DEPARTMENT OF HEALTH

STATE LICENSING COMPLIANCE REPORT

Report #: HL307205477C

Date Concluded: June 1, 2023

Name, Address, and County of Facility Investigated: The Tuff Village

301 County Road 6 Hills, MN 56138 Rock County

Facility Type: Assisted Living Facility (ALF)

Evaluator's Name: Barbara Axness, 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 (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | | (X2) MULTIP | LE CONSTRUCTION (X | X3) DATE S | |
|--|---|---|---------------------|---|------------|-------|
| | | A. BUILDING | : | COMPLETED | | |
| | | | | | С | |
| | | 30720 | B. WING | | 05/31 | /2023 |
| NAME OF | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, | STATE, ZIP CODE | | |
| | | 301 COUN | | 5 | | |
| | FF VILLAGE | HILLS, MI | N 56138 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | -IX (EACH CORRECTIVE ACTION SHOULD BE C | | |
| 0 000 | Initial Comments | | 0 000 | | | |
| | ******ATTENTION* | **** | | Minnesota Department of Health is documenting the State Correction O | orders | |
| | ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER | | | using federal software. Tag numbers been assigned to Minnesota State | s have | |
| | | Minnesota Statutes, section | | Statutes for Assisted Living Facilities assigned tag number appears in the | far | |

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:

#HL307205477C

On May 31, 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 zero residents receiving services under the provider's Assisted Living license.

The following correction orders are issued for #HL307205477C, tag identification 1240, 1260.

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

| STATE FORM 6899 | 8DZP11 | If continuation sheet 1 of 8 |
|---|--|------------------------------|
| Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
| | THE LETTER IN THE LEFT COLU USED FOR TRACKING PURPOSE REFLECTS THE SCOPE AND LEV | ES AND |
| | STATUTES. | |

Minnesota Department of Health

| STATEMENT OF DEFICIENCIES | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | . , | E CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
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| | ND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | A. BUILDING: | | | |
| | | 30720 | B. WING | | C 05/3 | ; 1/2023 |
| NAME OF F | PROVIDER OR SUPPLIER | STREETA | DDRESS, CITY, | STATE, ZIP CODE | | |
| THE TUF | FVILLAGE | | JNTY ROAD 6 MN 56138 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | | | (X5) COMPLETE DATE |
| 0 000 | Continued From pa | ige 1 | 0 000 | ISSUED PURSUANT TO 144G.3 SUBDIVISION 1-3. | 51 | |
| 01240 SS=F | | ommissioner's approval p | 01240 | | | |
| | (a) The plan shall b | e subiect to the | | | | |

(a) The plan shall be subject to the commissioner's approval and subdivision 6. The facility shall take no action to close the residence prior to the commissioner's approval of the plan. The commissioner shall approve or otherwise respond to the plan as soon as practicable.
(b) The commissioner may require the facility to work with a transitional team comprised of department staff, staff of the Office of Ombudsman for Long-Term Care, the Office of Ombudsman for Mental Health and Developmental Disabilities, and other professionals the commissioner deems necessary to assist in the proper relocation of residents.

This MN Requirement is not met as evidenced by:

Based on interview and record review, the licensee closed the assisted living facility prior to the Minnesota Department of Health's (MDH's) approval of the licensee's closure plan. The licensee executed a relocation plan for all seven current residents, including transferring the residents to a new location, prior to MDH's approval of the closure plan.

| approvar or and blocard plan. | | | |
|--|------|--------|------------------------------|
| 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 a widespread scope (when problems are pervasive or represent a systemic failure that has affected | | | |
| Minnesota Department of Health | | | |
| STATE FORM | 6899 | 8DZP11 | If continuation sheet 2 of 8 |

