



STATE LICENSING COMPLIANCE REPORT

Report #: HL326084915C

Date Concluded: May 14, 2024

Name, Address, and County of Facility

Investigated:

Pioneer Estates
8761 Preserve Boulevard
Eden Prairie, MN, 55344
Hennepin County

Facility Type: Assisted Living Facility (ALF)

Evaluator's Name: Angela Vatalaro, 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: 32608	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/08/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PIONEER ESTATES	STREET ADDRESS, CITY, STATE, ZIP CODE 8761 PRESERVE BOULEVARD EDEN PRAIRIE, MN 55344
--	--

(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, 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>INITIAL COMMENTS:</p> <p>#HL326086837C/#HL326089146M #HL326084915C</p> <p>On April 8, 2024, 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 21 residents receiving services under the provider's Assisted Living license.</p> <p>No correction orders are issued for #HL326086837C/#HL326089146M. .</p> <p>The following correction order is issued for #HL326084915C, tag identification 0460.</p>	0 000		
0 460 SS=F	<p>144G.41 Subdivision 1 Minimum requirements</p> <p>(5) provide a means for residents to request assistance for health and safety needs 24 hours</p>	0 460		

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: 32608	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/08/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PIONEER ESTATES	STREET ADDRESS, CITY, STATE, ZIP CODE 8761 PRESERVE BOULEVARD EDEN PRAIRIE, MN 55344
--	--

(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
--------------------	--	---------------	---	--------------------

0 460	<p>Continued From page 1</p> <p>per day, seven days per week; (6) allow residents the ability to furnish and decorate the resident's unit within the terms of the assisted living contract; (7) permit residents access to food at any time; (8) allow residents to choose the resident's visitors and times of visits; (9) allow the resident the right to choose a roommate if sharing a unit; (10) notify the resident of the resident's right to have and use a lockable door to the resident's unit. The licensee shall provide the locks on the unit. Only a staff member with a specific need to enter the unit shall have keys, and advance notice must be given to the resident before entrance, when possible. An assisted living facility must not lock a resident in the resident's unit;</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee did not have a system in place for residents at the facility to request assistance for health and safety needs 24 hours a day, seven days a week. This had the potential to affect all residents residing at the facility.</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 is 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>The findings include:</p>	0 460	<p>Minnesota Department of Health is documenting the State 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.</p> <p>PLEASE DISREGARD THE HEADING OF</p>	
-------	--	-------	--	--

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 32608	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/08/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PIONEER ESTATES	STREET ADDRESS, CITY, STATE, ZIP CODE 8761 PRESERVE BOULEVARD EDEN PRAIRIE, MN 55344
--	--

(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
0 460	<p>Continued From page 2</p> <p>The licensee held an assisted living license and was licensed for a bed capacity of 30 residents.</p> <p>The resident roster indicated the licensee's campus consisted of three houses. The houses were titled House 1, House 2, House 3, and indicated the following:</p> <p>House #1 had a census of 5 residents. House #2 had a census of 7 residents. House #3 had a census of 9 residents.</p> <p>During an observation on April 8, 2024, at 10:58 a.m., the campus consisted of three separate houses with separate entrances accessible by an outside centralized parking lot. Operations Manager (OM)-I stated each of three houses layout were identical consisting of three levels. Lower levels were unused by residents, main levels consisted of communal dining, living, and kitchen space, and a hallway of resident rooms. Upper levels consisted of more resident rooms.</p> <p>During an observation on April 8, 2024, at 11:05 a.m., House #1's upper level was accessible by a door located on the main level in the hallway with resident rooms. A chair lift was observed on the staircase. The upper level consisted of a hallway with resident rooms.</p> <p>During an interview on April 8, 2024, at 11:10 a.m., unlicensed personnel (ULP)-J stated House #1 had residents who used a "baby monitor" to summon for assistance from staff to their rooms. The baby monitors were used for residents who were physically unable to use their arms to press a call pendent. Staff could hear when a resident spoke into a baby monitor from the main monitor located in the communal space. ULP-J stated residents on the upper level were independent,</p>	0 460	<p>THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>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.</p>	

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 32608	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/08/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PIONEER ESTATES	STREET ADDRESS, CITY, STATE, ZIP CODE 8761 PRESERVE BOULEVARD EDEN PRAIRIE, MN 55344
--	--

