



STATE LICENSING COMPLIANCE REPORT

Report #: HL343631618C

Date Concluded: December 7, 2022

Name, Address, and County of Facility

Investigated:

Triple Angels Healthcare
7150 W Point Douglas Rd S,
Cottage Grove, MN 55016
Washington County

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

Evaluator's Name: Brandon Martfeld, 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: 34363	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/07/2022
NAME OF PROVIDER OR SUPPLIER TRIPLE ANGELS HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP CODE 7150 WEST POINT DOUGLAS ROAD S COTTAGE GROVE, MN 55016			
(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	Initial Comments Initial comments *****ATTENTION***** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a complaint investigation. 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. INITIAL COMMENTS: #HL343631618C On December 7, 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 8 residents receiving services under the provider's Assisted Living with Dementia Care license. The following correction orders are issued for #HL343631618C tag identification 620, 630, and 3000.	0 000	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 License Providers. 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 surveyors' findings is the Time Period for Correction. 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. The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3.		
0 620 SS=D	144G.42 Subd. 6 (a) Compliance with requirements for reporting ma	0 620			

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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0 620	Continued From page 1 144G.42 Subd. 6. Compliance with requirements for reporting maltreatment of vulnerable adults; abuse prevention plan. (a) The assisted living facility must comply with the requirements for the reporting of maltreatment of vulnerable adults in section 626.557. The facility must establish and implement a written procedure to ensure that all cases of suspected maltreatment are reported. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to immediately report to the Minnesota Adult Abuse Reporting Center (MAARC) an incident of self-abuse for one of one resident (R1). 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 an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: R1's medical record was reviewed. R1's diagnoses included schizophrenia and alcohol use. R1's Service Plan dated June 6, 2022, indicated R1 received services which included dressing, grooming, toileting, mobility, meals preparation, medications, housekeeping, and laundry. The licensee's incident report dated May 14, 2022, indicated smoke was observed coming	0 620			

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0 620	Continued From page 2 from the R1's room. The residents were evacuated from the facility, the fire department extinguished the fire and R1 was sent to the hospital for an evaluation. The Minnesota Department of Health received the MAARC report May 19, 2022. During an interview on December 7, 2022, at 12:07 p.m., licensed assisted living director (LALD)-A stated the incident should be reported within 24 hours and that it was her mistake. The licensee's Vulnerable Adult policy dated August 1, 2021, directed a reportable incident would be reported or submitted to MAARC immediately or as soon as possible. TIME PERIOD FOR CORRECTION: Seven (7) days	0 620			
0 630 SS=D	144G.42 Subd. 6 (b) Compliance with requirements for reporting ma (b) The facility must develop and implement an individual abuse prevention plan for each vulnerable adult. The plan shall contain an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults; the person's risk of abusing other vulnerable adults; and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. For purposes of the abuse prevention plan, abuse includes self-abuse. This MN Requirement is not met as evidenced by:	0 630			

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0 630	Continued From page 3 Based on interview and record review, the licensee failed to ensure an individual abuse prevention plan (IAPP) was developed to include the required content for one of one residents (R1) with records reviewed. 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 an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: R1's medical record was reviewed. R1's diagnoses included schizophrenia and alcohol use. R1's Service Plan dated June 6, 2022, indicated R1 received services which included dressing, grooming, toileting, mobility, meals preparation, medications, housekeeping and laundry. R1's progress notes dated May 14, 2022, indicated R1 intentionally started his mattress on fire to burn down the facility. The fire department arrived to put out the fire and R1 was transported to the hospital for an evaluation. R1's Vulnerability Assessment/Abuse Prevention Plan dated June 9, 2022, identified areas of vulnerability of R1 was at risk for abusing other vulnerable adults and lacked specific interventions to keep other vulnerable adults safe. The Vulnerability Assessment/Abuse Prevention Plan did not identify R1's risk of self-abuse and did not include interventions for self abuse.	0 630			

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0 630	Continued From page 4 During an interview on December 7, 2022, at 10:49 a.m. R1 stated during the incident on May 14, 2022, he had suicidal thoughts and attempted to start his blanket on fire. During an interview on December 7, 2022, at 12:07 p.m. licensed assisted living director (LALD)-A stated R1's Vulnerability Assessment/Abuse Prevention Plan should have included concerns of self abuse. The licensee's Vulnerable Adult policy dated August 1, 2021, directed susceptibility to abuse included self abuse and that the IAPP would contain specific measures to minimize risk of abuse to the resident and other vulnerable adults. TIME PERIOD FOR CORRECTION: Seven (7) days	0 630			
03000 SS=D	626.557 Subd. 3 Timing of report (a) A mandated reporter who has reason to believe that a vulnerable adult is being or has been maltreated, or who has knowledge that a vulnerable adult has sustained a physical injury which is not reasonably explained shall immediately report the information to the common entry point. If an individual is a vulnerable adult solely because the individual is admitted to a facility, a mandated reporter is not required to report suspected maltreatment of the individual that occurred prior to admission, unless: (1) the individual was admitted to the facility from another facility and the reporter has reason to believe the vulnerable adult was maltreated in the previous facility; or	03000			

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03000	Continued From page 5 (2) the reporter knows or has reason to believe that the individual is a vulnerable adult as defined in section 626.5572, subdivision 21, paragraph (a), clause (4). (b) A person not required to report under the provisions of this section may voluntarily report as described above. (c) Nothing in this section requires a report of known or suspected maltreatment, if the reporter knows or has reason to know that a report has been made to the common entry point. (d) Nothing in this section shall preclude a reporter from also reporting to a law enforcement agency. (e) A mandated reporter who knows or has reason to believe that an error under section 626.5572, subdivision 17, paragraph (c), clause (5), occurred must make a report under this subdivision. If the reporter or a facility, at any time believes that an investigation by a lead investigative agency will determine or should determine that the reported error was not neglect according to the criteria under section 626.5572, subdivision 17, paragraph (c), clause (5), the reporter or facility may provide to the common entry point or directly to the lead investigative agency information explaining how the event meets the criteria under section 626.5572, subdivision 17, paragraph (c), clause (5). The lead investigative agency shall consider this information when making an initial disposition of the report under subdivision 9c. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to immediately report to the Minnesota Adult Abuse Reporting Center (MAARC) an incident of self-abuse for one of one resident (R1).	03000			

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