

## STATE LICENSING COMPLIANCE REPORT

Report #: HL361161816C Date Concluded: May 27, 2022

Name, Address, and County of Facility
Investigated:
Merrcy Care Home LLC
1609 Edgewood Avenue South
St. Louis Park, MN 55426
Hennepin County

Facility Type: Assisted Living Facility (ALF) Evaluator's Name: Michele R. Larson, 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 144 and 144A(for COMP)/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:	` ′	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		A. BOILDING		С		
	36116	B. WING	_	05/26/2022		
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE			
MERRCY CARE HOME LLC	MERRCY CARE HOME LLC					
		UIS PARK,				
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROIDEFICIENCY)	D BE COMPLETE		
0 000 Initial Comments		0 000				
Initial comments ******ATTENTION*  ASSISTED LIVING CORRECTION OF  In accordance with 144G.08 to 144G.9 issued pursuant to  Determination of warequires compliant provided at the sta When a Minnesota items, failure to co be considered lack  INITIAL COMMEN  #HL361161816C  On May 26, 2022, Health conducted a above provider, an orders are issued. investigation, there services under the license.  The following corre	PROVIDER LICENSING RDER  Minnesota Statutes, section 5, these correction orders are a complaint investigation.  Thether a violation is corrected be with all requirements tute number indicated below. The Statute contains several mply with any of the items will a of compliance.		Minnesota Department of Health is documenting the State Licensing Correction Orders using federal so Tag numbers have been assigned Minnesota State Statutes for Assist Living License Providers. The assit ag number appears in the far left entitled "ID Prefix Tag." The state number and the corresponding testate Statute out of compliance is the "Summary Statement of Deficicolumn. This column also includes findings which are in violation of the requirement after the statement, "Minnesota requirement is not met evidenced by." Following the surve findings is the Time Period for Corplease DISREGARD THE HEADTHE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TREDERAL DEFICIENCIES ONLY. WILL APPEAR ON EACH PAGE.  THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTIONS OF MINNESOTA STATUTES.  The letter in the left column is use tracking purposes and reflects the and level issued pursuant to 144G.	oftware. to sted signed column Statute d of the listed in encies" s the ne state This as eyors' rection.  DING OF  TO THIS  O ON FOR TATE  d for scope		
	on 1 Resident record	0 700	subd. 1, 2, and 3.			
SS=I (b) Resident record	ds, whether written or					
Minnesota Department of Health			•	'		

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

(X6) DATE TITLE

Minnesota Department of Health

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		20440	B WING		C	
		36116	D. WIIVO		05/26/20	)22
	NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  1609 EDGEWOOD AVENUE SOUTH  SAINT LOUIS PARK, MN 55426					
(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)	DBE CC	(X5) MPLETE DATE
	tampering, or unaut compliance with char relevant federal and establish and imple control use, storage	protected against loss, horized disclosure in apter 13 and other applicable state laws. The facility shall ment written procedures to e, and security of resident sh criteria for release of				
	by: Based on observation failed to ensure restaugainst unauthorized medical records we of the facility. Resident from the licensee's	ent is not met as evidenced on and interview, the licensee ident records were protected id disclosure when resident re stored in an unsecure area ent records were removed office without knowledge or e licensee. Four of four ere stolen.				
	violation that harmed not including serious or a violation that has serious injury, impalissued at a widesprane pervasive or rep	ed in a level three violation (a ed a resident's health or safety, injury, impairment, or death, as the potential to lead to irment, or death), and was ead scope (when problems present a systemic failure that potential to affect a large residents).				
	The findings include	e:				
	entered the facility a (OW)-A. OW-A wall office. When the su resident records, O employee, manage records while he was	at 9:45 a.m., the surveyor and was met by owner ked the surveyor back to his rveyor asked to see the W-A stated a former (MG)-C stole the resident as out of the country. OW-A straining order against MG-C.				

Minnesota Department of Health

STATE FORM UG8Z11 If continuation sheet 2 of 4

Minnesota Department of Health

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		` ′	(X3) DATE SURVEY COMPLETED	
		36116	B. WING			C <b>26/2022</b>	
	PROVIDER OR SUPPLIER	1609 EDG	, ,	TATE, ZIP CODE  NUE SOUTH  N 55426			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  ' MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE	
0 700	(RN)-B stated she was RN-B stated MG-C assessments. RN-E some assessments were "MG-C took those resident was enforced as the law enforcement arrived his work computer resident information been the manager and MG-C were president information between the manager and MG-C were president information because the manager and MG-C wer	at 11:53 a.m. registered nurse was hired February 5, 2022. stole the resident's 3 stated she was able to do online, but stated most hard copy. RN-B stated, records. She needs to bring at 12:30 p.m., OW-A stated he nent and filed a report. OW-A nent told him it was a civil to the also filed Minnesota Adult enter (MAARC) reports for the					
	Health also filed a r Department of Hea	Vinnesota Department of report with the U.S.  Ith and Human Services of private health information by					

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	36116	B. WING			C 26/2022	
NAME OF PROVIDER OR SUPPLIER				1 00/2		
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  1609 EDGEWOOD AVENUE SOUTH  MERRCY CARE HOME LLC						
		OUIS PARK, N	T			
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
0 700 Continued From page	ge 3	0 700				
MG-C.						
TIME PERIOD TO	CORRECT: Two (2) days.					

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