STATE LICENSING COMPLIANCE REPORT

Report #: HL395878001C

Date Concluded: May 7, 2025

Name, Address, and County of Facility Investigated:
Lakeland Health Services
11840 Foley Blvd. NW
Coon Rapids, MN
Anoka County

Facility Type: Assisted Living Facility (ALF)

Evaluator's Name: Lori Pokela R.N.
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 ALL). 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
	39587	A. BUILDING: _____ B. WING _____	C 04/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKELAND HEALTH SERVICES LLC	11840 FOLEY BOULEVARD NW COON RAPIDS, MN 55448

(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 ******ATTENTION****** 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: #HL395878001C On April 14, 2025, through April 17,2025, 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 three residents receiving services under the provider's Assisted Living license. The following correction order is issued/orders are issued for #HL395878001C, tag identification 0630.	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.	
0 630 SS=D	144G.42 Subd. 6 (b) Compliance with requirements for reporting ma	0 630		

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0 630	Continued From page 1 (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 licensee failed to ensure an individual abuse prevention plan (IAPP) was developed to include the required content for one of one residents (R1) 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 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: R1 admitted to the licensee's facility on April 12, 2024. R1's diagnoses included diabetes mellitus, genetic related intellectual disability and bipolar disorder. R1's most recent IAPP, dated March 30, 2024,	0 630		

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0 630	Continued From page 2 lacked the following required content: -resident is at risk of abuse including self-abuse -statements of the specific measures to be taken to minimize the risk of abuse R1's progress notes dated April 16, 2024, at 9:14 p.m., by the assisted living director, (ALD)-D, indicated when R1 was being assisted ALD-D noticed a strong odor of marijuana in R1's room. This same note indicated ALD-D thought R1 may have been in possession or using marijuana. This note indicated R1 was observed to be drowsy and unsteady during the assist. R1's progress notes dated April 17, 2024, at 4:49 p.m., by ALD-D, indicated R1's smelled like marijuana again and R1's case manager, at that time, was updated. R1's progress notes dated April 28, 2024, at 12:44 p.m., indicated R1 was screaming while pulling her hair out on both the day and overnight shifts. R1's progress notes dated May 24, 2024 at 1:13 p.m., by ALD-D, indicated R1 was at potential risks to pull her hair out after R1 was in distress after not being able get a hold of a family member. Interventions were indicated in this note for staff to monitor R1 every thirty minutes and redirect. R1's progress notes dated August 26, 2024 at 1:26 p.m., by ALD-D, indicated R1 was observed smoking marijuana outside the licensee. This note indicated R1 appeared "high" with impaired motor skills, had a low blood pressure and was unsteady. This note indicated the licensee would redirect R1's behavior by offering activities and	0 630		

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0 630	Continued From page 3 one-to-one staffing. R1's progress notes dated July 30, 2024 at 1:21 p.m., by ALD-D, indicated when R1 was being assisted ALD-D noticed a strong odor of marijuana in R1's room. This same note indicated ALD-D thought R1 may have been in possession or using marijuana. This note indicated R1 was observed to be drowsy and unsteady during the assist. R1's progress notes dated September 17, 2024, at 1:09 p.m., indicated R1 was screaming while pulling her hair out on both the day and overnight shifts. R1's 90-day nursing assessment dated, January 6, 2025, indicated R1 was orient to person and time but had forgetfulness to place. R1 needed minimal assistance with activities of daily living, (ADLs), assistance with meal preparation, R1 had an unsteady gait and needed stand-by assistance, (SBA), for ambulation, behaviors monitored, medication management, used bedrails for bed mobility, had chronic shoulder pain. The assessment also indicated R1 was independent with scheduling appointments a and smoking e-cigarettes. The assessment also indicated R1 received services for a transportation program to take her to medical appointments. R1's hospital medical records dated February 5, 2025, indicated R1 informed staff that there was no concerns with drug use, but does use marijuana. R1's hospital medical records dated February 6,2025, indicated the licensee informed hospital staff R1 would have behaviors such as, head	0 630		

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0 630	Continued From page 4 banging, hair pulling and banging left arm, which had a cast, when R1 became frustrated. An email provided to the investigator on April 14, 2025, at 9:44 p.m., contained communication from the licensee's assisted living director, (ALD)-D to R1's case manager, (SW)-F, via an email dated August 27, 2024, at 2:54 p.m., that included a behavior plan, [undated], that indicated R1 had displayed behaviors of self-harm that included pulling her hair out. [This document lacked dates and times of incidences of self-harm]. An email provided to the investigator on April 14, 2025, at 9:51p.m., contained communication from ALD-D to SW-D, via an email dated September 23, 2024, at 7:23 p.m., the requested another behavior plan by ALD-D. This same email contained R1's behavioral plan, [undated], that indicated R1 made statements that she hated her life and wished she was dead. R1's record did not contain an updated IAPP to include R1's risk of self-abuse, statements of self-harm, suicidal ideation, behaviors, or marijuana use and did not identify specific measures to be taken to minimize the risk of abuse. During an interview dated April 16, 2025, at 2:33 p.m., SW-F stated the licensee received an increase in outside services for R1's behaviors such as, yelling, suicidal ideation and hair pulling. SW-F stated these rates for services started in approximately November 2024. after a self-harm and suicide attempt in 2006. SW-F stated the licensee reported R1 having suicidal ideation several times during her stay at the licensee and had a history of suicidal attempts, the last	0 630		

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0 630	Continued From page 5 occurring in 2006. During an interview dated April 17, 2025, at 8:32 a.m., R1's supervising, case manager, (SW)-G stated since approximately May, 2024, the licensee requested more rates for services concerning R1's mental health diagnoses. The licensee's provided Individual Abuse Prevention Plan, (IAPP) policy, dated February 16, 2023, indicated the licensee would develop an IAPP for each resident and the plan would include: an abuse prevention plan for self-abuse. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 630		