

STATE LICENSING COMPLIANCE REPORT

Report #: HL358614619C

Date Concluded: January 6, 2022

Name, Address, and County of Facility

Investigated:

Specialized Home Health Care
350 Stevens Street
St. Paul, MN
55107
Ramsey County

Facility Type: Assisted Living Facility (ALF)

Evaluator's Name: Erin Johnson-Crosby, 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: 35861	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/05/2023
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NAME OF PROVIDER OR SUPPLIER SPECIALIZED HOME HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 350 STEVENS STREET SAINT PAUL, MN 55107
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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>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>HL358614619C</p> <p>On January 5, 2023, the Minnesota Department of Health conducted a complaint investigation at the above provider, and the following correction orders are issued.</p> <p>The following correction orders are issued for HL358614619C, tag identification 1230 and 1240.</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 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.</p> <p>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.</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 subd. 1, 2, and 3.</p>	
01230 SS=F	<p>144G.57 Subd. 2 Content of closure plan</p> <p>The facility's proposed closure plan must include:</p>	01230		

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

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01230	<p>Continued From page 1</p> <p>(1) the procedures and actions the facility will implement to notify residents of the closure, including a copy of the written notice to be given to residents, designated representatives, legal representatives, and family and other resident contacts;</p> <p>(2) the procedures and actions the facility will implement to ensure all residents receive appropriate termination planning in accordance with section 144G.55, and final accountings and returns under section 144G.42, subdivision 5;</p> <p>(3) assessments of the needs and preferences of individual residents; and</p> <p>(4) procedures and actions the facility will implement to maintain compliance with this chapter until all residents have relocated.</p> <p>This MN Requirement is not met as evidenced by: Based on interview, and document review, the licensee failed to provide notice of intent to close the facility to the commissioner and that a proposed closure plan was created to include all regulatory requirements of licensure before initiating the process of facility closure.</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 the residents).</p> <p>Findings Include:</p> <p>The licensee's closure plan dated July 27, 2022, indicated the licensee was closing as the landlord was not renewing the lease and the lease would</p>	01230		
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01230	<p>Continued From page 2</p> <p>end on September 30, 2022.</p> <p>The facility's proposed closure plan was blank and did not include:</p> <p>(1) the procedures and actions the facility will implement to notify residents of the closure, including a copy of the written notice to be given to residents, designated representatives, legal representatives, and family and other resident contacts;</p> <p>(2) the procedures and actions the facility will implement to ensure all residents receive appropriate termination planning in accordance with section 144G.55, and final accountings and returns under section 144G.42, subdivision 5;</p> <p>(3) assessments of the needs and preferences of individual residents; and</p> <p>(4) procedures and actions the facility will implement to maintain compliance with this chapter until all residents have relocated.</p> <p>During interview on January 5th, 2022 at 3:00 p.m., owner-A acknowledged closure of the licensee and stated the licensee closed before MDH approval.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) Day</p>	01230		
01240 SS=F	<p>144G.57 Subd. 3 Commissioner's approval required prior to imp</p> <p>(a) The plan shall be subject to the commissioner's approval and subdivision 6. The facility shall take no action to close the residence prior to the commissioner's approval of the plan. The commissioner shall approve or otherwise respond to the plan as soon as practicable.</p> <p>(b) The commissioner may require the facility to</p>	01240		

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01240	<p>Continued From page 3</p> <p>work with a transitional team comprised of department staff, staff of the Office of Ombudsman for Long-Term Care, and other professionals the commissioner deems necessary to assist in the proper relocation of residents.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review, the licensee failed to provide notice of intent to close the facility to the commissioner before initiating the process of facility closure.</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 the residents).</p> <p>Findings Include:</p> <p>The licensee's closure plan dated July 27, 2022, indicated the licensee was closing as the landlord was not renewing the lease and the lease would end on September 30, 2022. The closure plan was blank and did not include the required information to submit for approval of the licensee closure.</p> <p>During interview on January 5th, 2022 at 3:00 p.m., owner-A acknowledged closure of the licensee and stated the licensee closed before MDH approval.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) Day</p>	01240		

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