



STATE LICENSING COMPLIANCE REPORT

Report #: HL205345088C

Date Concluded: October 4, 2024

Name, Address, and County of Facility

Investigated:

The Oaks
2201 7th Avenue
Anoka, MN 55303
Anoka County

Facility Type: Assisted Living Facility (ALF)

Evaluator's Name: Zalei Lewis RN, BSN

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, 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: 20534	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/14/2024
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NAME OF PROVIDER OR SUPPLIER OAKS	STREET ADDRESS, CITY, STATE, ZIP CODE 2201 7TH AVENUE NORTH ANOKA, MN 55303
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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>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>HL205345088C</p> <p>On August 14, 2024, the Minnesota Department of Health conducted a complaint investigation at the above provider, and the following correction order is issued.</p> <p>The following correction order is issued/orders are issued for #HL205345088C, tag identification 2350.</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</p>	

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

Minnesota Department of Health

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0 000	Continued From page 1	0 000	ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	
02350 SS=D	<p>144G.91 Subd. 7 Courteous treatment</p> <p>Residents have the right to be treated with courtesy and respect, and to have the resident's property treated with respect</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review, the licensee failed to ensure one of one resident (R1) was treated with courtesy and respect.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>A complaint investigation survey was initiated on August 14, 2024 by the MDH investigator.</p> <p>R1 provided the MDH investigator with a photograph which included boxes of objects that were identifiable in R1's current room, along with the number of R1's current room in the photo.</p> <p>R1 also provided the MDH investigator with a video of a handmade sign that had been taped on his door containing the words, "Breeze, all your belongings are in your new room upstairs Thank</p>	02350		

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02350	<p>Continued From page 2</p> <p>you"</p> <p>R1 provided the MDH investigator with audio of conversations between R1 and unlicensed personnel (ULP-C) during which, ULP-C stated she did not have keys to R1's room; ULP told R1 that "maintenance" may have the keys.</p> <p>A police report dated May 27, 2024, was reviewed by the MDH investigator which included information about staff recently moving R1's belongings from his room to another room. The report included documentation of R1 objecting to the room change because a cultural spiritual cleansing ritual by the resident was not allowed.</p> <p>A second police report dated May 28, 2024, reviewed by the MDH investigator included the following, "I spoke with staff who told me that [R1] was spilling water on purpose and [staff] thought it was dangerous for the other clients. [The nurse] wished for me to take [R1] to a mental facility. I advised [the nurse] that was not an option."</p> <p>During an interview on August 14, 2024, R1 was interviewed. R1 expressed that his mother's eagle feather had been damaged by staff when his belongings were moved out of his room in May of 2024, the weekend before Memorial Day. R1's stated that his mother had died over the past year, and the feather was a treasured gift of cultural significance.</p> <p>During an interview on August 16, 2024, R1's social worker (SW-A) affirmed they were informed by R1 and facility staff what had happened to his mother's eagle feather. SW-A stated that the feather had to be burned after what had happened.</p>	02350		
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02350	Continued From page 3 No further information was provided. Time Period for Correction: Seven (7) Days.	02350		