

Protecting, Maintaining and Improving the Health of All Minnesotans

# State Rapid Response Investigative Public Report

Office of Health Facility Complaints

Maltreatment Report #: HL34328001M Date Concluded: May 20, 2022

**Compliance #:** HL34328002C

Name, Address, and County of Licensee Investigated:

1-0 Granny's Helpful Hands 705 East Lake Street Minneapolis, MN 55417 Hennepin County

Facility Type: Assisted Living Facility (ALF) Evaluator's Name: Michele R. Larson

Special Investigator

Finding: Substantiated, facility responsibility

#### **Nature of Visit:**

The Minnesota Department of Health investigated an allegation of maltreatment, in accordance with the Minnesota Reporting of Maltreatment of Vulnerable Adults Act, Minn. Stat. 626.557, and to evaluate compliance with applicable licensing standards for the provider type.

#### Allegation(s):

It is alleged: The facility neglected to provide supervision and monitoring for the resident. The resident ingested an unknown amount of his prescribed medication after he broke into a locked medication closet and cart and stole his medications while an unlicensed personnel (ULP) slept on the facility's living room sofa. The resident was later found by staff having difficulty walking and slurring his speech. The resident was evaluated at a local hospital.

# **Investigative Findings and Conclusion:**

Neglect was substantiated. The facility was responsible for the maltreatment. The resident's records indicated the resident was supposed to receive monitoring and supervision 24 hours per day, yet the facility allowed staff to sleep on the job, which left the resident unmonitored for hours at a time. During the time the resident went unsupervised, he used a butter knife and broke into the facility's medication closet and medication cart, ingesting an unknown number of medications, causing him to be admitted to the hospital. The facility never retrained staff after any of the resident's incidents.

The investigation included interviews with facility staff members, including administrative staff, nursing staff, and unlicensed staff. The investigation included a review of the resident's medical record and onsite visit. The facility's incident reports, policies, and procedures were reviewed. The facility's video footage was reviewed.

The resident's diagnoses included, but were not limited to, unspecified psychosis, alcohol abuse, and cocaine abuse. The resident was alert and oriented and walked independently. The resident's medication assessment indicated the resident required management of his medications and had a history of misusing medications and drug diversion.

The resident's service plan indicated the resident required assistance with medication management, meals, housekeeping, laundry, personal cares, behaviors, scheduling and attending appointments, and protection from potential health and safety risks due to his mental health diagnoses. The resident had a history of elopement to obtain alcohol and drugs.

The resident's behavioral plan indicated the resident required staff monitoring and supervision 24 hours per day, and increased monitoring during times when he experienced behavioral issues. The behavioral plan failed to define how 24 hour supervision and monitoring were to be conducted.

The resident's incident report indicated one morning, the facility program manager observed the resident had glossy eyes, slurred speech, and difficulty standing and walking. During a search of the resident's room, staff discovered a Ziploc bag containing 55 pills prescribed to the resident. Inside the medication cart, the program manager noticed four of the resident's bubble pack medication cards were missing. The medication cards contained 140 pills. Staff sent the resident to the hospital for evaluation. The facility reviewed video security footage.

The facility's video footage showed at 4:40 a.m., the resident walked into the dining room and covered a camera with a wet paper towel while a ULP slept. At 6:05 a.m., the resident attempted to break into a medication closet using a butter knife he obtained from the kitchen. At 6:21 a.m., the resident tampered with the locked medication cart. At 7:19 a.m., the ULP woke up and administered the resident's 8:00 a.m. medications. At 9:11 a.m., the resident opened the medication cart with a butter knife and stole one of his medication cards while the ULP was outside of the building.

The resident's record indicated the Ziploc bag contained 55 of the resident's medications: (17) anticonvulsants, (24) antiseizure, (7) antipsychotic pills (2) antidepressant pills, and (5) antispasmodic pills. The resident's four bubble pack medication cards were missing 140 of his morning and nighttime medications: (14) antipsychotics pills, (35) antiseizure pills, (28) anticonvulsants, (56) antispasmodics, and (7) antidepressants. The resident's record indicated between the pills retrieved from the Ziploc bag and the missing pills from the medication bubble cards, 85 pills were unaccounted for.

During an interview, the resident stated he was hospitalized many times due to stealing his medications.

During an interview, the resident's mental health case manager stated the resident had a history of stealing medications, stating, "he was good at it."

During an interview with a ULP staff, the ULP stated the facility had 48-hour weekend shifts that started Friday at 11:00 p.m. and ended Sunday night at 11:00 p.m. The ULP stated one staff worked the 48-hour shift and slept during the night on the sofa.

During an interview, the program director stated the resident required 1:1 staff supervision due to his history of stealing his medications, inflicting self-harm, and using street drugs and alcohol when he eloped from the facility. The program manager stated the resident stole his medications around five times while staff slept. The program manager stated the facility did not retrain staff after the incidents but did install a deadbolt lock on the medication closet, stating "that was pretty much it."

During an interview, the registered nurse (RN) stated the resident was sent to the hospital every time he stole and ingested his medications. The RN stated the resident was supervised by one staff person who also supervised another resident. The RN stated the resident stole his medications at random times. The RN stated the facility installed a deadbolt lock on the medication closet after the resident's first incident, stating she wanted to make sure the resident did not steal his medications again.

In conclusion, neglect was substantiated.

#### Substantiated: Minnesota Statutes, section 626.5572, Subdivision 19.

"Substantiated" means a preponderance of evidence shows that an act that meets the definition of maltreatment occurred.

