STATE LICENSING COMPLIANCE REPORT

Report #: HL365605373C

Date Concluded:

Name, Address, and County of Facility Investigated:
Souriyathay Housing with Services

10932 Gettysburg Ave. N
Champlin, MN 55316

Facility Type: Assisted Living Facility (ALF)

Evaluator's Name: Zalei Lewis 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 ALF). 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36560	A. BUILDING: _____ B. WING _____	C 10/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOURIYATHAY HOUSING WITH SERVICES	10932 GETTYSBURG AVENUE NORTH CHAMPLIN, MN 55316

(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 ASSISTED LIVING PROVIDER 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: #HL365605373C On October 19, 2023 through October 24, 2023, 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 7 residents receiving services under the provider's Assisted Living license. The following correction orders are issued for #HL365605373C, tag identification 0110, 0130, 0485, 495, 0590, 0630, 0900, 1650.	0 000	Minnesota Department of Health is documenting the State 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 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 evaluators' 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 SUBDIVISION 1-3.	
0 110 SS=F	144G.10 Subdivision 1a Assisted living director license required	0 110		

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0 110	Continued From page 1 Each assisted living facility must employ an assisted living director licensed or permitted by the Board of Executives for Long Term Services and Supports.? This MN Requirement is not met as evidenced by: Based on interview and record review, the facility failed to employ a licensed assisted living director (LALD) licensed by the Board of Executives for Long Term Services and Supports. This had the potential to impact all eight residents who were occupants of the facility. 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 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). The findings include: On October 19, 2023, at 1:00 p.m., a Minnesota Department of Health (MDH) investigator intiated a complaint survey at the facility. On October 20, 2023, at 11:30 a.m., a request was made for the facility owner/administrator (ADM)-A to provide a copy of the license for the licensed assisted living director (LALD) of record for the facility. On October 20, 2023, at 1:24 p.m., ADM-A provided a copy of the LALD license which indicated the LALD was an assisted living director in residence (ALDIR) and the ALDIR license	0 110		

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0 110	Continued From page 2 expired on July 13, 2023. ADM-A acknowledged via email October, 20, 2023, she was listed as the ALDIR for the facility, but RN-B had not completed the mentorship required to allow for LALD certification because she was trying to find a preceptor but had not found any volunteers. "I also have the permit which we are trying to find a mentor for the past 3 months. The RN is currently is applying for the director permit, but he has not find mentor who is willing to help." No further information provided. TIME PERIOD FOR CORRECTION: TWO (2) DAYS	0 110		
0 130 SS=C	144G.12, Subd. 1 Application for Licensure Each application for an assisted living facility license, including provisional and renewal applications, must include information sufficient to show that the applicant meets the requirements of licensure, including: (1) the business name and legal entity name of the licensee, and the street address and mailing address of the facility; (2) the names, e-mail addresses, telephone numbers, and mailing addresses of all owners, controlling individuals, managerial officials, and the assisted living director; (3) the name and e-mail address of the managing agent and manager, if applicable; (4) the licensed resident capacity and the license category; (5) the license fee in the amount specified in section 144.122; (6) documentation of compliance with the	0 130		

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0 130	Continued From page 3 background study requirements in section 144G.13 for the owner, controlling individuals, and managerial officials. Each application for a new license must include documentation for the applicant and for each individual with five percent or more direct or indirect ownership in the applicant; (7) evidence of workers' compensation coverage as required by sections 176.181 and 176.182; (8) documentation that the facility has liability coverage; (9) a copy of the executed lease agreement between the landlord and the licensee, if applicable; (10) a copy of the management agreement, if applicable; (11) a copy of the operations transfer agreement or similar agreement, if applicable; (12) an organizational chart that identifies all organizations and individuals with an ownership interest in the licensee of five percent or greater and that specifies their relationship with the licensee and with each other; (13) whether the applicant, owner, controlling individual, managerial official, or assisted living director of the facility has ever been convicted of: (i) a crime or found civilly liable for a federal or state felony level offense that was detrimental to the best interests of the facility and its resident within the last ten years preceding submission of the license application. Offenses include: felony crimes against persons and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pretrial diversions; financial crimes such as extortion, embezzlement, income tax evasion, insurance fraud, and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pretrial diversions; any felonies	0 130		

