

STATE LICENSING COMPLIANCE REPORT

Report #: HL36759001C

Date Concluded: December 21, 2022

Name, Address, and County of Facility

Investigated:

Bestvalue Healthcare Inc
3693 Grovner Road North
Oakdale, MN 55128
Washington County

Facility Type: Assisted Living Facility (ALF)

Evaluator's Name: Yolanda Dawson, RN
Nurse Evaluator

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: 36759	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/01/2023
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NAME OF PROVIDER OR SUPPLIER BESTVALUE HEALTHCARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3693 GROVNER ROAD NORTH OAKDALE, MN 55128
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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 compliance 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>#HL36759001C</p> <p>On December 14, 2022, the Minnesota Department of Health conducted a compliance only 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 Comprehensive Assisted Living. The following correction orders are issued that were not issued at the time of immediate correction orders.</p> <p>The following correction orders are issued for #HL36759001C tag identification 1640, 0730.</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 Home Care 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 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</p>	

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	0 000	REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144A.474 SUBDIVISION 11 (b)(1)(2).	
0 730 SS=F	<p>144G.43 Subd. 3 Contents of resident record</p> <p>Contents of a resident record include the following for each resident:</p> <p>(1) identifying information, including the resident's name, date of birth, address, and telephone number;</p> <p>(2) the name, address, and telephone number of the resident's emergency contact, legal representatives, and designated representative;</p> <p>(3) names, addresses, and telephone numbers of the resident's health and medical service providers, if known;</p> <p>(4) health information, including medical history, allergies, and when the provider is managing medications, treatments or therapies that require documentation, and other relevant health records;</p> <p>(5) the resident's advance directives, if any;</p> <p>(6) copies of any health care directives, guardianships, powers of attorney, or conservatorships;</p> <p>(7) the facility's current and previous assessments and service plans;</p> <p>(8) all records of communications pertinent to the resident's services;</p> <p>(9) documentation of significant changes in the resident's status and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional;</p> <p>(10) documentation of incidents involving the resident and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care</p>	0 730		

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0 730	<p>Continued From page 2</p> <p>professional; (11) documentation that services have been provided as identified in the service plan; (12) documentation that the resident has received and reviewed the assisted living bill of rights; (13) documentation of complaints received and any resolution; (14) a discharge summary, including service termination notice and related documentation, when applicable; and (15) other documentation required under this chapter and relevant to the resident's services or status.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the resident's record included documentation of nursing assessments and Individual Abuse Prevention Plans (IAPP)s for five of five residents (R1, R2, R3, R4, R5) with records 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) 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 admitted to the facility on January 25, 2021, with diagnoses that included schizophrenia, schizoaffective disorder, cognitive dysfunction, and substance abuse. R1's care plan dated August 1, 2021, indicated the resident received services for dressing and grooming reminders,</p>	0 730		

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0 730	<p>Continued From page 3</p> <p>and behavioral monitoring.</p> <p>R1's record lacked a current 90-day assessment. R1's last 90-day assessment was dated January 16, 2022</p> <p>R2 admitted to the facility on April 1, 2022, with diagnoses that included schizoaffective disorder, anxiety, and depression.</p> <p>R2's record lacked a 14-day, 90-day, and comprehensive assessment.</p> <p>R3 admitted to the facility on July 16, 2021, with diagnoses that included schizophrenia, psychosis, substance abuse and intellectual disability.</p> <p>R3's record lacked a 14-day assessment, 90-day assessment, and comprehensive assessment.</p> <p>R4 admitted to the facility on September 7, 2022, with diagnoses that included diabetes type 2, paranoid schizophrenia, mild mental disorder, anxiety, and depression. R4's home care flow sheet dated December 2022, indicated R4 received services for dressing and grooming reminders, medication management, and behavior monitoring.</p> <p>R4's record lacked a 14-day assessment, 90-day assessment, and comprehensive assessment.</p> <p>R5 admitted to the facility on November 21, 2020, with diagnoses that included diabetes type 2, schizoaffective disorder, and anxiety. R5's care plan dated August 1, 2021, indicated R5 received services for dressing and grooming reminders, medication management, glucose monitoring, and behavior monitoring.</p>	0 730		

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0 730	<p>Continued From page 4</p> <p>R5's record lacked a 14-day assessment, 90-day assessment, and comprehensive assessment.</p> <p>During a conversation on December 14, 2022, at 12:55p.m., the Licensed Assistant Living Director (LALD) stated she was behind on completing required resident assessment documents. The LALD stated she had completed care plans and assessments for the residents, however, was unable to locate the documents. The LALD stated she was behind on 90-day assessments for all residents.</p> <p>A facility policy titled "Assessment and Reassessment" dated August 1, 2021, indicated the Registered Nurse (RN) will:</p> <ol style="list-style-type: none"> 1. Complete an initial assessment prior to the date on which the prospective resident executes a contract or on the date on which the prospective resident moves in. 2. The RN will conduct an in-person evaluation to verify the assessment results when the resident moves into the facility. 3. If the resident is admitted according to a temporary service plan, the nurse assessment will be conducted within 72 hours of initiating services. 4. The RN will provide the admission visit, conduct and document a comprehensive assessment and prepare a care plan based on the comprehensive evaluation. 5. The RN will provide a reassessment visit to update the evaluation of the resident and services no more than 14 days after initiation of services. 6. Ongoing resident reassessments must be conducted by an RN and cannot exceed 90 days from the last date of assessment. <p>TIME PERIOD FOR CORRECTION: Seven (7)</p>	0 730		

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0 730	Continued From page 5 days	0 730		
01640 SS=F	<p>144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to</p> <p>(a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan.</p> <p>(b) The service plan and any revisions must include a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care.</p> <p>(c) The facility must implement and provide all services required by the current service plan.</p> <p>(d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable.</p> <p>(e) Staff providing services must be informed of the current written service plan.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to implement a written service plan no later than 14 calendar days after the date services were first provided for three of five residents (R2, R3, R4).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or</p>	01640		

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01640	<p>Continued From page 6</p> <p>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>The findings include:</p> <p>R2 admitted to the facility on April 1, 2022, with diagnoses that included schizoaffective disorder, anxiety, and depression.</p> <p>R2's record lacked a current service plan.</p> <p>R3 admitted to the facility on July 16, 2021, with diagnoses that included schizophrenia, psychosis, substance abuse and intellectual disability.</p> <p>R3's record lacked a current service plan.</p> <p>R4 admitted to the facility on September 7, 2022, with diagnoses that included diabetes type 2, paranoid schizophrenia, mild mental disorder, anxiety, and depression.</p> <p>R4's record lacked a current service plan.</p> <p>During a conversation on December 14, 2022, at 12:55p.m., the Licensed Assistant Living Director (LALD) stated she was behind on completing required resident assessment and service plan documents. The LALD stated she had completed service plans and assessments for the residents, however, was unable to locate these documents.</p> <p>The licensee's Service Plan policy dated August 1, 2021, indicated the service plan would be finalized no later than 14 days after the date of</p>	01640		

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01640	Continued From page 7 home care services are first provided, if not already completed. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01640		