Minnesota Department of Health

| STATEMENT OF DEFICIENCIES | | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE CONSTRUCTION | | (X3) DATE SURVEY COMPLETED | |
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| AND PLAN | PLAN OF CORRECTION IDENTIFICATION NUMBER: | | A. BUILDING: | | COMP | LETED |
| | | 30720 | B. WING | | 05/3 |) 1/2023 |
| NAME OF | PROVIDER OR SUPPLIER | STREET AL | DDRESS, CITY, S | TATE, ZIP CODE | | |
| THE TUF | F VILLAGE | | NTY ROAD 6 N 56138 | | | |
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| 01240 | Continued From pa | ge 2 | 01240 | | | |
| | or has the potential of the residents). | to affect a large portion or all | | | | |
| | The findings include | e: | | | | |
| | _ | ormer licensed assisted living contacted the Minnesota | | | | |

Department of Health (MDH) to inquire about closing the assisted living facility. Former LALD-C was provided with information on filling out closure forms the same day.

On August 9, 2022, former LALD-C emailed MDH a closure plan and a copy of a letter dated August 9, 2022, informing residents of the upcoming closure. The closure letter to residents included the following paragraph, "We will unfortunately only be able to give a 30-day notice of closure due to our ongoing staffing issues making September 8th, 2022 the last day as a licensed assisted living facility. We will provide 2 appropriate living options to all tenants [residents] so that they can choose or they can find their own placement if the ones provided aren't suitable for their families and/or situation." MDH representatives emailed former LALD-C back and advised, "You are not allowed to take any action to close the residence until the commissioner's approval of the plan. You should not notify residents of the proposed closure or take any action to carry out the closure until the plan is approved. You may not accept any new residents

| or enter into any additional assisted living contracts. No residents may be relocated until approval of the closure plan." Information sent to MDH indicated seven residents currently resided at the assisted living facility. On August 15, 2022, a MDH representative emailed former LALD-C regarding missing | | | |
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| Minnesota Department of Health | | | |
| STATE FORM | 6899 | 8DZP11 | If continuation sheet 3 of 8 |

Minnesota Department of Health

| STATEMENT OF DEFICIENCIES | | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE CONSTRUCTION | | (X3) DATE SURVEY COMPLETED | |
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| AND PLAN | PLAN OF CORRECTION IDENTIFICATION NUMBER: | | A. BUILDING: | | COMP | LETED |
| | | 30720 | B. WING | | C 05/3 | ; 1/2023 |
| NAME OF | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, S | TATE, ZIP CODE | | |
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| 01240 | documents needed | ge 3 to complete their closure ovided later that day. | 01240 | | | |
| | the closure plan ha 15, 2022, would be | 2, MDH notified the licensee d been approved and October the closure date to be er of notification to residents. | | | | |

However, residents had already been notified of the closure.

On September 21, 2022, a MDH representative emailed the licensee requesting an update on the status of the seven residents and requested a notice of completed closure be submitted. No reply from the licensee was noted. A notice of completed closure had not been received as of May 31, 2023.

On May 31, 2023, community advocate (CA)-B stated she had received a closure notice on August 9, 2022, and spoke with former LALD-C the next day and explained the importance of following the closure procedures and reviewed the statutes and rules regarding assisted living closures. CA-B stated she then met with former LALD-C on August 12, 2022 and was informed the board of directors for the facility discussed a closure on July 25, 2022 due to staffing issues. CA-B stated she reached out to the facility on August 25, 2022, and was told there was only one resident still needing placement elsewhere. CA-B again reached out to the facility on September 20,

| 2022, and was told the last resident at the facility planned to leave by the end of September. CA-B stated when she visited the facility on October 10, 2022, all assisted living residents had discharged. On May 31, 2023, information from the licensee regarding the closure and notification of residents was requested, but not provided. | | | |
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| Minnesota Department of Health | | | |
| STATE FORM | 6899 | 8DZP11 | If continuation sheet 4 of 8 |

Minnesota Department of Health

| STATEMENT OF DEFICIENCIES | | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE CONSTRUCTION | | (X3) DATE SURVEY | |
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| AND PLAN | PLAN OF CORRECTION IDENTIFICATION NUMBER: | | A. BUILDING: | | COMPLETED | |
| | | 30720 | B. WING | | C 05/31/2023 | |
| NAME OF | PROVIDER OR SUPPLIER | STREET AD | DDRESS, CITY, S | TATE, ZIP CODE | | |
| THE TUP | FF VILLAGE | | NTY ROAD 6 N 56138 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | | | |
| 01240 | Continued From pa | ige 4 | 01240 | | | |
| | No further information was provided. | | | | | |
| | TIME PERIOD FOF (21) Days | R CORRECTION: Twenty-one | | | | |
| 01260 | 144G.57 Subd. 5 N | lotice to residents | 01260 | | | |