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0 130	Continued From page 4 involving malpractice that resulted in a conviction of criminal neglect or misconduct; and any felonies that would result in a mandatory exclusion under section 1128(a) of the Social Security Act; (ii) any misdemeanor conviction, under federal or state law, related to: the delivery of an item or service under Medicaid or a state health care program, or the abuse or neglect of a patient in connection with the delivery of a health care item or service; (iii) any misdemeanor conviction, under federal or state law, related to theft, fraud, embezzlement, breach of fiduciary duty, or other financial misconduct in connection with the delivery of a health care item or service; (iv) any felony or misdemeanor conviction, under federal or state law, relating to the interference with or obstruction of any investigation into any criminal offense described in Code of Federal Regulations, title 42, section 1001.101 or 1001.201; (v) any felony or misdemeanor conviction, under federal or state law, relating to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance; (vi) any felony or gross misdemeanor that relates to the operation of a nursing home or assisted living facility or directly affects resident safety or care during that period; (vii) any revocation or suspension of a license to provide health care by any state licensing authority. This includes the surrender of such a license while a formal disciplinary proceeding was pending before a state licensing authority; (viii) any revocation or suspension of accreditation; or (ix) any suspension or exclusion from participation in, or any sanction imposed by, a	0 130		

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0 130	Continued From page 5 federal or state health care program, or any debarment from participation in any federal executive branch procurement or nonprocurement program; (14) whether, in the preceding three years, the applicant or any owner, controlling individual, managerial official, or assisted living director of the facility has a record of defaulting in the payment of money collected for others, including the discharge of debts through bankruptcy proceedings; (15) the signature of the owner of the licensee, or an authorized agent of the licensee; (16) identification of all states where the applicant or individual having a five percent or more ownership, currently or previously has been licensed as an owner or operator of a long-term care, community-based, or health care facility or agency where its license or federal certification has been denied, suspended, restricted, conditioned, refused, not renewed, or revoked under a private or state-controlled receivership, or where these same actions are pending under the laws of any state or federal authority; (17) statistical information required by the commissioner; and (18) any other information required by the commissioner. This MN Requirement is not met as evidenced by: Based on interview, observation, and record review, the facility failed to ensure the facility capacity did not exceed the licensed capacity agreed upon when applying for licensure of the assisted living facility and subsequent renewals. This had the potential to impact all eight residents who resided at the assisted living facility. This practice resulted in a level one violation (a	0 130		

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0 130	Continued From page 6 violation that has no potential to cause more than a minimal impact on the resident and does not affect 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 the residents). The findings include: On October 19, 2023, at 1:00 p.m., a Minnesota Department of Health (MDH) investigator intiated a complaint survey at the facility. The facility license dated February 1, 2023, through January 31, 2024, indicated the facility had a resident capacity of five residents. During the entrance conference on October 19, 2023, at 1:00 p.m., the MDH investigator spoke with administrator (ADM)-A, who indicated the facility housed five assisted living residents and two other individuals who leased a room from the facility. ADM-A identified the residents who leased, were not assisted living residents, just individuals with a lease, who rented a room in the assisted living. ADM-A confirmed the facility also housed an unlicensed personnel (ULP)-D in a room at the facility. ADM-A confirmed in total, 8 individuals over the age of 18 resided at the facility residence. During the entrance conference, ADM-A told the MDH investigator the two individuals who leased the room at the facility were an older couple who resided in the same room and provided the investigator a copy of the couple's lease agreement. The lease agreement was dated January 1, 2023, included the facility address, and identified the term of the lease was for two	0 130		

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0 130	Continued From page 7 years. There was no lease agreement provided for ULP-D. Minnesota State Statutes for Assisted Living Licensure 144G.08 Subdivision 7 defines "Assisted living facility" as a facility that provides sleeping accommodations and assisted living services to one or more adults. Minnesota State Statutes for Assisted Living Licensure 144G.12 Subdivision 1 identifies each application for assisted living licensure must include sufficient information to show the applicant meets the requirements of licensure including the licensed resident capacity. No further information provided. TIME PERIOD FOR CORRECTION: TWO DAYS	0 130		
0 485 SS=C	144G.41 Subdivision 1. (13)(i)(A)and(C) Minimum Requirements (13) offer to provide or make available at least the following services to residents: (i) at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The following apply: (A) menus must be prepared at least one week in advance and made available to all residents. The facility must encourage residents' involvement in menu planning. Meal substitutions must be of similar nutritional value if a resident refuses a food that is served. Residents must be informed	0 485		

