Protecting, Maintaining and Improving the Health of All Minnesotans

State Rapid Response Investigative Public Report

Office of Health Facility Complaints

Maltreatment Report #: HL307455024M
Compliance #: HL307458545C

Date Concluded: April 14, 2023

Name, Address, and County of Licensee Investigated:
Lino Lakes Assisted Living
725 Town Center Parkway
Lino Lakes, MN 55014
Anoka County

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

Evaluator's Name:
Katie Germann, RN, Special Investigator

Finding: Not Substantiated

Nature of Investigation:
The Minnesota Department of Health investigated an allegation of maltreatment, in accordance with the Minnesota Reporting of Maltreatment of Vulnerable Adults Act, Minn. Stat. 626.557, and to evaluate compliance with applicable licensing standards for the provider type.

Initial Investigation Allegation(s):
The facility neglected a resident when they failed to implement medication changes according to physician orders.

Investigative Findings and Conclusion:
The Minnesota Department of Health determined neglect was not substantiated. The resident returned from the hospital with multiple medication changes and the facility did not ensure the medication changes were implemented timely. However, the residents' medications were later implemented according to physician orders and there was no indication the resident experienced any negative outcome from the medications not being implemented timely.

The investigator conducted interviews with facility staff members, including administrative staff, nursing staff, and unlicensed staff. The investigation included review of the resident's medical records, nursing assessments, and medication administration records. The investigator observed staff during medication administration.

The resident resided in an assisted living facility. The resident’s diagnoses include atrial fibrillation, congestive heart failure, and type 2 diabetes. The resident’s service plan included assistance with activities of daily living, bathing, grooming, dressing, medications management and administration, transferring, meals, housekeeping, and laundry. The resident’s assessment indicated the resident had functional impairment which caused frequent falls.

The resident's hospital discharge orders indicated the resident was discharged from the hospital back to the facility with numerous medication changes including discontinuing Bupropion (an antidepressant), Furosemide (a diuretic), Gabapentin (a pain reliever), Lisinopril (a blood pressure medication), and Trazodone (an antidepressant). R1 was to begin new medications including Apixaban (a blood thinner) 5 mg twice per day, Entresto (a medication to treat heart failure) 97-103mg twice per day, Dapagliflozin (a diabetic medication) 10 mg daily, Spironolactone (a diuretic medication) 25 mg daily, and Torsemide (a diuretic medication) 10mg daily. In addition, R1's dosage of Metoprolol Succinate was changed from 100mg daily to 50 mg daily.

The resident's medication administration record (MAR), indicated the resident was readmitted to the facility after hospitalization, and the medications Spironolactone, Torsemide, and Entresto, were not documented as administered until 4 days later. The Apixaban was not put on the MAR for administration until two days after R1 was readmitted from the hospital, and it was documented on the MAR by facility staff that the medication was not available for nine days, with the first dose of Apixaban documented as administered on the ninth day after the resident was prescribed the medication.
The Dapagliflozin was documented as administered for 3 days only, with the other days documented as medication not available. On two days, the resident was administered the previous dose of Metoprolol (100 mg), as well as the medications that had been discontinued including Bupropion, Trazodone, and Furosemide.

When interviewed, a facility nurse stated the resident returned from the hospital with multiple medication changes. Due to the extensive changes and pharmacy issues, not all of the medication changes were done timely. The nurse stated approximately 10 days after returning from the hospital, the resident was readmitted back to the hospital following a fall. The nurse stated the resident had a history of falls and there was no indication the failure to implement the medication changes timely contributed to the fall.

The resident’s medication administration record indicated after the resident returned from the hospital after the fall, the residents medications were implemented timely and administered according to physician orders.

In conclusion, the Minnesota Department of Health determined neglect was unsubstantiated.

“Not Substantiated” means:
An investigatory conclusion indicating the preponderance of evidence shows that an act meeting the definition of maltreatment did not occur.

Neglect: Minnesota Statutes, section 626.5572, subdivision 17
Neglect means neglect by a caregiver or self-neglect.
(a) "Caregiver neglect" means the failure or omission by a caregiver to supply a vulnerable adult with care or services, including but not limited to, food, clothing, shelter, health care, or supervision which is:
(1) reasonable and necessary to obtain or maintain the vulnerable adult's physical or mental health or safety, considering the physical and mental capacity or dysfunction of the vulnerable adult; and
(2) which is not the result of an accident or therapeutic conduct.

Vulnerable Adult interviewed: No, resident not available
Family/Responsible Party interviewed: Yes
Alleged Perpetrator interviewed: Not Applicable

Action taken by facility:
When the resident returned from the hospital following the fall, medications were implemented according to physician orders.

Action taken by the Minnesota Department of Health:
The facility was found to be in noncompliance. To view a copy of the Statement of Deficiencies and/or correction orders, please visit:

https://www.health.state.mn.us/facilities/regulation/directory/provcompselect.html

If you are viewing this report on the MDH website, please see the attached Statement of Deficiencies.

