



STATE LICENSING COMPLIANCE REPORT

Report #: HL354071125C

Date Concluded: September 14, 2022

Name, Address, and County of Facility

Investigated:

United Chapters Living
6421 Nordic Circle
Edina, MN 55439
Hennepin 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 (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: 35407	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/22/2022
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0 000	<p>Initial Comments</p> <p>Initial comments *****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING 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>#HL354071125C</p> <p>On September 13 - 22, 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 4 residents receiving services under the provider's Assisted Living license.</p> <p>The following immediate correction orders are issued for #HL354071125C, tag identification 0510 and 1290.</p> <p>The investigator communicated the immediate orders with the Assisted Living Director on September 13, 2022.</p> <p>The immediacy for tag 0510 was removed on September 22, 2022. However, non-compliance</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 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 are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that 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.</p> <p>Per Minnesota Statute §144G.30, Subd. 5 (c), the assisted living facilities must document any action taken to comply with the correction order. A copy of the provider's records documenting those actions may be requested for follow-up surveys. The home care provider is not required to submit a plan of correction for approval; please disregard the heading of the fourth column, which states "Provider's Plan of Correction."</p> <p>The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to Minn. Stat. § 144G.31, Subd. 2 and 3.</p>	
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Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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0 000	Continued From page 1 remains at a scope and level of an F. The immediacy for tag 1290 was removed on September 22, 2022. However, non-compliance remains at a scope and level of an F.	0 000		
0 510 SS=F	<p>144G.41 Subd. 3 Infection control program</p> <p>(a) All assisted living facilities must establish and maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control.</p> <p>(b) The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities.</p> <p>(c) The facility must maintain written evidence of compliance with this subdivision.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and document review, the licensee failed to establish and maintain an effective infection control program that complies with accepted health care, medical, and nursing standards for infection control related to COVID-19, when staff were observed working without masks or eye protection and staff did not screen for COVID-19 upon entering the facility. The deficient practice had the potential to affect all four residents, all staff, and any visitors.</p> <p>An immediate correction order was issued when facility staff were observed without masks or eye protection, staff were not screened for COVID-19 symptoms, and the facility was in a county with</p>	0 510		

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0 510	<p>Continued From page 2</p> <p>high transmission rate.</p> <p>The licensee was notified of the immediate correction order on September 13, 2022.</p> <p>The immediacy was removed on September 22, 2022, when the facility implemented an infection control program and educated staff.</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) 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>Screening The licensee failed to screen staff for COVID-19 when entering or re-entering the building per CDC and MDH guidelines. The licensee failed to document temperatures and symptom screening questions.</p> <p>The Centers for Disease Control and Prevention Interim Infection Prevention and Control (CDC) Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic updated February 2, 2022, indicated facilities should establish a process to identify anyone entering the facility, regardless of their vaccination status, who has any of the following three criteria so that they can be properly managed: positive viral test for SARS-CoV-2, symptoms of COVID-19, or close contact with someone with SARS-CoV-2 infection.</p>	0 510		

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0 510	<p>Continued From page 3</p> <p>On September 13, 2022, at 10:15 a.m. the MDH investigator entered the facility and observed licensed practical nurse (LPN)-B, unlicensed personnel (ULP)-D, and ULP-E working at the facility.</p> <p>The investigator reviewed the Start of Shift Daily Employee Screening Log dated September 13, 2022, which indicated LPN-B, ULP-D, and ULP-F did not check their temperature or answer COVID-19 screening questions.</p> <p>Review of the Start of Shift Daily Employee Screening Log indicated zero staff checked their temperature or answered COVID-19 screening questions on September 11, 2022, or September 12, 2022.</p> <p>The facility schedule indicated seven staff worked at the facility on September 11, 2022, and eight staff worked at the facility on September 12, 2022.</p> <p>During an interview on September 13, 2022, at 11:05 a.m., assisted living director (AD)-F stated it was her understanding that staff were not required to screen for COVID-19 anymore.</p> <p>The licensee did not have a policy that addressed screening of staff, residents, or visitors for COVID-19, but a memo dated December 5, 2020, sent to employees, indicated the licensee established daily health checks which included temperature checks before employees were allowed on the premises at the beginning of their shift. The memo indicated that if an employee did not accept screening, they would be requested to leave.</p>	0 510		