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0 485	Continued From page 8 in advance of menu changes; and (C) the facility cannot require a resident to include and pay for meals in their contract; (ii) weekly housekeeping; (iii) weekly laundry service; This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the Assisted Living With Dementia Care contract did not require any resident to include and pay for meals as a part of their assisted living package fee. This had the potential to affect all residents living in the facility. This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) 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). The findings include: On October 19, 2023, at 1:00 p.m. a Minnesota Department of Health (MDH) investigator intiated a complaint investigation at the facility. The facility service plans were reviewed and included the following: "All the services listed below are included in your Monthly Base Fee ("Included Services"): Utilities (heat, air conditioning, electricity, water and garbage removal) On-site staff accessible 24/7 to respond to requests for assistance with health and safety needs Registered nurse reachable by staff 24/7	0 485		

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0 485	Continued From page 9 Daily safety / comfort check Ability to reserve designated common areas for private use Weekly housekeeping Parking Social activities and recreational, wellness and educational programs as scheduled Assistance in coordination of appointments and transportation" Assistance in securing additional supportive and home care services" Meals were not identified in the list of included services for the monthly base fee list on the service plan. The service plans also identified meals were not included in the monthly base fee. The service plans indicated "The Community offers the meal plans described on Attachment C. You are not required to select a meal plan to live at the Community. The cost of your meal plan, should you select one, is not included in your Monthly Base Fee. Meal plans are available for the additional fees listed on Attachment C. If you wish to change meal plans at any time, you may do so by signing and dating a new Meal Plan Options selection form (Attachment C), which will become part of this Agreement and placed in your resident file." No further information provided. TIME PERIOD FOR CORRECTION: SEVEN (7) DAYS	0 485		
0 495 SS=F	144G.41 Subd. 1 (14) Minimum Requirements	0 495		

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0 495	Continued From page 10 (14) provide staff access to an on-call registered nurse 24 hours per day, seven days per week This MN Requirement is not met as evidenced by: Based on interview and observation, the facility failed to ensure access to an on-call registered nurse 24 hours per day, seven days per week. This had the potiential to impact all residents who resided at the assisted living facility. 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 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). The findings include: On October 19, 2023, at 1:00 p.m. a Minnesota Department of Health (MDH) investigator initiated a complaint investigation at the facility. During the entrance conference, the facility owner/administrator (ADM)-A indicated the facility employed a licensed registered nurse (RN)-B. Attempts to contact the facility registered nurse (RN)- B were made by the investigator on October 25, 26, and 27, 2023. RN-B left a message after the investigator was finished with business day on October 27, 2023, and stated he was ill and that is why he was unable to return phone calls. ADM-A responded to the investigator in an email dated October 31, 2023, "Yes, we only have one	0 495		

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0 495	Continued From page 11 nurse. [Nurse's name] does work at our facilities of Gettysburg, Sunny Lane and the adult daycare. [Nurse name] and I always have a good connections and he lives in Brooklyn park. I have easy access via text, phone, email and in person. [The nurse] visits the facility mostly Thursdays and Fridays and some weekends, and he does drop a surprise visit in often to make sure we do our job correctly, according to compliance, because his license is at stake and that we all understand the assignments. If there is an emergency, I always call the triage nurses 24/7 at Allina clinic because 99% of our resident have primary care with Allina clinic. Most of therapy, hospital, home care and emergencys we have always go to Mercy at Allina." On November 2, 2023, the investigator contacted RN-B to request intitial assessments of residents, on that same date RN-B replied to the investigator with the following email, "Like we discussed over the phone, the owner of the business has been the director of the of the facility and has been in possession of all the documents. It was not the expectation of me to handle completed documents at that time. Should that become an expectation of me, I will honor it going forward." No further information provided. TIME PERIOD FOR CORRECTION:	0 495		
0 590 SS=D	144G.42 Subd. 3 Facility restrictions (a) This subdivision does not apply to licensees that are Minnesota counties or other units of government. (b) A facility or staff person may not:	0 590		

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0 590	Continued From page 12 (1) accept a power-of-attorney from residents for any purpose, and may not accept appointments as guardians or conservators of residents; or (2) borrow a resident's funds or personal or real property, nor in any way convert a resident's property to the possession of the facility or staff person. (c) A facility may not serve as a resident's legal, designated, or other representative. (d) Nothing in this subdivision precludes a facility or staff person from accepting gifts of minimal value or precludes acceptance of donations or bequests made to a facility that are exempt from section 501(c)(3) of the Internal Revenue Code. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to follow facility restrictions for two of eight residents (R1 and R2). The facility owner/administrator (ADM)-A accepted power of attorney and signed as a legal representative for R1 and R2. 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: On October 19, 2023, at 1:00 p.m., a Minnesota Department of Health (MDH) investigator intiated a complaint investigation survey at the facility.	0 590		