## Neglect: Minnesota Statutes, section 626.5572, subdivision 17

"Neglect" means:

- (a) The failure or omission by a caregiver to supply a vulnerable adult with care or services, including but not limited to, food, clothing, shelter, health care, or supervision which is:
- (1) reasonable and necessary to obtain or maintain the vulnerable adult's physical or mental health or safety, considering the physical and mental capacity or dysfunction of the vulnerable adult; and
- (2) which is not the result of an accident or therapeutic conduct.
- (b) The absence or likelihood of absence of care or services, including but not limited to, food, clothing, shelter, health care, or supervision necessary to maintain the physical and mental health of the vulnerable adult which a reasonable person would deem essential to obtain or

maintain the vulnerable adult's health, safety, or comfort considering the physical or mental capacity or dysfunction of the vulnerable adult.

Vulnerable Adult interviewed: Yes.

**Family/Responsible Party interviewed**: Yes. The resident's mental health case manager was interviewed.

Alleged Perpetrator interviewed: Not Applicable.

## Action taken by facility:

The facility installed a dead-bolt lock on the medication closet door to prevent the resident from breaking into the closet. The staff were instructed to always keep the keys to the medication cart and closet with them.

## Action taken by the Minnesota Department of Health:

The facility was found to be in noncompliance. To view a copy of the Statement of Deficiencies and/or correction orders, please visit:

https://www.health.state.mn.us/facilities/regulation/directory/provcompselect.html, or call 651-201-4890 to be provided a copy via mail or email. If you are viewing this report on the MDH website, please see the attached Statement of Deficiencies.

The responsible party will be notified of their right to appeal the maltreatment finding.

cc:

The Office of Ombudsman for Long Term Care
The Office of Ombudsman for Mental Health and Developmental Disabilities
Hennepin County Attorney
Minneapolis City Attorney
Minneapolis Police Department

Minnesota Department of Health

NAME OF PROVIDER OR SUPPLIER  1-0 GRANNY'S HELPFUL HANDS LLC  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  A. BUILDING:  B. WING  O2/24/2022  A. BUILDING:  A. BUILDING:  B. WING  O2/24/2022  A. BUILDING:  A. BUILDING:  B. WING  O2/24/2022  O2/24/2022  A. BUILDING:  C O2/24/2022  D2/24/2022	` '	IDER/SUPPLIER/CLIA IFICATION NUMBER:	` ′	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Minnesota Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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	for reporting maltred abuse prevention per (a) The assisted living the requirements for maltreatment of vul 626.557. The facility implement a written cases of suspected. This MN Requirement by:  Based on interview licensee failed to implement and ingestion Minnesota Adult Ab (MAARC) within 24 (R1) with record revingested an unknown that he stole from the The resident requirement. This practice results violation that did not safety but had the president's health or isolated scope (where residents are affect of staff are involved only occasionally).  Findings Include:  R1's medical record to the licensee on Adiagnoses included.	ing facility must comply with or the reporting of nerable adults in section y must establish and procedure to ensure that all maltreatment are reported.  ent is not met as evidenced and record review, the neediately report a resident's ng medications to the use Reporting Center hours for one of one resident viewed. While staff slept, R1 vn number of his medications ne medication cart and closet.				

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R1's record indicated between the pills retrieved from the Ziploc bag and the missing pills from the medication bubble cards, 85 pills were unaccounted for.  On November 9, 2021, at 8:30 a.m., R1 was discharged back to the licensee. The licensee installed a deadbolt lock on the medication closet after R1 returned from the hospital. The incident report indicated R1's care team would be notified within 24 hours upon knowledge of the incident.  On November 10, 2021, at 8:56 a.m., the licensee filed an online .MAARC report, two days after the incident.  On November 10, 2021, at 9:00 a.m., R1's care team were notified.  On February 24, 2022, at 12:40 p.m., R1 stated	0 620	wet paper towel wh 6:05 a.m., R1 attern medication closet u a.m., R1 tampered cart. At 7:19 a.m., L administered R1's 8 a.m., R1 opened the knife and stole one ULP-H was outside R1's record indicate of R1's medications antiseizure, (7) antiantidepressant pills R1's four bubble partiseizure pills, (28 antispasmodics, and R1's record indicate from the Ziploc bag medication bubble of unaccounted for.  On November 9, 20 discharged back to installed a deadbolt after R1 returned for report indicated R1' within 24 hours upon On November 10, 20 licensee filed an on after the incident.  On November 10, 20 licensee filed an on after the incident.	pile ULP-H slept on the sofa. At apted to break into a using a butter knife. At 6:21 with the locked medication JLP-H woke up and 8:00 a.m. medications. At 9:11 the medication cart with a butter of his medication cards while the of the building.  Bed the Ziploc bag contained 55 to 17) anticonvulsant, (24) the psychotic pills (2) to 3, and (5) antispasmodic pills. But medication cards were morning and nighttime antipsychotics pills, (35) to 3) anticonvulsants, (56) to (7) antidepressants.  Bed between the pills retrieved and the missing pills from the cards, 85 pills were  1021, at 8:30 a.m., R1 was the licensee. The licensee to lock on the medication closet from the hospital. The incident 's care team would be notified on knowledge of the incident.  2021, at 8:56 a.m., the aline MAARC report, two days				

