



# STATE LICENSING COMPLIANCE REPORT

**Report #:** HL326813167C

**Date Concluded:** July 15, 2022

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

**Investigated:**

River Oaks at Shady Ridge  
225 Shady Ridge Road NW  
Hutchinson, MN 55350  
McLeod County

**Facility Type:** Assisted Living Facility (ALF)

**Evaluator's Name:** Tim Hanna  
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 (for ALL). 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>32681</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/15/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>RIVER OAKS AT SHADY RIDGE LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>225 SHADY RIDGE ROAD NW HUTCHINSON, MN 55350</b>
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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><b>Initial Comments</b></p> <p>Initial comments *****ATTENTION*****</p> <p><b>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER</b></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><b>INITIAL COMMENTS:</b></p> <p><b>#HL326813167C</b></p> <p>On July 11 through 15, 2022, the Minnesota Department of Health conducted a complaint investigation at the above provider, and the following correction order are issued.</p> <p>The following correction order is issued/orders are issued for #HL326813167C, tag identification 0830.</p>	0 000	<p>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.</p> <p><b>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.</b></p> <p><b>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</b></p> <p><b>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.</b></p>	
0 830 SS=I	<b>144G.45 Subd. 3 Local laws apply</b>	0 830		

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

Minnesota Department of Health

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0 830	<p>Continued From page 1</p> <p>Assisted living facilities shall comply with all applicable state and local governing laws, regulations, standards, ordinances, and codes for fire safety, building, and zoning requirements.</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to comply with all applicable state and local governing laws, regulations, standards, ordinances, and codes for fire safety, building, and zoning requirements. This deficient condition had the ability to affect a large number of staff and residents.</p> <p>This practice resulted in a level three 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 potential to affect a large portion or all of the residents).</p> <p>Findings include:</p> <p>During a facility tour on July 11, 2022, at approximately 1:10 p.m. with Assistant Administrator (ADMIN)-A it was observed the licensee had occupied a new addition to the facility which consists of office space, a laundry, a resident living room, and a kitchen and dining room, without obtaining required final inspections and a Certificate of Occupancy from the local Building Official (BO)- C. The licensee also failed to obtain the required licensing inspection and final clearance from the Minnesota Department of Health (MDH). At the time of the tour, the licensee was preparing food for residents out of</p>	0 830		

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0 830	<p>Continued From page 2</p> <p>the unapproved kitchen and the dining room was full of residents.</p> <p>During interview, ADMIN-A stated that they had received approval to occupy this space and to use the kitchen to prepare food from the General Contractor/ Project Manager (PM)-B.</p> <p>A phone interview was conducted with PM-B at approximately 1:25 p.m. on July 11, 2022, on the approvals to occupy the space. PM-B stated that the Building Official had given the approval to occupy and use the space "about a month ago after a fire inspection." PM-B also stated that MDH was contacted about a kitchen inspection but had declined inspection stating that inspections are not conducted until the entire project is done. PM-B did not provide any documentation to verify either of these statements.</p> <p>A phone interview was conducted with BO-C at approximately 4:00 p.m. on July 11, 2022 to verify if all final inspections for the space had been approved and a Certificate of Occupancy had been granted. BO-C stated that a final inspection for the kitchen fire suppression hood had been conducted "about a month ago" but no occupancy was granted at that time. BO-C stated that final plumbing inspection, final fire alarm inspection, final fire sprinkler inspection, final mechanical inspection, and to his knowledge, final electrical inspection had not been conducted at this time, so no Temporary Certificate of Occupancy or Full Certificate of Occupancy could be granted by the local authority.</p> <p>A record review was conducted at approximately 4:30 p.m. of MDH correspondence with PM-B regarding the plan approvals and inspection</p>	0 830		

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0 830	<p>Continued From page 3</p> <p>process. Record review of my emails indicated that the last contact with PM-B was on June 1, 2022, in which PM-B was informed that a licensing inspection would be done as soon as a Certificate of Occupancy has been granted. No further correspondence or requests for inspections were made.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days.</p>	0 830		