

STATE LICENSING COMPLIANCE REPORT

Report #: HL304324496C

Date Concluded: March 2, 2023

Name, Address, and County of Facility

Investigated:

2 Caring Hands Inc (Gemini Manor)
20752 Gemini Trail
Lakeville, MN 55044
Dakota County

Facility Type: Assisted Living Facility (ALF)

Evaluator's Name: Nicole Myslicki, 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: 30432	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/02/2023
NAME OF PROVIDER OR SUPPLIER 2 CARING HANDS INC			STREET ADDRESS, CITY, STATE, ZIP CODE 20752 GEMINI TRAIL LAKEVILLE, MN 55044		
(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>*****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. 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>#HL304324496C</p> <p>On February 24 through March 3, 2023, 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 5 residents receiving services under the provider's Assisted Living license.</p> <p>The following correction orders are issued for #HL304324496C, tag identification 1120, 1640.</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 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>		
01120 SS=D	<p>144G.55 Subdivision 1 Duties of facility</p> <p>(d) Sixty days before the facility plans to reduce</p>	01120			

Minnesota Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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01120	<p>Continued From page 1</p> <p>or eliminate one or more services for a particular resident, the facility must provide written notice of the reduction that includes:</p> <p>(1) a detailed explanation of the reasons for the reduction and the date of the reduction;</p> <p>(2) the contact information for the Office of Ombudsman for Long-Term Care, the Office of Ombudsman for Mental Health and Developmental Disabilities, and the name and contact information of the person employed by the facility with whom the resident may discuss the reduction of services;</p> <p>(3) a statement that if the services being reduced are still needed by the resident, the resident may remain in the facility and seek services from another provider; and</p> <p>(4) a statement that if the reduction makes the resident need to move, the facility must participate in a coordinated move of the resident to another provider or caregiver, as required under this section.</p> <p>(e) In the event of an unanticipated reduction in services caused by extraordinary circumstances, the facility must provide the notice required under paragraph (d) as soon as possible.</p> <p>(f) If the facility, a resident, a legal representative, or a designated representative determines that a reduction in services will make a resident need to move to a new location, the facility must ensure a coordinated move in accordance with this section, and must provide notice to the Office of Ombudsman for Long-Term Care.</p> <p>(g) Nothing in this section affects a resident's right to remain in the facility and seek services from another provider.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide at least 60 days</p>	01120			

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01120	<p>Continued From page 2</p> <p>advance written notice prior to discharging one of one residents (R1) 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 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).</p> <p>Findings Include:</p> <p>R1 admitted to the licensee April 30, 2022. R1's service plan dated May 3, 2022 indicated R1 received services including assistance with bathing, grooming, and dressing. R1 discharged from the licensee August 9, 2022. R1's record lacked documentation the licensee provided the resident and guardian a written notice including all required information at least 60 days prior to discharging the resident.</p> <p>During an interview on March 2, 2023 at 2:40 p.m., registered nurse (RN)-B stated he did not think a written document had been given to the resident and guardian.</p> <p>During an interview on March 7, 2023 at 1:00 p.m., licensed assisted living director (LALD)-A stated for the licensee would send a 30-day notice prior to a discharge. For R1 however, the licensee did not think of it as a discharge because they transferred her to a different licensee owned by the same person. LALD-A stated they communicated verbally with R1's guardian and case worker who agreed to the transfer. These conversations to move the resident took place about one week prior to moving R1 to the new</p>	01120			

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01120	Continued From page 3 facility. The licensee-provided policy titled Resident Discharge Process, undated, failed to address the requirement the licensee must provide at least 60 calendar days written notice prior to discharging a resident. TIME PERIOD FOR CORRECTION: Seven (7) Days	01120			
01640 SS=D	144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to (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. (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 and the Office of Ombudsman for Mental Health and Developmental Disabilities. (c) The facility must implement and provide all services required by the current service plan. (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. (e) Staff providing services must be informed of the current written service plan. This MN Requirement is not met as evidenced	01640			

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01640	<p>Continued From page 4</p> <p>by: Based on interview and record review, the licensee failed to ensure the service plan included services and interventions based on resident assessment for one of one residents (R1) 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 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).</p> <p>Findings Include:</p> <p>R1 admitted to the licensee April 30, 2022. R1's service plan dated May 3, 2022 indicated R1 received services including assistance with bathing, grooming, and dressing.</p> <p>A nursing assessment dated June 14, 2022 indicated R1 interfered with another resident and staff during the other resident's cares and attempted to provide cares for the other resident. An updated service plan dated July 11, 2022 failed to include behavior interventions for the identified behaviors.</p> <p>During an interview on March 7, 2023 at 1:00 p.m., licensed assisted living director (LALD)-A stated she was not sure if the service plan was updated to include behavioral interventions.</p> <p>The licensee-provided policy titled Service Plan, undated, indicated changes in services would be based on assessment of the resident.</p>	01640			

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01640	Continued From page 5 TIME PERIOD FOR CORRECTION: Twenty-One (21) Days	01640			