Minnesota Department of Health

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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	LD BE	(X5) COMPLETE DATE
0 620	her medications.  The licensee policy Maltreatment-Preve August 1, 2021, indidentifying and report of vulnerable adults made no later than maltreatment was for the second	titled Vulnerable Adult ention and Reporting, updated icated staff were trained on orting suspected maltreatment at MAARC reports must be 24 hours after the	0 620			
0 630 SS=D	for reporting ma  (b) The facility must individual abuse prevulnerable adult. The individual including person's susceptible individual, including person's risk of abuse and statements of the taken to minimize the and other vulnerable abuse prevention person's managements.  This MN Requirements of the individual including person's susceptible individual, including person's risk of abuse p	develop and implement an evention plan for each he plan shall contain an w or assessment of the lity to abuse by another other vulnerable adults; the using other vulnerable adults; he specific measures to be he risk of abuse to that person e adults. For purposes of the lan, abuse includes  ent is not met as evidenced and record review, the house an individual abuse PP), was developed to include view or assessment of the lity to abuse by another other vulnerable adults; the using other vulnerable adults; reself-abuse, and statements	0 630			

Minnesota Department of Health

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Minnesota Department of Health

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	CONSTRUCTION	(X3) DATE COMP	SURVEY
		34328	B. WING			2 <b>4/2022</b>
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
1-0 GRA	NNY'S HELPFUL HAN	IDS LLC	CAGO AVENU POLIS, MN 55			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	LD BE	(X5) COMPLETE DATE
0 630	risk of abuse to that adults for one of on reviewed. In addition update R1's IAPP at amount of his medifacility's medication hospitalization.  This practice result violation that did not safety but had the president's health or cause serious injury was issued at an isclimited number of realimited number of situation has occurred to the licensee on Addiagnoses included alcohol abuse, and independently.  R1's medical record to the licensee on Addiagnoses included alcohol abuse, and independently.  R1's service plan daindicated R1 require management, mean personal cares, behavioral planted to obtain alcohol and R1's behavioral planted R1's behaviora	es to be taken to minimize the t person and other vulnerable e resident (R1) with record in, the licensee failed to after R1 ingested an unknown cations after he broke into the cart and closet. R1 required ed in a level two violation (a tharm a resident's health or other tall to have harmed a safety, but was not likely to y, impairment, or death), and colated scope (when one or a esidents are affected or one or staff are involved or the red only occasionally).  Etc.  It was reviewed. R1 admitted august 11, 2021. R1's to unspecified psychosis, cocaine abuse. R1 walked eated August 11, 2021, ed assistance with medication ls, housekeeping, laundry, naviors, scheduling and ents, and protection from it safety risks due to his mental R1 had a history of elopement				
	supervision 24 hou	rs per day during and normal respective and				

Minnesota Department of Health

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Minnesota Department of Health

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY
		34328	B. WING		02/2	24/2022
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1 02,2	.,,
1-0 GRA	NNY'S HELPFUL HAN	IDS LLC	CAGO AVEN			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
	frequently sought a drugs. Staff were to	gust 11, 2021, indicated R1 lcohol, prescribed and illegal redirect, support, and tend alcoholics anonymous	0 630			
	(AA) meetings. R1 of behavior such as sylintentionally running exhibited verbal agg destroyed property, and talk, and exhibited	exhibited self-injurious wallowed foreign objects, away from the facility, gression towards others, exhibited suicidal gestures, ted impaired judgement and alcohol. Staff were to follow				
		dication of R1's susceptibility other vulnerable adults, their rulnerable adults.				
	(RN)-E stated IAPP	at 11:30 a.m., registered nurse s were updated whenever in a resident's behaviors.				
	Maltreatment-Preve August 1, 2021, ind the licensee develo vulnerability risks a	titled Vulnerable Adult ention & Reporting, updated icated ped IAPPs to identify and developed measures to lent based on identified				
	TIME PERIOD TO	CORRECT: Seven (7) days.				
	licensee failed to er prevention plan (IAI	and record review, the sure an individual abuse PP), was developed to include view or assessment of the				