SS=F

After the commissioner has approved the relocation plan and at least 60 calendar days before closing, except as provided under subdivision 6, the facility must notify residents, designated representatives, and legal representatives of the closure, the proposed date of closure, the contact information of the Ombudsman for Long-Term Care and the Ombudsman for Mental Health and Developmental Disabilities, and that the facility will follow the termination planning requirements under section 144G.55, and final accounting and return requirements under section 144G.42, subdivision 5. For residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the facility must also provide this information to the resident's case manager.

This MN Requirement is not met as evidenced by:

Based on interview and record review, the licensee failed to provide residents, the ombudsman of long-term care, and a case

| | manager, a written closure notification at least 60 calendar days before initiating the facility closure. | | | |
|-----------|--|------|--------|------------------------------|
| | 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 a | | | |
| | epartment of Health | | | |
| STATE FOR | M | 6899 | 8DZP11 | If continuation sheet 5 of 8 |

Minnesota Department of Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | |
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| | | 30720 | | | C 05/3 | ; 1/2023 |
| NAME OF I | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, S | STATE, ZIP CODE | | |
| THE TUP | FVILLAGE | 301 COUI HILLS, M | NTY ROAD 6 N 56138 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CO CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | |
| 01260 | Continued From page 5 widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or the residents). Findings Include: | | 01260 | | | |

On July 19, 2022, former licensed assisted living director (LALD)-C contacted the Minnesota Department of Health (MDH) to inquire about closing the assisted living facility. Former LALD-C was provided with information on filling out closure forms the same day.

On August 9, 2022, former LALD-C emailed MDH a closure plan and a copy of a letter dated August 9, 2022, informing residents of the upcoming closure. The closure letter to residents included the following paragraph, "We will unfortunately only be able to give a 30-day notice of closure due to our ongoing staffing issues making September 8th, 2022 the last day as a licensed assisted living facility. We will provide 2 appropriate living options to all tenants [residents] so that they can choose or they can find their own placement if the ones provided aren't suitable for their families and/or situation." MDH representatives emailed former LALD-C back and advised, "You are not allowed to take any action to close the residence until the commissioner's approval of the plan. You should not notify residents of the proposed closure or take any

| action to carry out the closure until the plan is approved. You may not accept any new residents or enter into any additional assisted living contracts. No residents may be relocated until approval of the closure plan." Information sent to MDH indicated seven residents currently resided at the assisted living facility. | | | |
|--|------|--------|------------------------------|
| Minnesota Department of Health | | | |
| STATE FORM | 6899 | 8DZP11 | If continuation sheet 6 of 8 |

Minnesota Department of Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | |
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| | | 30720 | | | 05/3 |) 31/2023 |
| NAME OF I | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, S | TATE, ZIP CODE | | |
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| 01260 | On August 15, 2022 emailed former LAL documents needed | ge 6 2, a MDH representative D-C regarding missing to complete their closure rovided later that day. | 01260 | | | |
| | On August 16, 2022 | 2, MDH notified the licensee d been approved and October | | | | |

15, 2022, would be the closure date to be provided on the letter of notification to residents.

