



STATE LICENSING COMPLIANCE REPORT

Report #: HL324581224C

Date Concluded: November 22, 2024

Name, Address, and County of Facility

Investigated:

The Lodge of Mendota
664 Linden Street
Mendota Heights, MN 55118
Dakota 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: 32458	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/08/2024
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NAME OF PROVIDER OR SUPPLIER THE LODGE OF MENDOTA	STREET ADDRESS, CITY, STATE, ZIP CODE 664 LINDEN STREET MENDOTA HEIGHTS, MN 55118
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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
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>#HL324581224C</p> <p>On November 8, 2024, the Minnesota Department of Health conducted a complaint investigation at the above provider, and the following correction order is issued. At the time of the complaint investigation, the facility was licensed for 7 residents.</p> <p>The following correction order is issued for #HL324581224C 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>	
0 100 SS=F	<p>144G.10 Subdivision 1 License required</p> <p>(a)(1)Beginning August 1, 2021, no assisted living facility may operate in Minnesota unless it is licensed under this chapter.</p> <p>(2) No facility or building on a campus may provide assisted living services until obtaining the required license under paragraphs (c) to (e).</p>	0 100		

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

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0 100	<p>Continued From page 1</p> <p>(b)The licensee is legally responsible for the management, control, and operation of the facility, regardless of the existence of a management agreement or subcontract. Nothing in this chapter shall in any way affect the rights and remedies available under other law.</p> <p>(c) Upon approving an application for an assisted living facility license, the commissioner shall issue a single license for each building that is operated by the licensee as an assisted living facility and is located at a separate address, except as provided under paragraph (d) or (e).</p> <p>(d) Upon approving an application for an assisted living facility license, the commissioner may issue a single license for two or more buildings on a campus that are operated by the same licensee as an assisted living facility. An assisted living facility license for a campus must identify the address and licensed resident capacity of each building located on the campus in which assisted living services are provided.</p> <p>(e) Upon approving an application for an assisted living facility license, the commissioner may:</p> <p>(1) issue a single license for two or more buildings on a campus that are operated by the same licensee as an assisted living facility with dementia care, provided the assisted living facility for dementia care license for a campus identifies the buildings operating as assisted living facilities with dementia care; or</p> <p>(2) issue a separate assisted living facility with dementia care license for a building that is on a campus and that is operating as an assisted living facility with dementia care.</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</p>	0 100		

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0 100	<p>Continued From page 2</p> <p>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 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</p>	0 100		
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0 100	<p>Continued From page 3</p> <p>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 ALD 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>	0 100		