



STATE LICENSING COMPLIANCE REPORT

Report #: HL305009383C

Date Concluded: June 28, 2024

Name, Address, and County of Facility

Investigated:

Evensong Manor
6264 Yukon Avenue North
Brooklyn Park, Mn 55428
Hennepin County

Facility Type: Assisted Living Facility (ALF)

Evaluator's Name: Zalei Lewis, 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: 30500	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/29/2024
NAME OF PROVIDER OR SUPPLIER EVENSONG MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 6264 YUKON AVENUE NORTH BROOKLYN PARK, MN 55428		
(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>ASSISTED LIVING PROVIDER 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>#HL305009383C and #HL305008068C</p> <p>On May 29, 2024, 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 residents receiving services under the provider's Assisted Living Licensure.</p> <p>The following correction order is issued for HL305008068C: 0900. No orders were issued related to HL305009383C.</p>	0 000	<p>Assisted Living Provider 144G.</p> <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 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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0 900 0 900 SS=D	<p>Continued From page 1</p> <p>144G.50 Subdivision 1 Contract required</p> <p>(a) An assisted living facility may not offer or provide housing or assisted living services to any individual unless it has executed a written contract with the resident.</p> <p>(b) The contract must contain all the terms concerning the provision of:</p> <p>(1) housing;</p> <p>(2) assisted living services, whether provided directly by the facility or by management agreement or other agreement; and</p> <p>(3) the resident's service plan, if applicable.</p> <p>(c) A facility must:</p> <p>(1) offer to prospective residents and provide to the Office of Ombudsman for Long-Term Care a complete unsigned copy of its contract; and</p> <p>(2) give a complete copy of any signed contract and any addendums, and all supporting documents and attachments, to the resident promptly after a contract and any addendum has been signed.</p> <p>(d) A contract under this section is a consumer contract under sections 325G.29 to 325G.37.</p> <p>(e) Before or at the time of execution of the contract, the facility must offer the resident the opportunity to identify a designated representative according to subdivision 3.</p> <p>(f) The resident must agree in writing to any additions or amendments to the contract. Upon agreement between the resident and the facility, a new contract or an addendum to the existing contract must be executed and signed.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop and execute a written contract with the required content to provided assisted living services for one of one</p>	0 900 0 900		

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0 900	<p>Continued From page 2</p> <p>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, 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 residents 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 was initiated by an MDH investigator on May 29, 2024.</p> <p>On May 29, 2024, the MDH investigator requested record for review, including R1's record. The facility was unable to produce resident records while the investigator was on-site. The investigator asked for requested information to be produced by May, 30, 2024 at 4:30 P.M., and if unable to do so, to inform investigator via email. The facility asked for an extention on May 30, 2024. The investigator then asked for records to be produced by May 31, 2024 at 4:30 P.M. The facility did not send the records requested until June 2, 2024 at 8:47 P.M. and 11:04 P.M.</p> <p>The records for provided by the facility for R1 did not contain a facility contract.</p> <p>A contract for R1 was requested but not provided to the MDH investigator.</p> <p>R1's record indicated R1 admitted to the facility on September 11, 2023 and was provided an Assisted Living Bill of Rights by the facility. R1</p>	0 900		

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0 900	<p>Continued From page 3</p> <p>signed the Bill of Rights document on September 11, 2023.</p> <p>R1 lacked a resident record and lacked evidence that a contract with the following required content was completed prior to offering housing or assisted living services:</p> <ul style="list-style-type: none"> (1) housing (2) assisted living services, whether provided directly by the facility or by management agreement or other agreement; and (3) the resident's service plan, if applicable <p>In addition, R1's records lacked evidence that the contract had been fully executed as the facility must:</p> <ul style="list-style-type: none"> - offer to prospective residents and provide to the Office of Ombudsman for Long-Term Care a complete unsigned copy of the contract; - give a complete copy of any signed contract and any addendums, and all supporting documents and attachments, to the resident promptly after a contract and any addendum has been signed; and - the facility must offer the resident the opportunity to identify a designated representative. <p>R1's case manager (CM)-B was interviewed on June 5, 2024. CM-B reviewed R1's case notes during the interview. CM-B stated that her notes indicated that the facility made contact with her regarding R1 being admitted to the facility on September 27, 2023. CM-B advised facility staff of required paperwork that needed to be completed by the facility for R1's care to be considered for reimbursement by the county. CM-B stated that the facility was rejected by the county for reimbursement for R1's care expenses on November 30, 2023. CM-B was not aware of</p>	0 900		

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0 900	<p>Continued From page 4</p> <p>any signed contract provided by the facility to R1 or regarding R1's housing and care at the facility. On December 1, 2023, the facility informed CM-B that R1 needed to move out of the facility. The facility management told CM-B that R1 could be relocated to another facility that they owned and on December 6, 2023, the facility informed provided R1 a termination letter from the facility.</p> <p>On June 21, 2024 RN-A was interviewed and confirmed R1 resided at the facility beginning in September 2023 through December 2023 and received care at the facility, but the facility did not receive reimbursement for R1's care and she was moved to another facility. RN-A confirmed R1 did not have a signed contract prior to initiation of care or housing at the facility.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	0 900		