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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
0 590	Continued From page 13 During the entrance conference on October 19, 2023, the investigator spoke with administrator (ADM)-A, who indicated the facility housed five assisted living residents and two other individuals who leased a room from the facility. ADM-A stated the two residents (R1and R2) who leased the room at the facility were an older couple who resided in the same room. ADM-A provided the investigator a copy of the couples' lease agreement. The lease agreement provided by ADM-A, was dated January 1, 2023, and included the facility address, and identified the term of the lease was for two years. The lease agreement was signed by ADM-A, identifying ADM-A as the power of attorney for both R1 and R2. The investigator questioned ADM-A as being the power of attorney for R1 and R2 and ADM-A provided a document dated July 30, 2022, signed by R1 and R2 giving ADM-A power of attorney for both individuals. ADM-A stated she was power of attorney for (the) "couple who is destitute and poverty-stricken due to their inability to physical and mental inability to sustain their life." ADM-A stated the two residents were not receiving care from the facility, however one individual was receiving dialysis services and the other had a debilitating condition. ADM-A stated she provided transportation, medication management, funding, and help, on her own time and out of her own pocket. No further information was provided. TIME PERIOD FOR CORRECTION: SEVEN (7) DAYS	0 590		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36560	A. BUILDING: _____ B. WING _____	C 10/24/2023

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0 630 SS=F	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: Based on interview and record review, the facility failed to develop and implement individual abuse prevention plans (IAPP)s for three of eight (R1, R2, R3) residents reviewed. The facility also failed to ensure IAPPs were individualized and included interventions for resident vulnerabilities for five of eight residents (R4, R5, R6, R7, R8). 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 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). The findings include: On October 19, 2023, at 1:00 p.m. a Minnesota Department of Health (MDH) investigator intiated	0 630		

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0 630	Continued From page 15 a complaint investigation survey at the facility. During the entrance conference on October 19, 2023, at 1:00 p.m., the investigator spoke with administrator (ADM)-A, who indicated the facility housed five assisted living residents and two other individuals who leased a room from the facility. ADM-A identified the residents who leased, were not assisted living residents, just individuals with a lease, who rented a room in the assisted living. In addition, ADM-A confirmed the facility housed an unlicensed personnel (ULP)-D in a room at the facility. ADM-A confirmed, in total, 8 individuals over the age of 18 resided at the facility residence. During the entrance conference, ADM-A stated she did not identify the individuals on the lease (R1, R2) or ULP-D (R3) as residents of the assisted living and confirmed R1, R2, and R3 did not have signed contracts or IAPPs completed. R4's medical record identified vulnerabilities of depression, anxiety, social inappropriateness, and verbal aggression. R4's IAPP included no interventions for staff on how to address R4's vulnerabilities. R4 was not orientated to person, time, or place, and was unable to walk, however the IAPP lists R4 as not vulnerable to abuse by others. R5's medical record identified R5 as a smoker and alcohol user who hides alcohol use. R5's IAPP did not include interventions or address these vulnerabilities. R6's medical record identified R6 as disorientated, at risk of elopement and exhibited a history of behaviors of wandering in and out of the building. R6's IAPP did not identify R6 as at risk	0 630		

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0 630	Continued From page 16 for abuse. R7's medical record identified R7 As disorientated to person, place, and time, and aggressive towards self and others, had difficulty communicating, wandered into other resident's rooms, and was an elopement risk. R7's IAPP included only the intervention to stop R7 before he hurts himself or others, tell him no, and monitor his movements. There were no specific interventions or redirection techniques identified for staff to utilize to keep R7 safe from himself and/or others. ADM-A was interviewed on October 19, 2023, and stated R1 and R2 were not assisted living residents, just individuals with a lease, renting a room in the assisted living. R1 and R2 did not have resident records and had no signed assisted living contract or IAPP completed. ADM-A stated she was the power of attorney for both R1 and R2 and payed for all health needs, expenses, and transportation. Medication set-up was a need specifically mentioned as a task that ADM-A provided, but stated this was not through the assisted living facility. ADM-A indicated she did not live at the assisted living facility, and it was unclear how medical needs that might need to be addressed would be addressed at the facility, nor what the facility staff was aware of in terms of R1 and R2's medical conditions. ADM-A indicated R3 (ULP-D) also did not have an IAPP completed as he was regarded as a live-in employee/caretaker. ADM-A indicated the facility nurse was responsible for the completion of IAPPs. No further information provided. TIME PERIOD FOR CORRECTION: SEVEN (7) DAYS	0 630		

