

STATE LICENSING COMPLIANCE REPORT

Report #: HL365612802C

Date Concluded: January 18, 2024

Name, Address, and County of Facility

Investigated:

Healing Homes Living Services
83 Cook Avenue West
Saint Paul, MN 55117
Ramsey County

Facility Type: Assisted Living Facility (ALF)

Evaluator's Name: Holly German, 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: 36561	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/22/2023
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NAME OF PROVIDER OR SUPPLIER HEALING HOMES LIVING SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 83 COOK AVENUE WEST SAINT PAUL, MN 55117
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0 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER 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>#HL365612802C</p> <p>On December 22, 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 3 residents receiving services under the provider's Assisted Living license.</p> <p>The following correction orders are issued for #HL365612802C, tag identification 770, 1060, 1690, 1880.</p>	0 000	<p>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.</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 SUBDIVISION 1-3.</p>	
0 770 SS=F	144G.45 Subdivision 1 Minimum site Requirements	0 770		

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

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0 770	<p>Continued From page 1</p> <p>The following are required for all assisted living facilities:</p> <ul style="list-style-type: none"> (1) public utilities must be available, and working or inspected and approved water and septic systems must be in place; (2) the location must be publicly accessible to fire department services and emergency medical services; (3) the location's topography must provide sufficient natural drainage and is not subject to flooding; (4) all-weather roads and walks must be provided within the lot lines to the primary entrance and the service entrance, including employees' and visitors' parking at the site; and (5) the location must include space for outdoor activities for residents. <p>This MN Requirement is not met as evidenced by: Based on interview and document review, the licensee failed to ensure public utilities are available and working, as required for 3 of 3 residents (R1, R2, R3) reviewed.</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, 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).</p> <p>The findings include:</p> <p>R1's diagnosis included traumatic brain injury, depression, and hypertension. R1's service plan dated June 1, 2022, indicated R1 received</p>	0 770		
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0 770	<p>Continued From page 2</p> <p>assistance with dressing, bathing, safety checks, medication administration and meals.</p> <p>R2's diagnosis included depression, anxiety, and glaucoma. R2's service plan dated December 26, 2023, indicated R2 received assistance with blood sugar monitoring, safety checks, behavior management and meals.</p> <p>R3's diagnosis included diabetes, seizure disorder, chronic pain, and depression. R3's service plan dated October 1, 2022, indicated R3 received assistance with bathing, dressing, behavior management, medication administration and meals.</p> <p>An Xcel Energy bill statement addressed to Healing Homes LLC dated May 15, 2023, indicated a total balance due of \$14,305.00. The forwarded balance from March 14, 2023, was \$8,575.59 and current charge was \$5,729.41.</p> <p>The licensee's checking account statement dated June 30, 2023, indicated Xcel Energy received a payment of \$14,305.00 from Healing Homes Living Services LLC on June 12, 2023.</p> <p>During an interview on December 22, 2023, at 8:55 a.m., R3 stated he recalled the electricity going out at the facility. R3 stated the facility owner, licensed assisted living director (LALD)-C, told him they had to go to a bed and breakfast place, and LALD-C brought him there in her car.</p> <p>During an interview on December 27, 2023, at 9:00 a.m., LALD-C stated the electricity was not available in the facility for two to three days. LALD-C stated the residents moved to a nearby Air B&B lodging facility for three days and two nights until the electricity came back on at the</p>	0 770		

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0 770	Continued From page 3 facility. During an interview on December 28, 2023, at 1:30 p.m., unlicensed personnel (ULP)-D stated she saw notices come in the mail to the facility from Xcel Energy. ULP-D stated she was working when the electricity went out at the facility and assisted moving the residents to the Air B&B lodging. ULP-D stated the residents were upset and did not want to go. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 770		
01060 SS=F	144G.52 Subd. 9 Emergency relocation (a) A facility may remove a resident from the facility in an emergency if necessary due to a resident's urgent medical needs or an imminent risk the resident poses to the health or safety of another facility resident or facility staff member. An emergency relocation is not a termination. (b) In the event of an emergency relocation, the facility must provide a written notice that contains, at a minimum: (1) the reason for the relocation; (2) the name and contact information for the location to which the resident has been relocated and any new service provider; (3) contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities; (4) if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and (5) a statement that, if the facility refuses to provide housing or services after a relocation, the	01060		