Minnesota Department of Health

STATE FORM 956B11 If continuation sheet 7 of 27

Minnesota Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ` '			DATE SURVEY COMPLETED	
		34328	B. WING		02/2	24/2022
	PROVIDER OR SUPPLIER	IDS LLC 5915 CHIC	DRESS, CITY, S CAGO AVEN OLIS, MN 5			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
0 630	individual, including person's risk of abuse to that adults for one of on reviewed. In addition update R1's IAPP a amount of his medifacility's medication hospitalization.  This practice results violation that did no safety but had the president's health or cause serious injury was issued at an iselimited number of realimited number of situation has occurr. The findings included alcohol abuse, and independently.  R1's medical record to the licensee on Adiagnoses included alcohol abuse, and independently.  R1's service plan daindicated R1 require management, meal personal cares, behattending appointment potential health and health diagnoses. For the obtain alcohol and the obtain al	lity to abuse by another other vulnerable adults; the sing other vulnerable adults; self-abuse, and statements is to be taken to minimize the elegation and other vulnerable elegation and to the interest and closet. R1 required elegation after the broke into the cart and closet. R1 required elegation after the broke into the cart and closet. R1 required elegation and elegation at the elegation and elegation and elegation and elegation and elegation and elegation and elegation at the elegation and	0 630			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ` ′	E CONSTRUCTION	(X3) DATE	E SURVEY PLETED	
		34328	B. WING		1	C <b>24/2022</b>
	PROVIDER OR SUPPLIER	IDS LLC 5915 CHIC	DRESS, CITY, S'CAGO AVENU POLIS, MN 55			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
0 630	supervision 24 hour asleep hours, and i behaviors.  R1's IAPP dated Aufrequently sought a drugs. Staff were to encourage R1 to at (AA) meetings. R1 behavior such as sy intentionally running exhibited verbal agg destroyed property, and talk, and exhibit actions when using R1's behavioral pla  R1's IAPP lacked in her susceptibility to adults.  R1's incident report indicated on Novem program manager (slurred speech, glostanding and walking room and discovered in the susceptibed to FPM-D noticed four of the susceptibed to FPM-D	ed staff monitoring and rs per day during awake and increased monitoring during agust 11, 2021, indicated R1 lcohol, prescribed and illegal oredirect, support, and tend alcoholics anonymous exhibited self-injurious wallowed foreign objects, gression towards others, exhibited suicidal gestures, ated impaired judgement and alcohol. Staff were to follow in.  Indication R1 was assessed for abuse other vulnerable  It dated November 9, 2021, and the series of R1 had alcohol. Staff were to follow in.  Indication R1 was assessed for abuse other vulnerable  It dated November 9, 2021, and the series of R1 had difficulty in the series of R1 had a ziploc bag containing 55 kg. Inside the medication cart, of R1's bubble pack were missing. The medication of pills. R1 admitted at a lee reviewed video footage dated at 4:40 a.m., showed R1 room camera with a wet paper		DEI IOILNOT)		
	towel while ULP-H s	room camera with a wet paper slept on the sofa. At 6:05 a.m., eak into a medication closet  . At 6:21 a.m., R1 tampered				

Minnesota Department of Health

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	E CONSTRUCTION	COMP	PLETED
		34328	B. WING			C 2 <b>4/2022</b>
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
1-0 GRA	NNY'S HELPFUL HAN	IDS LLC	CAGO AVEN			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
U 63U	ULP-H woke up and medications. At 9:15 medication cart with of his medication card of the building.  R1's record indicate of R1's medications antiseizure, (7) antipantidepressant pills R1's four bubble parmissing 140 of his medications: (14) a antiseizure pills, (28 antispasmodics, and R1's record indicated).	dication cart. At 7:19 a.m., d administered R1's 8:00 a.m. 1 a.m. R1 opened the a butter knife and stole one ards while ULP-H was outside ed the Ziploc bag contained 55 at (17) anticonvulsants, (24) psychotic pills (2), and (5) antispasmodic pills. ck medication cards were morning and nighttime entipsychotics pills, (35) anticonvulsants, (56) d (7) antidepressants.				
	On February 24, 20 she was hospitalize her medications.  On April 22, 2022, a (RN)-E stated IAPP there were changes  The licensee policy Maltreatment-Preve August 1, 2021, ind the licensee develoyulnerability risks ar	22, at 12:40 p.m., R1 stated d many times due to stealing at 11:30 a.m., registered nurse s were updated whenever in a resident's behaviors. titled Vulnerable Adult ention & Reporting, updated				

Minnesota Department of Health

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PRINTED: 05/25/2022

Minneso	ta Department of He	ealth			1 OTAWI	MITROVED
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
		34328	B. WING		02/2	4/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
4 0 0 0 0		5915 CHI	CAGO AVEN	UE		
1-0 GRA	NNY'S HELPFUL HAN	MINNEAF	POLIS, MN 5	5417		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO		COMPLETE DATE
IAG	REGOD WORLD		IAG	DEFICIENCY)	1 100 01 =	
0.630	Continued From pa	na 10	0 630			
	Continued i Tom pe	age 10				
	TIME DEDIOD TO	CODDECT: Coven (7) dave				
	TIME PERIOD TO	CORRECT: Seven (7) days.				
01500	144C 62 Subd 5 D	Poguired appual training	01500			
SS=F	144G.03 Subu. 5 K	Required annual training	01300			
	(a) All staff that per	form direct services must				
	•	ight hours of annual training				
		of employment. The training				
		om the facility or another				
		clude topics relevant to the				
	training must include	ed living services. The annual				
		rting of maltreatment of				
		nder section 626.557;				
		sisted living bill of rights and				
		s related to ensuring the				
	exercise and protect	ction of those rights;				
	\ \ \ \ \	on control techniques used in				
		ementation of infection control				
	_	a review of hand washing				
	· '	ed for and use of protective				
	,	l masks; appropriate disposal aterials and equipment, such				
		les, syringes, and razor				
		reusable equipment;				
		mental surfaces; and				
	reporting communi	•				
		aches to use to problem solve				

Minnesota Department of Health

when working with a resident's challenging

residents who have dementia, Alzheimer's

(5) review of the facility's policies and procedures

relating to the provision of assisted living services

behaviors, and how to communicate with

and how to implement those policies and

(6) the principles of person-centered planning

and service delivery and how they apply to direct

disease, or related disorders;

procedures; and

Minnesota Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		34328	B. WING		02/2	24/2022
	PROVIDER OR SUPPLIER	IDS LLC 5915 CH	DDRESS, CITY, S ICAGO AVENU POLIS, MN 55	JE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
01500	(b) In addition to the annual training may providing services to Any training on heat subdivision must be based, may include include training on topics:  (1) an explanation of and how it manifest challenges it poses (2) the health impact age-related hearing incidence of demensiolation, and depressionation, and depressionat	ovided by the staff person. It topics in paragraph (a), It also contain training on It or residents with hearing loss. It ing loss provided under this It high quality and research It online training, and must It one or more of the following It age-related hearing loss Its itself, its prevalence, and It to communication; Its related to untreated It loss, such as increased Itia, falls, hospitalizations, Its related to untreated It loss, such as increased Itia, falls, hospitalizations, Its related to untreated It loss, such as increased Itia, falls, hospitalizations, It strategies and technology It strategies and technology Its related to untreated It is not munication strategies, It is related to untreated It is not met as evidenced It is not met as evidence as a contract the is not met as evidence as a contract the is not met as a contract				

