STATE LICENSING COMPLIANCE REPORT

Report #: HL304792463C

Date Concluded: February 20, 2025

Name, Address, and County of Facility Investigated:
Southern Oaks Place
10669 Ulysses St NE
Blaine, MN 55434
Anoka County

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

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. 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
	30479	A. BUILDING: _____ B. WING _____	C 01/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHERN OAKS PLACE	10669 ULYSSES STREET NE BLAINE, MN 55449

(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: #HL304792463C On January 27, 2025 through January 31, 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 twenty-five residents receiving services under the provider's Assisted Living with Dementia Care license. The following correction order is issued/orders are issued for #H304792463C, tag identification 1650.	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.	
01650 SS=D	144G.70 Subd. 4 (f) Service plan, implementation and revisions to	01650		

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01650	Continued From page 1 (f) The service plan must include: (1) a description of the services to be provided, the fees for services, and the frequency of each service, according to the resident's current assessment and resident preferences; (2) the identification of staff or categories of staff who will provide the services; (3) the schedule and methods of monitoring assessments of the resident; (4) the schedule and methods of monitoring staff providing services; and (5) a contingency plan that includes: (i) the action to be taken if the scheduled service cannot be provided; (ii) information and a method to contact the facility; (iii) the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency; and (iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the resident service plan included the required content for one of one residents (R1) with 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, but was not likely to	01650		

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01650	Continued From page 2 cause serious injury, impairment, or death) 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: R1 was admitted on June 9, 2017, into the assisted living memory care unit and received services including assistance with grooming, bathing, housekeeping, activities, laundry, medication and behavior management. R1's Individual Abuse Prevention Plan, (IAPP), dated August 1, 2024, indicated R1 was a fall risk, used a four-wheeled walker and had decreased muscular coordination. The IAPP indicted R1 to be an elopement risk due to disorientation of place and time. R1's care plan dated September 24, 2024, indicated R1 was independent with activities of daily living such as, dressing, toileting, transfers, bed mobility and eating. The care plan indicated R1 needed stand by assistance, (SBA), with showering and verbal reminders for grooming and oral care. The care plan indicated R1's case manager was R1's resource for financial matters and listed under a substitute decision-maker. R1's 90-day nursing assessment dated December 11, 2024, indicated R1 to be disoriented to place and time, be her own decision maker, need minimal staff assist with bathing, ambulated independently with a walker and have an assigned case manager, (SW)-D, to assist with financial needs and the IHS worker, to	01650		

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01650	Continued From page 3 assist with transportation services in the community. This document indicated R1 was assessed as safe to smoke independently. R1's assisted living contract dated November 19, 2024, (identified as the service plan by the assisted living director, (ALD)-A), dated respectively, lacked the following: (1) a description of the services to be provided, the fees for services, and the frequency of each service, according to the resident's current assessment and resident preferences. (2) the identification of staff or categories of staff who will provide the services; and (3)the schedule and methods of monitoring staff providing services. On January 27, 2025, the Minnesota Department of Health, (MDH) investigator, requested R1's service plan at approximately 10:25 a.m. at the time of the onsite visit. An email provided to ALD-A on January 28, 2025, at 10:48 a.m., from the MDH investigator, indicated a re-request for R1's service plan that included service details and fees for services. An email provided by ALD-A on January 29, 2025, at 10:04 a.m., indicated R1's service delivery records requested were sent with files attached. The service delivery records attached included what services were delivered, time and date, then signed by unlicensed personnel, (ULPs). The document lacked fees for services. An email provided to ALD-A on January 29, 2025, at 11:20 a.m., from the MDH investigator,	01650		

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01650	Continued From page 4 indicated R1's service plans were re-requested and to include service details and fees. The service delivery records sent did not include all of the contents of the service plan. This same email referred ALD-A to the licensee's Service Plan Policy 6.08. An email provided by ALD-A on January 29, 2025, at 4:18 p.m., indicated R1's CSP along with R1's care plan, would be considered R1's contractual agreement between the licensee and the county for cares provided. During a phone interview on January 29, 2025, at 2:26 p.m., ALD-A stated the service delivery records, along with the resident's care plan were considered the resident's service plan. Policy: The licensee's Contents of Service Plans policy 6.08, dated June 1, 2024, indicated, service plans will include: a. A description of the services provided b. Fees for services c. Frequency of each service according to resident assessment and resident preferences d. Schedule and methods of monitoring assessments e. Schedule and methods of monitoring staff providing services f. A contingency plan that includes: i. Action taken if the scheduled service	01650		

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01650	Continued From page 5 cannot be provided ii. Information and method to contact the licensee iii. Names and contact information of persons the resident wishes to have notified in an emergency iv. Names and contact information of persons the resident wishes to have notified if there is a significant adverse change in the resident's condition. v. Identification of and information on who has authority to sign for the resident in an emergency vi. Circumstances in which emergency medical services are not to be summoned. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01650		