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0 510	<p>Continued From page 4</p> <p>Personal Protective Equipment (PPE) The licensee failed to ensure staff wore appropriated PPE when the county transmission level was high.</p> <p>On September 13, 2022, at 9:00 a.m. the Centers for Disease Control and Prevention (CDC) COVID-19 Data Tracker for current community transmission indicated the licensee's county had a high transmission rate.</p> <p>The Minnesota Department of Health (MDH) personal protective equipment (PPE) grid for health care workers/direct service providers dated April 7, 2022, indicated when working with residents when community transmission rate is high, employees should wear a facemask and eye protection.</p> <p>The Centers for Disease Control and Prevention Interim Infection Prevention and Control (CDC) Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic updated February 2, 2022, indicated healthcare settings should continue to use community transmission rates and follow the CDC's infection prevention and control recommendations for healthcare settings.</p> <p>On September 13, 2022, at 10:15 a.m. the MDH investigator observed registered nurse (RN)-A, licensed practical nurse (LPN)-B, human resources staff (HR)-C, unlicensed personnel (ULP)-D, and ULP-E working at the facility without masks or eye protection.</p> <p>On September 13, 2022, the investigator observed assisted living director (AD)-F and owner (O)-G enter the facility but not put on a mask or eye protection.</p>	0 510		
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0 510	Continued From page 5 During an interview on September 13, 2022, at 11:05 a.m. AD-F and O-G stated they were not aware they should require staff to wear personal protective equipment. AD-F and O-G stated they were not checking the county transmission level. The licensee did not have a policy that addressed use of personal protective equipment. TIME PERIOD FOR CORRECTION: Fourteen (14) days.	0 510		
01290 SS=I	144G.60 Subdivision 1 Background studies required (a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information. (b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12. (c) Termination of an employee in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits. This MN Requirement is not met as evidenced by: Based on interview and document review, the licensee failed to ensure one of one employees (unlicensed personnel (ULP)-E reviewed for background studies received a Department of Human Services (DHS) clearance on their	01290		

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01290	<p>Continued From page 6</p> <p>background study prior to providing direct contact services or access to residents. This had the potential to affect all four residents of the facility.</p> <p>This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to 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>An immediate correction order was issued when a review of background studies for ULP-E indicated the licensee did not receive a background study clearance for ULP-E.</p> <p>The licensee was notified of the immediate correction order on September 14, 2022.</p> <p>The immediacy was removed on September 22, 2022, when the facility ensured all employees had a current background study.</p> <p>Findings include:</p> <p>The licensee hired ULP-E on April 11, 2022, to provide direct contact services to residents.</p> <p>The facility schedule indicated ULP-E worked directly with residents 102 shifts on the following dates: April 11, 13, 15, 18, 19, 20, 21, 22, 24, 25, 26, 27, and 28, 2022; May 4, 5, 6, 9, 10, 12, 13, 17, 18, 19, 20 (two shifts), 23, 25, 29, 30, and 31, 2022; June 3, 5, 6, 7, 8, 10, 12, 13, 14, 15, 16, 17, 19, 20, 21, 23, 24, 26, 27, 28, 29, and 30, 2022;</p>	01290		

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01290	<p>Continued From page 7</p> <p>July 1, 4, 5, 6, 7, 8, 10, 11, 12, 13,14, 15, 22, 25, 26, 27, 28, 29, and 31, 2022; August 1, 2, 3, 4, 5, 8, 9, 11, 12, 14, 15, 16, 17, 18, 19, 22, 23, 24, 25, 28, 30, and 31, 2022; September 1, 4, 5, 6, 7, 8, 11, 12, 13, and part of 14, 2022.</p> <p>A Department of Human Services (DHS) document dated April 26, 2022, indicated the licensee submitted a background study request for ULP-E for another of their licensed facilities (HFID #34846) and received notice to "immediately remove" ULP-E from his position due to failure to provide fingerprints and photo for the background study.</p> <p>The DHS background study website (Netstudy) indicated on September 12, 2022, at 4:04 p.m.ULP-E did not have a background study submitted or clearance to provide direct cares for the residents at the facility.</p> <p>During an interview on September 13, 2022, at 4:23 p.m., assisted living director (AD)-F stated that she did not know that ULP-E did not have a background study clearance.</p> <p>The Background Checks policy dated January 10, 2022, indicated the licensee will conduct a background study on all employees who will have independent, unsupervised contact with clients and no employee will have independent direct contact with clients until acceptable results have been received.</p> <p>TIME PERIOD FOR CORRECTION: Fourteen (14) days</p>	01290		
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