Minnesota Department of Health

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Minneso	ta Department of He	ealth				
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		34328	B. WING		02/2	) 4/2022
		] 34320			1 0212	4/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
1-0 GRA	NNY'S HELPFUL HAN	IDS LLC	CAGO AVEN			
			OLIS, MN 5			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUT CROSS-REFERENCED TO THE APPRODEFICIENCY)	LD BE	(X5) COMPLETE DATE
01500	Continued From pa	ige 12	01500			
	of the residents).					
	Findings Include:					
	RN-E RN-E was hired in I	May, 2018.				
	up-to-date annual to  *Reporting of madults under section  *Review of the rights (BOR)  *Review of infe  *Effective approaches  *Review of the procedures	naltreatment of vulnerable				
	PM-D PM-D was hired on	September 3, 2019.				
	up-to-date annual to *Reporting of madults under section *Review of the rights (BOR)  *Review of infe *Effective approximation *Effective approxim	naltreatment of vulnerable				

Minnesota Department of Health

behaviors

procedures

service delivery

\*Review of the facility's policies and

\*Principles of person-centered planning and

Minnesota Department of Health

Willingsola Departification fic	artir		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:	(X3) DATE SURVEY COMPLETED
	34328	B. WING	C <b>02/24/2022</b>
NAME OF PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STATE, ZIP CODE	

	NNY'S HELPFUL HANDS LLC	5915 CHI	DRESS, CITY, S CAGO AVENU OLIS, MN 55		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENC (EACH DEFICIENCY MUST BE PRECEDED I REGULATORY OR LSC IDENTIFYING INFOR	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01500	Continued From page 13		01500		
	ULP-B ULP-B was hired on February 10, 202	20.			
	ULP-B's employee record lacked evid up-to-date annual training to include:  *Reporting of maltreatment of vuli adults under section 626.557  *Review of the assisted living (AL rights (BOR)  *Review of infection control techn *Effective approaches to use to possible when working with a resident's obehaviors  *Review of the facility's policies are procedures  *Principles of person-centered plaservice delivery	nerable ) bill of iques roblem challenging			
	ULP-G ULP-G was hired on September 18, 2	2019.			
	ULP-G's employee record lacked evidup-to-date annual training to include:     *Reporting of maltreatment of vultadults under section 626.557     *Review of the assisted living (AL rights (BOR)     *Review of infection control techn     *Effective approaches to use to procedure solve when working with a resident's of behaviors     *Review of the facility's policies are procedures     *Principles of person-centered plaservice delivery	nerable ) bill of iques roblem challenging			
	ULP-H ULP-H was hired on September 29, 2	021.			
	ULP-H's training record indicated on N	March 30,			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
					c	;
		34328	B. WING		02/2	4/2022
	PROVIDER OR SUPPLIER  NNY'S HELPFUL HAN	IDS LLC 5915 CHIC	CAGO AVEN			
	T	MINNEAP	OLIS, MN 5	5417		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
01500	Continued From pa	ge 14	01500			
	•	leted training on reporting of nerable adults under section				
		record lacked evidence of an ulnerable adult training.				
	•	at 1:50 p.m., executive director would provide employee's				
	•	at 10:40 a.m., a policy on staff sted but not provided.				
	On April 22, 2022, a was in charge of sta	at 11:30 a.m., RN-E stated she aff training.				
	TIME PERIOD TO days.	CORRECT: Twenty-one (21)				
01640 SS=G	144G.70 Subd. 4 (a implementation and	,	01640			
	that services are fire facility shall finalize (b) The service plan include a signature facility and by the reaspeament on the service plan must be resident reassessmant facility must provide about changes to the and how to contact Long-Term Care.  (c) The facility must	calendar days after the date st provided, an assisted living a current written service plan. In and any revisions must or other authentication by the esident documenting services to be provided. The per revised, if needed, based on ment under subdivision 2. The existence information to the resident the facility's fee for services the Office of Ombudsman for the timplement and provide all the current service plan.				

Minnesota Department of Health

	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		34328	B. WING		02/2	2 <b>4/2022</b>
	PROVIDER OR SUPPLIER	IDS LLC 5915 CHI	DDRESS, CITY, S CAGO AVENU POLIS, MN 5			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
01640	must be entered intincluding notice of a when applicable.  (e) Staff providing sthe current written states and interview licensee failed to entered included all the servindicated in their recent (R1) with record recent recent written states and including serious or a violation that has serious injury, impairs a limited number of real limited number of real limited number of situation has occurred.	n and the revised service plan to the resident record, a change in a resident's fees services must be informed of service plan.  ent is not met as evidenced and record review, the asure a resident's service plan vices to be provided as cord for one of one resident viewed.  ed in a level three violation (a red a resident's health or safety, is injury, impairment, or death, as the potential to lead to a service (when one or a residents are affected or one or is staff are involved or the red only occasionally).				
	to the licensee on A diagnoses included unspecified psycho	d was reviewed. R1 admitted august 11, 2021. R1's , but were not limited to sis, alcohol abuse, cocaine xualism. R1 walked				
	indicated R1 receiv management, mea behaviors, persona	ated August 11, 2021, ed assistance with medication ls, housekeeping, laundry, I cares, vision and hearing, ending appointments. R1's				

