

# STATE LICENSING COMPLIANCE REPORT

**Report #:** HL372744740C

**Date Concluded:** October 12, 2022

**Name, Address, and County of Facility**

**Investigated:**

Berkeley Heights Homes  
3957 Wisconsin Ave N  
New Hope, MN 55427  
Hennepin County

**Facility Type:** Assisted Living Facility (ALF)

**Evaluator's Name:**

Maerin Renee, RN, Special Investigator  
Katie Germann, 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:  <b>37274</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/28/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BERKELEY HEIGHTS HOMES LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3957 WISCONSIN AVENUE NORTH NEW HOPE, MN 55427</b>
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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
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0 000	<p><b>Initial Comments</b></p> <p>Initial comments *****ATTENTION*****</p> <p><b>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER</b></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><b>#HL372744740C</b></p> <p>On September 28, 2022, 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 zero (0) residents receiving services under the provider's Assisted Living license.</p> <p>The following correction order is issued for <b>#HL372744740C</b> tag identification 1170.</p>	0 000	<p>The Minnesota Department of Health documents the State Licensing 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 are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that 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>Per Minnesota Statute §144G.30, Subd. 5 (c), the assisted living facilities must document any action taken to comply with the correction order. A copy of the provider's records documenting those actions may be requested for follow-up surveys. The home care provider is not required to submit a plan of correction for approval; please disregard the heading of the fourth column, which states "Provider's Plan of Correction."</p> <p>The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to Minn. Stat. § 144G.31, Subd. 2 and 3.</p>	
01170 SS=F	<p><b>144G.56 Subd. 3 Notice required</b></p> <p>(a) A facility must provide at least 30 calendar</p>	01170		

Minnesota Department of Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Minnesota Department of Health

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01170	<p>Continued From page 1</p> <p>days' advance written notice to the resident and the resident's legal and designated representative of a facility-initiated transfer. The notice must include:</p> <p>(1) the effective date of the proposed transfer;</p> <p>(2) the proposed transfer location;</p> <p>(3) a statement that the resident may refuse the proposed transfer, and may discuss any consequences of a refusal with staff of the facility;</p> <p>(4) the name and contact information of a person employed by the facility with whom the resident may discuss the notice of transfer; and</p> <p>(5) contact information for the Office of Ombudsman for Long-Term Care.</p> <p>(b) Notwithstanding paragraph (a), a facility may conduct a facility-initiated transfer of a resident with less than 30 days' written notice if the transfer is necessary due to:</p> <p>(1) conditions that render the resident's room or private living unit uninhabitable;</p> <p>(2) the resident's urgent medical needs; or</p> <p>(3) a risk to the health or safety of another resident of the facility.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the facility failed to provide a 30-day calendar day advance written notice to the resident and/or the resident's legal/designated representative, the Office of Ombudsman for Long-Term Care, or the Office of the Ombudsman for Mental Health and Developmental Disabilities prior to initiating the transfer of three (3) residents receiving assisted living services. All residents were transferred to another building owned by the facility.</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</p>	01170		

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01170	<p>Continued From page 2</p> <p>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>Findings include:</p> <p>The facility lacked documentation showing a 30-day written notification was provided to residents and the residents' legal and designated representative as required that contained the following:</p> <ul style="list-style-type: none"> <li>- (a) facility must provide at least 30 calendar days advance written notice to the resident and the resident's legal and designated representative of a facility-initiated transfer;</li> <li>- the effective date of the proposed transfer;</li> <li>- the proposed transfer location;</li> <li>- a statement that the resident may refuse the proposed transfer, and may discuss any consequences of a refusal with staff of the facility;</li> <li>- the name and contact information of a person employed by the facility with whom the resident may discuss the notice of transfer; and</li> <li>- contact information for the Office of Ombudsman for Long-Term Care;</li> <li>- (b) notwithstanding paragraph (a), a facility may conduct a facility-initiated transfer of a resident with less than 30 days written notice if the transfer is necessary due to: <ul style="list-style-type: none"> <li>- conditions that render the resident's room or private living unit uninhabitable;</li> <li>- the resident's urgent medical needs; or</li> <li>- a risk to the health or safety of another resident of the facility.</li> </ul> </li> </ul> <p>Review of the facility closure plan dated August 3, 2022 indicated the proposed date of facility closure was August 2, 2022.</p>	01170		

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01170	<p>Continued From page 3</p> <p>Correspondence on August 18, 2022, with the Minnesota Department of Health (MDH) indicated transfer notices for three residents were provided with transfer dates listed as July 29, 2022, and August 1, 2022. MDH informed the facility that the closure plan and proposed notice to residents had not been received.</p> <p>Documents provided by the facility lacked evidence that the Office of the Ombudsman for Long-Term Care or the Office of the Ombudsman for Mental Health and Developmental Disabilities had been notified of the transfers.</p> <p>During interview on September 30, 2022, at 11:30 a.m., the administrator (Admin)-A confirmed the facility had not provided a written notice to residents, resident legal representatives or contact information for the Office of the Ombudsman prior to the relocation of the three residents and closure of the facility.</p> <p>The facility Discharge and Transfer of Residents policy dated August 1, 2021, indicated residents discharged or transferred would have a coordinated process for discharge or transfer in accordance with 144G statutes.</p> <p>No further information was provided.</p> <p>TIME PERIOD OF CORRECTION: Fourteen (14) days.</p>	01170		