August 19, 2022, two memory care north residents tested positive.</p> <p>In total, 15 staff members and 20 residents tested positive for COVID-19 from August 4, 2022 through August 19, 2022.</p> <p>On September 1, 2022, the CDC Community Transmission level in Clay County had a high transmission rate.</p>	0 510		



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0 510	<p>Continued From page 6</p> <p>On September 1, 2022, at 1:11 p.m., the Minnesota Department of Health issued an immediate correction order regarding citation identification number 0510 to the licensee via email.</p> <p>On September 2, 2022, at 1:45 p.m., the surveyor re-entered the facility to determine compliance with the immediate order from September 1, 2022.</p> <p>On September 2, 2022, at 1:45 p.m., no signage was observed at entry doors and an administrative staff at the front desk was not wearing a mask or eye protection. The surveyor observed a group of residents playing bingo. Three staff members were observed interacting with residents with no mask or eye protection on.</p> <p>On September 2, 2022, at 1:50 p.m., housekeeping assistant (H)-F stated the facility did not currently have a mask mandate in place. H-F stated she had not recieved any recent education or guidance to wear a mask while working.</p> <p>On September 2, 2022, at 1:52 p.m., unlicensed personnel (ULP)-G stated it was not required to wear a mask while working since there was no active COVID-19 cases and stated the facility had not provided any recent education on wearing masks.</p> <p>On September 2, 2022, at 2:00 p.m., LPN-(A) and RN-(E) confirmed the facility had not yet implemented masking requirements. RN-E stated that while they did have masks onsite, they were unable to obtain eye protection and had to order it. RN-E stated they had planned to implement PPE usage once the eye protection had arrived</p>	0 510		



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0 510	<p>Continued From page 7</p> <p>since she figured they wouldn't be in compliance anyway if staff were only wearing masks and not eye protection. RN-E stated they had been working with their attorney to update policies and had just gotten their policies approved by the attorney earlier this afternoon. RN-E confirmed no formal education had been put out to staff regarding mask use or PPE guidelines.</p> <p>On September 2, 2022, at 2:30 p.m., registered nurse (RN)-E confirmed a plan of correction had not been created for citation identification number 0510. RN-E stated a meeting was held yesterday at approximately 2:00 p.m. where leadership discussed action items for the immediate order. RN-E confirmed that while the licensee did have a supply of masks on hand, they had not implemented a mask mandate with staff as they were waiting for eye protection to arrive. RN-E confirmed staff education had not been initiated yet regarding mask usage.</p> <p>On September 2, 2022, the CDC Community Transmission level in Clay County had a high transmission rate.</p> <p>The licensee's policy, Personal Protective Equipment (PPE) Policy &amp; Procedure, dated September 1, 2022, indicated staff were to wear a face mask and eye protection when working with COVID-19 negative residents.</p> <p>The immediacy of correction order tag identification 0510 was not lifted.</p> <p>TIME PERIOD FOR CORRECTION: Immediate</p>	0 510		