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01060	<p>Continued From page 4</p> <p>resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal.</p> <p>(c) The notice required under paragraph (b) must be delivered as soon as practicable to:</p> <p>(1) the resident, legal representative, and designated representative;</p> <p>(2) for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the resident's case manager; and</p> <p>(3) the Office of Ombudsman for Long-Term Care if the resident has been relocated and has not returned to the facility within four days.</p> <p>(d) Following an emergency relocation, a facility's refusal to provide housing or services constitutes a termination and triggers the termination process in this section. currently known; and</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review the licensee failed to notify the required representatives, as required for 3 of 3 residents (R1, R2, R3) reviewed.</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, 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).</p> <p>The findings include:</p> <p>R1's diagnosis included traumatic brain injury,</p>	01060		

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01060	<p>Continued From page 5</p> <p>depression, and hypertension. R1's service plan dated June 1, 2022, indicated R1 received assistance with dressing, bathing, safety checks, medication administration and meals.</p> <p>R2's diagnosis included depression, anxiety, and glaucoma. R2's service plan dated December 26, 2023, indicated R2 received assistance with blood sugar monitoring, safety checks, behavior management and meals.</p> <p>R3's diagnosis included diabetes, seizure disorder, chronic pain, and depression. R3's service plan dated October 1, 2022, indicated R3 received assistance with bathing, dressing, behavior management, medication administration and meals.</p> <p>Licensee-provided document titled Emergency Relocation Notification addressed to R1 lacked the date the licensee provided it to R1.</p> <p>Licensee-provided document titled Emergency Relocation Notification addressed to R2 lacked the date the licensee provided it to R2.</p> <p>Licensee-provided document titled Emergency Relocation Notification addressed to R3 lacked the date the licensee provided it to R3.</p> <p>In email communication on January 4, 2024, at 1:28 p.m., R1's case manager (CM)-G indicated they did not have a document of emergency relocation notification on file.</p> <p>In email communication on January 5, 2024, at 8:50 a.m., the facility owner, licensed assisted living director (LALD)-C, indicated the residents case managers were not notified of the emergency relocation.</p>	01060		

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01060	<p>Continued From page 6</p> <p>During an interview on December 22, 2023, at 8:55 a.m., R3 stated he did not recall receiving a notice of relocation. R3 stated LALD-C verbally told them they had to go to another place the day the electric shut off.</p> <p>During an interview on December 27, 2023, at 9:00 a.m., LALD-C stated the residents were updated verbally in real time, constant updates throughout the day on the status of what was going on and when they would be moving back to the facility.</p> <p>The licensee-provided policy titled Emergency Relocation dated August 1, 2021 indicated the licensee will provide the required notice of relocation to the resident, legal representative, and designated representative. The same policy indicated the case manager would be notified for residents who receive home and community based waiver services.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01060		
01690 SS=F	<p>144G.71 Subdivision 1 Medication management services</p> <p>(a) This section applies only to assisted living facilities that provide medication management services.</p> <p>(b) An assisted living facility that provides medication management services must develop, implement, and maintain current written medication management policies and procedures. The policies and procedures must be developed under the supervision and direction of a registered nurse, licensed health professional,</p>	01690		

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01690	<p>Continued From page 7</p> <p>or pharmacist consistent with current practice standards and guidelines.</p> <p>(c) The written policies and procedures must address requesting and receiving prescriptions for medications; preparing and giving medications; verifying that prescription drugs are administered as prescribed; documenting medication management activities; controlling and storing medications; monitoring and evaluating medication use; resolving medication errors; communicating with the prescriber, pharmacist, and resident and legal and designated representatives; disposing of unused medications; and educating residents and legal and designated representatives about medications. When controlled substances are being managed, the policies and procedures must also identify how the provider will ensure security and accountability for the overall management, control, and disposition of those substances in compliance with state and federal regulations and with subdivision 23.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review, the licensee failed to ensure security and accountability of controlled medications per the licensee policy of counting controlled medications on day and evening shift. This deficient practice had the potential to affect all residents and directly affected 1 of 1 residents (R1) reviewed who received controlled medications.</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, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when</p>	01690		