Minnesota Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		34328	B. WING			C <b>24/2022</b>
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
1-0 GRA	NNY'S HELPFUL HAN	IDS LLC	CAGO AVENU POLIS, MN 55			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECT	ION	(X5)
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	COMPLETE DATE
01640	Continued From pa	ge 16	01640			
	alone in the commusymptoms and cognition indicated R1 had a	ed R1 was not allowed to be unity due to mental health nitive ability. R1's service plan history of elopement to obtain Staff were to follow R1's				
	dated August 11, 20 to two staff ratio and	se prevention plan (IAPP) 021, indicated R1 received one d did not have alone time in unity. Staff were to follow R1's				
	indicated R1 require supervision 24 hour	n dated August 11, 2021, ed staff monitoring and rs per day during awake and ncreased monitoring during				
	24/7 supervision an	cked a service to provide d monitoring, along with uction on how to perform the on and monitoring.				
	dated August 11, 20	ed nurse (RN) assessment 021, indicated R1 had a history e, self-injurious behavior, and				
	•	s dated August 14, 2021, , 2022, indicated R1 had the				
		11, at 11:00 a.m.: R1 left the ol, and smoked marijuana with onnel (ULP).				
	six bubble packs of	2021, at 1:00 p.m.: R1 stole his medication cards from R1 was transferred to local				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		34328	B. WING		02/2	24/2022
	PROVIDER OR SUPPLIER	IDS LLC 5915 CHI	DRESS, CITY, S CAGO AVEN POLIS, MN 5			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	LD BE	(X5) COMPLETE DATE
01640	*On September 17, the screen on his w During a search of weeks of bubble paroom. R1 returned to transferred to a local *On November 8, 2 into medication card his medications. Probserved R1 had sl difficulty walking, ar brought to a local hobservation.  *On January 23, 20 missing from the factor of breath. R1 was to emergency department ward for further evaluated to 1:2 staff just needed to make	on.  2021. (Unknown time): R1 on cart and stole one of his  2021 (Unknown time): R1 cut indow and left the facility. R1's room, staff found two ck medication cards in R1's to the facility and was al hospital for evaluation.  021, at 8:15 a.m.: R1 broke and stole a weeks' worth of ogram manager (PM)-D urred speech, glossy eyes, and standing upright. R1 was ospital and admitted for  22, at 12:00 p.m.: R1 went cility.  22, at 11:40 a.m., R1 was gency department after he due to experiencing shortness cansferred from the ment to the hospital psychiatric				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
					c	;
		34328	B. WING		02/2	4/2022
NAME OF I	PROVIDER OR SUPPLIER		,	STATE, ZIP CODE		
1-0 GRA	NNY'S HELPFUL HAN	IDS LLC	OLIS, MN 5			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
01640	The licensee policy August 1, 2021, ind written plan betwee designated represe the services provided plan would include: provided based on and resident prefere provided; (c) freque provided based on and resident prefere or categories of state services; (e) schedulation and method for the staff who provided it plan that included: (c)	understandng was he needed	01640			
02070 SS=I	(ii) information regard contact the licensed information the resistant emergency; (iv) information of who in the event of an emergency of the contact of the	e; (iii) names and contact dent wished to have notified in identification and contact the resident authorized to sign mergency;  CORRECT; Seven (7) days.  wake staff requirement acility with dementia care	02070			
	unit must have an a physically present in unit 24 hours per da	n a secured dementia care wake person who is the secured dementia care ay, seven days per week, who esponding to the requests of				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLI. AND PLAN OF CORRECTION IDENTIFICATION NUMBER	).	CONSTRUCTION	(X3) DATE COMI	E SURVEY PLETED
34328	B. WING		<b>I</b>	C <b>24/2022</b>
1-0 GRANNY'S HELPFUL HANDS LLC	EET ADDRESS, CITY, ST 5 CHICAGO AVENU INEAPOLIS, MN 55	E .		
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	1 1 1 1 1 1 1	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
residents for assistance with health and safe needs, and who meets the requirements of section 144G.41, subdivision 1, clause (12).  This MN Requirement is not met as evidence by: Based on interview and record review, the licensee failed to ensure they had an awake person 24 hours per day seven days per were who was responsible for responding to the requests of residents for assistance with health and safety needs. This affected all three residents.  This practice resulted in a level three violation violation that harmed a resident's health or sonot including serious injury, impairment, or dor a violation that has the potential to lead to serious injury, impairment, or death) and was issued at a widespread scope (when problem are pervasive or represent a systemic failure has affected or has potential to affect a large portion or all of the residents).  Findings Include:  On February 24, 2022, at 10:00 a.m., the state surveyor entered the facility.  On February 24, 2022, at 10:30 a.m., unlicer personnel (ULP)-B stated the facility had the following shifts: 7:00 a.m. to 3:00 p.m., 3:00 to 11:00 p.m., and 11:00 p.m. to 7:00 a.m. Ustated, "we also have a 48 hour weekend shift ustarts Friday night 11:00 p.m., and ends Sunday night 11:00 p.m." ULP-B stated one person worked the 48 hour weekend shift. Ustated the ULP who worked the 48 hour shift during the night on the living room sofa. The surveyor asked ULP-B how could the resident	staff ek, alth on (a afety, eath, s ms e that e  LP-B ift on staff LP-B t slept			