(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
0 460	<p>Continued From page 3</p> <p>did not have a way to summon for staff assistance, however had the ability to walk down the stairs if they needed staff assistance.</p> <p>During an observation on April 8, 2024, at 11:14 a.m., ULP-L stated House #2 had a call system. All residents had call pendants and staff were aware a resident called for assistance by visually seeing and hearing the call pendent number announced on a centralized monitor. When the monitor was cleared for one resident, all the calls cleared out at the same time and prior calls were canceled out.</p> <p>During an interview on April 8, 2024, at 11:25 a.m., OM-I and ULP-D, stated the licensee had two residents in House #1 that used baby monitors in their rooms to request staff assistance. The two residents were unable to physically use their arms and were unable to press a call pendent. The licensee was currently working on purchasing a specialized call system for these residents. All the other residents on campus had a call pendent. They stated House #1, House #2, and House #3 all had monitor boxes centrally located in each individual house. The call system was individualized for each house not the entire campus. When a resident used a call pendent in one of the houses the number flashed, made an audible sound on the monitor to alert staff. If more than one resident used a call pendant at the same time the numbers continued to flash and made the audible sound. The call system was not cleared out on an individual resident pendent; all resident calls were cleared out at the same time, not individually. Staff were directed if more than one resident summoned for assistance at the same time, staff wrote down the room numbers of the other residents before clearing out the system.</p>	0 460		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 32608	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/08/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PIONEER ESTATES	STREET ADDRESS, CITY, STATE, ZIP CODE 8761 PRESERVE BOULEVARD EDEN PRAIRIE, MN 55344
--	--

(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
0 460	<p>Continued From page 4</p> <p>During an interview on April 8, 2024, at 2:00 p.m., ULP-J stated staffing consisted of the following daily: House #1 AM shift: one unlicensed personal PM shift: one unlicensed personnel Overnight shift: one unlicensed personnel</p> <p>ULP-J stated staff left House #1 unattended to assist in a different house when needed to assist staff with mechanical lift transfers or to get food.</p> <p>During an interview on April 8, 2024, at 2:10 p.m., ULP-K stated staff scheduled consisted of the following daily: House #1 AM shift: one unlicensed personal PM shift: one unlicensed personnel Overnight shift: one unlicensed personnel</p> <p>House #2 AM shift: two unlicensed personnel PM shift: one unlicensed personnel Overnight shift: one unlicensed personnel</p> <p>House #3 AM- two unlicensed personnel PM- two unlicensed personnel Overnight shift- two unlicensed personnel</p> <p>ULP-K stated house #2's second staff on day shift was a float staff and floated between all the houses. House #2 had residents who required mechanical lift transfers with two staff. Staff from House #1 left the house to assist staff in House #2 with the mechanical lift transfers. ULP-K stated staff from House #1 and House #2 worked together for mechanical lift transfers. ULP-K stated when staff left the house unattended, they</p>	0 460		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 32608	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/08/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PIONEER ESTATES	STREET ADDRESS, CITY, STATE, ZIP CODE 8761 PRESERVE BOULEVARD EDEN PRAIRIE, MN 55344
--	--

(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
0 460	<p>Continued From page 5</p> <p>would not know a resident requested assistance because the call system was individualized for each house. The staff who left would not be able to hear a resident who requested assistance from a different house.</p> <p>During an interview on April 8, 2024, at 2:15 p.m., ULP-L stated the call system was individualized to each house. Staff who left a house unattended would not be able to hear or know a resident from the unattended house requested assistance.</p> <p>During an interview on April 8, 2024, at 2:20 p.m., licensed practical nurse (LPN)-A stated staff unlicensed personnel left a house unattended when another staff at a different house needed assistance with mechanical lift transfers or to get food. LPN-A stated for the residents who were physically unable to use their hands and arms the call system consisted of baby monitors; all other residents have call pendants. LPN-A stated when staff left a house unattended, they would not be able to hear or know a resident from the unattended house requested assistance.</p> <p>The Uniform Disclosure of Assisted Living Services and Amenities dated July 10, 2023, indicated the licensee had an emergency and non-emergency call system. The comments indicated "ValUCare Call Light System".</p> <p>The not dated or signed Direct-Care Staffing Plan, indicated staff would meet the resident's scheduled and reasonably foreseeable unscheduled needs given the physical layout of the facility premises in a timely manner on a 24-hour per day basis. There would be 24-hour, awake staff available to respond to resident requests for assistance with health and safety needs. When resident's require a two-person</p>	0 460		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 32608	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/08/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PIONEER ESTATES	STREET ADDRESS, CITY, STATE, ZIP CODE 8761 PRESERVE BOULEVARD EDEN PRAIRIE, MN 55344
--	--

(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
0 460	<p>Continued From page 6</p> <p>assist there would be a minimum of two staff available at all times. Between the hours of 10:00 p.m. and 6:00 a.m. there would be direct-care staff able to respond to a resident's request for assistance with health and safety needs within a reasonable amount of time. These staff would be located within the campus in order to respond.</p> <p>A policy regarding a means for residents to request assistance and/or call system was requested but not received.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days.</p>	0 460		