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01690	<p>Continued From page 8</p> <p>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>The findings include:</p> <p>R1's diagnosis included traumatic brain injury and depression. R1's service plan dated June 1, 2022, indicated R1 received assistance with medication administration.</p> <p>A licensee document titled "Pill Count History" dated June 1, 2023 through June 30, 2023, indicated a controlled medication count was verified eleven times on the evening shift and zero times on the day shift for the month of June. The document lacked evidence of medication accountability for every day and evening shift.</p> <p>During an interview on December 22, 2023, at 10:00 a.m., unlicensed personnel (ULP)-F stated there was not any type of shift to shift count of controlled medications. ULP-F stated staff entered medication discrepancies into the online portal communication to the nurse.</p> <p>During an interview on December 28, 2023, at 1:30 p.m., ULP-D stated she worked the overnight shift and the medications should be counted on the day and evening shifts. ULP-D stated she never accessed the medication cabinet because she did not give medications on the overnight shift.</p> <p>During an interview on January 3, 2023, at 9:59 a.m., ULP-E stated staff do not count controlled medications with other staff. ULP-E stated the staff count the medications in their online tasks during their shift.</p>	01690		

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01690	<p>Continued From page 9</p> <p>During an interview on December 27th, 2023, at 9:00 a.m., licensed assisted living director (LALD)-C stated there was shift to shift controlled substance count.</p> <p>The licensee-provided policy titled "Narcotic Log" dated August 1, 2021, indicated all Schedule II controlled substances will be counted and recorded on the narcotic count sheet and compared with quantities listed on the Narcotic Log at the start of the day shift and during the evening shift.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01690		
01880 SS=F	<p>144G.71 Subd. 19 Storage of medications</p> <p>An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access.</p> <p>This MN Requirement is not met as evidenced by: Based on interview, observation, and document review the licensee failed to properly store and secure medications, as required for 3 of 3 residents (R1, R3, R4) reviewed.</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, 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</p>	01880		

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01880	<p>Continued From page 10</p> <p>affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>R1's diagnosis included traumatic brain injury, depression, and hypertension. R1's service plan dated June 1, 2022, indicated R1 received assistance with dressing, bathing, safety checks, medication administration and meals.</p> <p>R3's diagnosis included diabetes, seizure disorder, chronic pain, and depression. R3's service plan dated October 1, 2022, indicated R3 received assistance with bathing, dressing, behavior management, medication administration and meals.</p> <p>R4's diagnosis includes hypertension, anxiety, and insomnia. R4's service plan dated November 11, 2023 indicates he requires assistance with safety checks and medication administration.</p> <p>On December 22, 2023, at 08:30 a.m., the surveyor observed the medication cabinet pulled open by unlicensed personnel (ULP)-F without keys used. ULP-F showed the surveyor the additional lock box within the cabinet that ULP-F stated contained the controlled medications. UPL-F did not lock the medication cabinet after he closed it and walked away. The medication cabinet was located in the communal living room area. The surveyor witnessed the unsecured keys to the medication cabinet hanging on a hook on the wall next to the staff computer, located in the communal living room.</p> <p>On December 22, 2023, at 10:42 a.m., the surveyor observed ULP-F open the medication cabinet without use of keys.</p>	01880		

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01880	<p>Continued From page 11</p> <p>During an interview on December 28, 2023, at 1:30 p.m., ULP- D stated the keys for the medication cabinet are kept by the computer, hanging up on the wall. The computer was located in a communal living area.</p> <p>During an interview on December 27, 2023, at 9:00 a.m., licensed assisted living director (LALD)-C stated staff are expected to have the medication cabinet keys on them at all times, and the cabinet is to remain locked at all times.</p> <p>Licensee provided document "Medication Storage," dated August 1, 2023, indicated medications managed outside of a resident's private living space must be in securely locked and substantially constructed compartments and permit only authorized personnel to have access.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01880		