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	NT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	<b>l</b> ` ′	E CONSTRUCTION	COMP	SURVEY
		34328	B. WING		02/2	) 4/2022
NAME OF	PROVIDER OR SUPPLIER		DDESS CITY S	STATE, ZIP CODE	<u>  ULIL</u>	
		5915 CHI	CAGO AVEN			
1-0 GRA	NNY'S HELPFUL HAN	IDS LLC	OLIS, MN 5			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION DEFICIENCY)	D BE	(X5) COMPLETE DATE
02070	Continued From pa	ge 20	02070			
	"I'm a light sleeper" to go outside. ULP-staffed since the be	were sleeping. ULP-B stated, and would hear R1 wake up B stated the facility was short ginning of the pandemic. scility had a lot of turnover in s.				
	director (ED)-C stated stated sometimes to the weekend, but it ED-C stated the oth 7:00 a.m. until 11:00	22, at 11:03 a.m., executive ed, "staffing is horrible." ED-C wo staff are scheduled during does not always work out. her weekend shift was from 0 p.m. ED-C stated, but that ey do not always have				
	Minnesota Departman immediate corre	22, at 11:10 a.m., the ent of Health (MDH) issued ction order to the licensee due g to have awake staff 24 en days per week.				
	TIME PERIOD TO	CORRECT: IMMEDIATE				
	licensee failed to en person 24 hours per who was responsible requests of residen	and record review, the sure they had an awake staff or day seven days per week, le for responding to the ts for assistance with health his affected all three				
	violation that harmed not including serious or a violation that has serious injury, impa	ed in a level three violation (a ed a resident's health or safety, s injury, impairment, or death, as the potential to lead to irment, or death) and was ead scope (when problems				

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AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		COMPLETED		
			B WING			
		34328	B. WING		02/2	4/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
1-0 GRA	NNY'S HELPFUL HAN	DS LLC	CAGO AVEN OLIS, MN 5			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
02070	Continued From pa	ge 21	02070			
		present a systemic failure that potential to affect a large residents).				
	Findings Include:					
	of correction (POC) surveyor. ED-C states schedule showing a	22, at 1:25 p.m., a written plan, was handed to the state ed an updated staffing additional staff and shifts the state investigator by the 2022.				
	ensure 24-hour awa	ndicated the licensee would ake overnight staff would be s per week, starting February				
	immediacy of the co	22, at 1:25 p.m., the orrection order was lifted, the ed at level I scope/serverity development of the staffing ke staff.				
	,	22, at 5:22 p.m., ED-C d POC staffing schedule to the				
	clinical nurse super implement a written adequate number o	August 1, 2021, indicated The visor would develop and staffing plan that provided an f qualified direct care staff to needs 24-hours per day,				
	TIME PERIOD OF	CORRECTION: 21 days				

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Minnesota Department of Health STATE FORM

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		L (VO) MULL TIDL	E CONSTRUCTION	(V2) DATE CUDVEV	
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING:		
			D WING		С
		34328	B. WING		02/24/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE	
4.0.004	NANZO LIEL DELLI LIAN	5915 CHI	CAGO AVEN	UE	
1-0 GRA	NNY'S HELPFUL HAN	MINNEAL MINNEAL	POLIS, MN 5	5417	
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON (X5)
PRÉFIX	•	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL	
TAG	REGULATORT OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE
02360	Continued From pa	ige 22	02360		
02360	144G.91 Subd. 8 F	reedom from maltreatment	02360		
	<b>D</b>				
		right to be free from physical,			
	-	nal abuse; neglect; financial			
	•	l forms of maltreatment Vulnerable Adults Act.			
	covered under the	vuille able Addits Act.			
	This MN Requireme	ent is not met as evidenced			
	by:				
	Based on interviews	s, and document review, the			
		ure one resident reviewed			
	(R1) was free from	maltreatment. R1 was			
	neglected.				
	Findings include:				
	On May 20, 2022, t	he Minnesota Department of			
		ed a determination that neglect			
	,	d, and that the facility was			
		maltreatment, in connection			
	•	occurred at the facility. MDH			
	concluded there wa	as a preponderance of			
	evidence that maltr	eatment occurred.			
03000 SS=D	626.557 Subd. 3 Ti	ming of report	03000		
	(a) A mandated rep	orter who has reason to			
	•	rable adult is being or has			
	been maltreated, or	r who has knowledge that a			
		s sustained a physical injury			
		ably explained shall			
		the information to the			
	•	t. If an individual is a			
		lely because the individual is			
	-	y, a mandated reporter is not			
	required to report s	uspected maltreatment of the			

