

STATE LICENSING COMPLIANCE REPORT

Report #: HL37785001C

Date Concluded: May 25, 2022

Name, Address, and County of Facility

Investigated:

Cascade Creek Memory Care
3530 Fairway Ridge Lane SW
Rochester, MN 55902

**Facility Type: Assisted Living Facility with
Dementia Care (ALFDC)**

Evaluator's Name: Christine Bluhm, 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: 37785	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/19/2022
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NAME OF PROVIDER OR SUPPLIER CASCADE CREEK MEMORY CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 3530 FAIRWAY RIDGE LANE SW ROCHESTER, MN 55902
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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
0 000	<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 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>#HL37785001C</p> <p>On May 19, 2022, the Minnesota Department of Health conducted a complaint investigation at the above provider, and the following correction order is issued. At the time of the complaint investigation, there were 22 clients receiving services under the provider's Assisted Living with Dementia Care license.</p> <p>The following correction order is issued for #HL37785001C, tag identification 1170.</p>	0 000	<p>Assisted Living Provider 144G. Minnesota Department of Health is documenting 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 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>	

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

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01170	Continued From page 1	01170		
01170 SS=F	<p>144G.56 Subd. 3 Notice required</p> <p>(a) 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. The notice must include:</p> <ol style="list-style-type: none"> (1) the effective date of the proposed transfer; (2) the proposed transfer location; (3) a statement that the resident may refuse the proposed transfer, and may discuss any consequences of a refusal with staff of the facility; (4) the name and contact information of a person employed by the facility with whom the resident may discuss the notice of transfer; and (5) contact information for the Office of Ombudsman for Long-Term Care. <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> <ol style="list-style-type: none"> (1) conditions that render the resident's room or private living unit uninhabitable; (2) the resident's urgent medical needs; or (3) a risk to the health or safety of another resident of the facility. <p>This MN Requirement is not met as evidenced by: Based on observation, interview and document review, the licensee failed to provide a 30-day calendar day advance written notice to the resident and/or the resident's legal/designated representative prior to initiating the transfer of seventeen (17) residents receiving assisted living services. All residents were transferred to the second floor of the building.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or</p>	01170		

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01170	<p>Continued From page 2</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>Findings include:</p> <p>The Licensee lacked documentation showing a 30-day written notification was provided to residents and the resident's legal and designated representative as required that contained the following:</p> <ul style="list-style-type: none"> - (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; - the effective date of the proposed transfer; - the proposed transfer location; - a statement that the resident may refuse the proposed transfer, and may discuss any consequences of a refusal with staff of the facility; - the name and contact information of a person employed by the facility with whom the resident may discuss the notice of transfer; and - contact information for the Office of Ombudsman for Long-Term Care; - (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"> - conditions that render the resident's room or private living unit uninhabitable; - the resident's urgent medical needs; or - a risk to the health or safety of another resident of the facility. <p>Review of an email document, dated February 18, 2022, at 1:16 p.m., indicated that executive</p>	01170		

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01170	<p>Continued From page 3</p> <p>director (ED)-A sent an email to the families and/or representatives regarding the need to move all residents to the second floor, which allowed the facility to continue to admit other residents into the community. The second floor could accommodate up to thirty-two (32) residents compared to eighteen (18) residents on the first floor. Moving upstairs allowed the facility to gradually increase staffing as new residents moved in, while ensuring adequate and appropriate coverage for all residents. The email asked everyone to schedule a time to pick a new apartment on the second floor. These times were set up for Saturday, February 19, 2022, and Monday February 21, 2022. Professional movers were coming on Thursday, February 24 and would assist moving all items to second floor.</p> <p>During observations on May 19, 2022, all residents were living on the second floor of the facility. All rooms had been vacated and were empty on the first floor.</p> <p>During interview on May 19, 2022, at 4:25 p.m., ED-A confirmed the licensee 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 17 residents. ED-A stated that there was no 30-day written notice and acknowledged that was a mistake. ED-A stated that in hindsight, they should have opened second floor first.</p> <p>Correspondence on May 20, 2022 with the Office of the Ombudsman for Long-Term Care (OOLTC) indicated the OOLTC was not notified of the mass transfer of residents.</p> <p>Facility policy titled Transfer of Residents within Facility, effective date August 1, 201 [sic]</p>	01170		

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01170	<p>Continued From page 4</p> <p>indicated Cascade Creek must provide for the safe, orderly, coordinated, and appropriate transfer of residents within the facility.</p> <p>(a) Cascade Creek 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. The notice must include:</p> <ol style="list-style-type: none"> (1) the effective date of the proposed transfer; (2) the proposed transfer location; (3) a statement that the resident may refuse the proposed transfer, and may discuss any consequences of a refusal with staff of the Cascade Creek (4) the name and contact information of a person employed by the facility with whom the resident may discuss the notice of transfer; and (5) contact information for the Office of Ombudsman for Long-Term Care. <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> <ol style="list-style-type: none"> (1) conditions that render the resident's room or private living unit uninhabitable; (2) the resident's urgent medical needs; or (3) a risk to the health or safety of another resident of Cascade Creek. <p>TIME PERIOD OF CORRECTION: Twenty-one (21) days.</p>	01170		