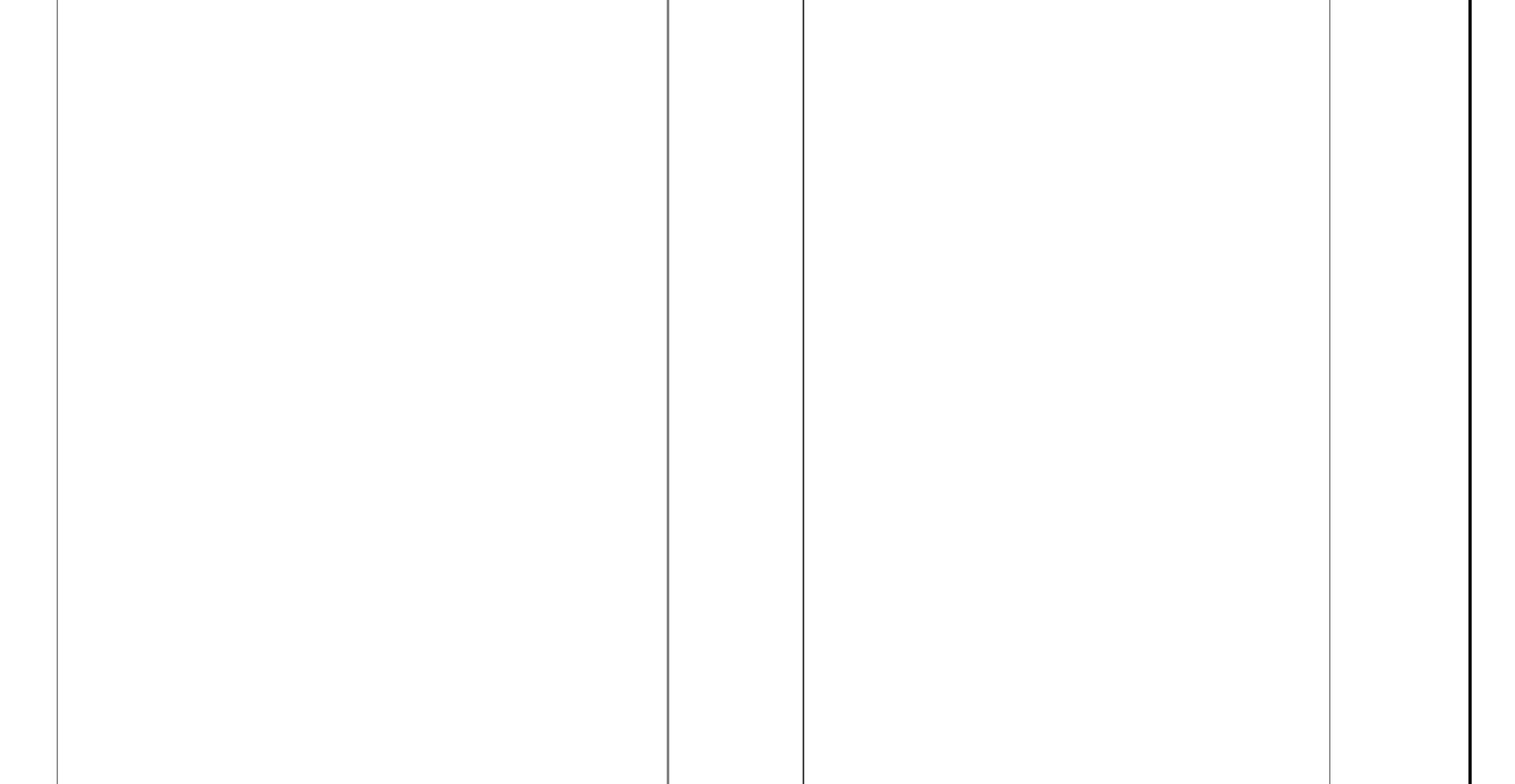
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| stated when she visited the facility on October 10 2022, all assisted living residents had discharged | • | | | | | |
|---|---|--------|------------------------------|--|--|--|
| On May 31, 2023, information from the licensee regarding the closure and notification of residents was requested, but not provided. | 5 | | | | | |
| No further information was provided. | | | | | | |
| Minnesota Department of Health | | | | | | |
| STATE FORM | | 8DZP11 | If continuation sheet 7 of 8 | | | |

Minnesota Department of Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | | (X3) DATE SURVEY COMPLETED | |
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| 01260 | | ige 7 R CORRECTION: Twenty-one | 01260 | | | |
| | (21) Days | | | | | |



| Minnesota Department of Health STATE FORM If continuation sheet 8 of 8 | | | | | |
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