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unless:

individual that occurred prior to admission,

(1) the individual was admitted to the facility from

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_ `		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	<b>l</b> ` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
						_
		34328	B. WING		1	4/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
1_0 GPA	NNV'S HELDEIII HAN	5915 CHIC	CAGO AVEN	UE		
1-0 GRANNY'S HELPFUL HANDS LLC MINNEAPO				5417		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
03000	Continued From pa	ge 23	03000			
	another facility and believe the vulneral previous facility; or (2) the reporter know that the individual is in section 626.5572 (a), clause (4). (b) A person not recognisions of this section of the color of the co	the reporter has reason to oble adult was maltreated in the ws or has reason to believe a vulnerable adult as defined a subdivision 21, paragraph quired to report under the action may voluntarily report as ection requires a report of a maltreatment, if the reporter on to know that a report has ommon entry point. ection shall preclude a eporting to a law enforcement orter who knows or has nat an error under section on 17, paragraph (c), clause make a report under this eporter or a facility, at any time estigation by a lead y will determine or should reported error was not neglect teria under section 626.5572, agraph (c), clause (5), the nay provide to the common ly to the lead investigative explaining how the event nder section 626.5572, agraph (c), clause (5). The gency shall consider this naking an initial disposition of				

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AND PLAN OF CORRECTION (X	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
	34328	B. WING		02/2	; 4/2022	
NAME OF PROVIDER OR SUPPLIER						
1-0 GRANNY'S HELPFUL HANDS LLC  MINNEAPOLIS, MN 55417						
PREFIX (EACH DEFICIENCY M	MENT OF DEFICIENCIES  SUST BE PRECEDED BY FULL  CIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF CORRECTION (INCOMPAGE OF INCOMPAGE OF ICIENCY)	D BE	(X5) COMPLETE DATE	
ingested an unknown that he stole from the The resident required  This practice resulted violation that did not he safety but had the pot resident's health or satisolated scope (when residents are affected of staff are involved, conly occasionally).  Findings Include:  R1's medical record we to the licensee on Augulary diagnoses included unalcohol abuse, cocain independently.  R1's service plan date indicated R1 required management, meals, personal cares, behave attending appointment potential health and sathealth diagnoses. R1 to obtain alcohol and R1's behavioral plan of indicated R1 required supervision 24 hours	g medications to the se Reporting Center ours for one of one resident ewed. While staff slept, R1 number of his medications medication cart and closet. If hospitalization.  If in a level two violation (a narm a resident's health or tential to have harmed a afety) and was issued at an one or a limited number of d or one or a limited number or the situation has occurred was reviewed. R1 admitted gust 11, 2021. R1's inspecified psychosis, he abuse. R1 walked  ed August 11, 2021, It assistance with medication housekeeping, laundry, viors, scheduling and hts, and protection from safety risks due to his mental had a history of elopement drugs.  dated August 11, 2021,	03000				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		l ` ′	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		` '	(X3) DATE SURVEY COMPLETED	
		34328	B. WING			C <b>24/2022</b>	
NAME OF PROVIDER OR SUPPLIER  1-0 GRANNY'S HELPFUL HANDS LLC  STREET ADDRESS, CITY, STATE, ZIP CODE  5915 CHICAGO AVENUE  MINNEAPOLIS, MN 55417							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
03000	2021, indicated R1 management service be administered by misusing medication medication assessment stored in a locolon only staff had access R1's incident report indicated on Novem program manager (slurred speech, glostanding and walking (ULP)-G searched Ziploc bag containing Inside the medication care admitted at a hospit video footage.  The licensee video November 8, 2021, the dining room and wet paper towel whe 6:05 a.m., R1 attemmedication closet us a.m., R1 tampered cart. At 7:19 a.m., I administered R1's a.m., R1 opened the knife and stole one ULP-H was outside R1's record indicate of R1's medications antiseizure, (7) antiantidepressant pills	sessment dated August 11, received medication ces. R1's medications were to staff. R1 had a history of an and drug diversion. R1's ment indicated his medications cked closet inside his room as to.  I dated November 9, 2021, aber 8, 2021, at 8:15 a.m., (PM)-D observed R1 had asy eyes, and had difficulty ag. Unlicensed personnel R1's room and discovered a ang 55 pills prescribed to R1. on cart, PM-D noticed four of a nedication cards were missing. The licensee reviewed  footage indicated on at 4:40 p.m., R1 walked into a covered a camera with a ile ULP-H slept on the sofa. At a pted to break into a sing a butter knife. At 6:21 with the locked medication JLP-H woke up and 3:00 a.m. medications. At 9:11 e medication cart with a butter of his medication cards while of the building.					

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AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		COMPLETED		
		0.4000	B WING		00/0		
		34328	D. VVIIVO		02/2	24/2022	
NAME OF	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
1-0 GRANNY'S HELPFUL HANDS LLC MINNEAPOLIS, MN 55417							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF CORRECTION SHOUL CROSS-REFERENCED TO THE APPROPERTION (INCOMPAGE OF THE APPROPERTION (	D BE	(X5) COMPLETE DATE	
03000	Continued From pa		03000				
	missing 140 of his morning and nighttime medications: (14) antipsychotics pills, (35) antiseizure pills, (28) anticonvulsants, (56) antispasmodics, and (7) antidepressants.						
		ed between the pills retrieved and the missing pills from the cards, 85 pills were					
	discharged back to installed a deadbolt after R1 returned from report indicated R1'	21, at 8:30 a.m., R1 was the licensee. The licensee lock on the medication closet om the hospital. The incident is care team would be notified in knowledge of the incident.					
	,	2021, at 8:56 a.m., the line .MAARC report, two days					
	On November 10, 2 team were notified.	2021, at 9:00 a.m., R1's care					
	,	22, at 12:40 p.m., R1 stated ded many times due to stealing					
	Maltreatment-Preve August 1, 2021, ind identifying and repo						
	TIME PERIOD TO	CORRECT: Seven (7) days.					

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