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0 900 SS=F	144G.50 Subdivision 1 Contract required (a) An assisted living facility may not offer or provide housing or assisted living services to any individual unless it has executed a written contract with the resident. (b) The contract must contain all the terms concerning the provision of: (1) housing; (2) assisted living services, whether provided directly by the facility or by management agreement or other agreement; and (3) the resident's service plan, if applicable. (c) A facility must: (1) offer to prospective residents and provide to the Office of Ombudsman for Long-Term Care a complete unsigned copy of its contract; and (2) give a complete copy of any signed contract and any addendums, and all supporting documents and attachments, to the resident promptly after a contract and any addendum has been signed. (d) A contract under this section is a consumer contract under sections 325G.29 to 325G.37. (e) Before or at the time of execution of the contract, the facility must offer the resident the opportunity to identify a designated representative according to subdivision 3. (f) The resident must agree in writing to any additions or amendments to the contract. Upon agreement between the resident and the facility, a new contract or an addendum to the existing contract must be executed and signed. This MN Requirement is not met as evidenced by: Based on record review and interview, the facility failed to ensure a written contract was executed to include required terms concerning provision of housing and services and facility requirements	0 900		

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0 900	Continued From page 18 prior to providing housing or assisted living services to three of eight residents (R1, R2, and R3) who resided in the assisted living. 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 clients). Findings Include: On October 19, 2023, at 1:00 p.m., a Minnesota Department of Health (MDH) investigator intiated a complaint investigation survey at the facility. During the entrance conference at 1:00 p.m., the investigator spoke with administrator (ADM)-A, who indicated the facility housed five assisted living residents and two other individuals (R1 and R2) who leased a room from the facility. ADM-A identified the residents who leased, were not assisted living residents, just individuals with a lease, renting a room in the assisted living and did not have a signed assisted living contract. In addition, ADM-A confirmed the facility housed an unlicensed personnel (ULP)-D in a room at the facility and indicated ULP-D did not have a signed contract. ADM-A confirmed in total, 8 individuals over the age of 18 resided at the facility residence. Per interview with ADM-A on October 19, 2023, at 1:00 p.m. the two lease residents (R1, R2) were not receiving care from the facility, but one is receiving dialysis services and the other has a debilitating condition likened to a stroke per	0 900		

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0 900	Continued From page 19 ADM-A. ADM-A is providing transportation and medication management/ funding and help on her own time out of her own pocket. She also provided a copy of a document granting her Power-of-Attorney for the two residents. Review of available records on October 19, 2023, indicated R1, R2, and R3 did not have an executed written contract with the required components. No further information provided. TIME PERIOD FOR CORRECTION: TWENTY-ONE (21) DAYS	0 900		
01650 SS=F	144G.70 Subd. 4 (f) Service plan, implementation and revisions to (f) The service plan must include: (1) a description of the services to be provided, the fees for services, and the frequency of each service, according to the resident's current assessment and resident preferences; (2) the identification of staff or categories of staff who will provide the services; (3) the schedule and methods of monitoring assessments of the resident; (4) the schedule and methods of monitoring staff providing services; and (5) a contingency plan that includes: (i) the action to be taken if the scheduled service cannot be provided; (ii) information and a method to contact the facility; (iii) the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including	01650		

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01650	Continued From page 20 identification of and information as to who has authority to sign for the resident in an emergency; and (iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters. This MN Requirement is not met as evidenced by: Based on record review and interview, the facility failed to ensure service plans contained all the required information for seven of eight residents (R1, R2, R4, R5, R6, R6, R7) 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), 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). Findings Include: On October 19, 2023, at 1:00 p.m., a Minnesota Department of Health (MDH) investigator intiated a complaint investigation survey at the facility. On October 20, 2023, at 11:30 a.m., the investigator requested the licensee's service plans for review. R1 and R2 did not have signed assisted living contracts and had no signed service plans. The service plans for R4, R5, R6, R7 were	01650		

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01650	Continued From page 21 reviewed and did not include the following information: - the correct address of the facility. -a description of the services to be provided, the fees for services, and the frequency of each service, according to the resident's current assessment and resident preferences. -the identification of staff or categories of staff who will provide the services -the schedule and methods of monitoring assessments of the resident -the schedule and methods of monitoring staff providing services; and a contingency plan that includes: -the action to be taken if the scheduled service cannot be provided; -the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency; and -the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters. The service plans did not include information of the RN to have developed, nor written anything in the service plan for any resident including treatment plan, therapy plan, nor medication	01650		

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01650	Continued From page 22 management plan, methods or frequency of monitoring staff, the schedule and methods of monitoring assessments of the resident, nor identification of staff providing services. No further information provided. TIME PERIOD FOR CORRECTION: TWENTY-ONE (21) DAYS	01650		