You may also call 651-201-4200 to receive a copy via mail or email

cc:
The Office of Ombudsman for Long Term Care
The Office of Ombudsman for Mental Health and Developmental Disabilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30745	A. BUILDING: _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINO LAKES ASSISTED LIVING	725 TOWN CENTER PARKWAY LINO LAKES, MN 55014

(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 LICENSING 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: #HL307458545C/ #HL307455024M #HL307458544C/ #HL307455023M #HL307458562C/ #HL307454965M #HL307458563C/ #HL307454966M #HL307458477C/ #HL307454943M #HL307458386C/ #HL307454924M On February 28, 2023 to March 14, 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 98 residents receiving services under the provider's Assisted Living with Dementia Care license. The following immediate correction orders are issued. The following immediate correction orders are issued for #HL307458477C/#HL307454943M, #HL307458545C/#HL307455024M, #HL307458544C/#HL307455023M, #HL307458562C/#HL307454965M,	0 000	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 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.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30745	A. BUILDING: _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINO LAKES ASSISTED LIVING	725 TOWN CENTER PARKWAY LINO LAKES, MN 55014

(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	Continued From page 1 #HL307458386C/#HL307454924M and #HL307458563C/#HL307454966M tag identification 0470, 1600, and 1760. The immediacy was removed on March 14, 2023 for tag identification 0470, 1600, and 1760. Scope and severity remain at an I. The following correction orders which were not immediate were issued for: #HL307458477C/ #HL307454943M, tag identification 0250, 1960 and 2360. #HL307458386C/ #HL307454924M, tag identification 0250, 620, 630, 690, 2360, and 3000. #HL307458545C/ #HL307455024M, #HL307458544C/ #HL307455023M, #HL307458562C/#HL307454965M, and #HL307458563C/ #HL307454966M, tag identification 0250.	0 000		
0 250 SS=F	144G.20 Subdivision 1 Conditions (a) The commissioner may refuse to grant a provisional license, refuse to grant a license as a result of a change in ownership, refuse to renew a license, suspend or revoke a license, or impose a conditional license if the owner, controlling individual, or employee of an assisted living facility: (1) is in violation of, or during the term of the license has violated, any of the requirements in this chapter or adopted rules; (2) permits, aids, or abets the commission of any illegal act in the provision of assisted living services;	0 250		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30745	A. BUILDING: _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINO LAKES ASSISTED LIVING	725 TOWN CENTER PARKWAY LINO LAKES, MN 55014

(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
0 250	Continued From page 2 (3) performs any act detrimental to the health, safety, and welfare of a resident; (4) obtains the license by fraud or misrepresentation; (5) knowingly makes a false statement of a material fact in the application for a license or in any other record or report required by this chapter; (6) denies representatives of the department access to any part of the facility's books, records, files, or employees; (7) interferes with or impedes a representative of the department in contacting the facility's residents; (8) interferes with or impedes ombudsman access according to section 256.9742, subdivision 4, or interferes with or impedes access by the Office of Ombudsman for Mental Health and Developmental Disabilities according to section 245.94, subdivision 1; (9) interferes with or impedes a representative of the department in the enforcement of this chapter or fails to fully cooperate with an inspection, survey, or investigation by the department; (10) destroys or makes unavailable any records or other evidence relating to the assisted living facility's compliance with this chapter; (11) refuses to initiate a background study under section 144.057 or 245A.04; (12) fails to timely pay any fines assessed by the commissioner; (13) violates any local, city, or township ordinance relating to housing or assisted living services; (14) has repeated incidents of personnel performing services beyond their competency level; or (15) has operated beyond the scope of the assisted living facility's license category. (b) A violation by a contractor providing the	0 250		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30745	A. BUILDING: _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINO LAKES ASSISTED LIVING	725 TOWN CENTER PARKWAY LINO LAKES, MN 55014

(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
0 250	Continued From page 3 assisted living services of the facility is a violation by the facility. This MN Requirement is not met as evidenced by: Based on interview and document review, the licensee failed to show they met the requirements of licensure, by attesting the managerial officials who oversaw the day-to-day operations understood applicable statutes and rules; nor developed and/or implemented current policies and procedures as required with records reviewed. This had the potential to affect all residents, staff, and visitors. 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 a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: During the interview on February 28, 2023, at 9:00 a.m., registered nurse (RN)-A stated the licensee was familiar with the assisted living regulations and the licensee provided medication and treatment management services. The licensee's Provisional Assisted Living Licensure Information and Application, section titled Official Verification of Owner or Authorized Agent, (page 17 and 18 of the application), identified, I certify I have read and understand the following: [a check mark was placed before each of the following]:	0 250		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30745	A. BUILDING: _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINO LAKES ASSISTED LIVING	725 TOWN CENTER PARKWAY LINO LAKES, MN 55014

(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
0 250	Continued From page 4 - Assisted Living Licensure statutes in Minn. Stat. chpt. 144G. - Assisted Living Licensure rules in Minnesota Rules, chpt. 4659. - Reporting of Maltreatment of Vulnerable Adults. - Electronic Monitoring in Certain Facilities. - I understand pursuant to Minn. Stat. sect. 13.04 Rights of Subjects of Data, the commissioner will use information provided in this application, which may include an in-person or telephone conference, to determine if the applicant meets requirements for assisted living licensing. I understand I am not legally required to supply the requested information; however, failure to provide information or the submission of false or misleading information may delay the processing of my application or may be grounds for denying a license. I understand that information submitted to the commissioner in this application may, in some circumstances, be disclosed to the appropriate state, federal or local agency and law enforcement office to enhance investigative or enforcement efforts or further a public health protective process. Types of offices include Adult Protective Services, offices of the ombudsmen, health-licensing boards, Department of Human Services, county or city attorneys' offices, police, local or county public health offices. - I understand in accordance with Minn. Stat. sect. 144.051 Data Relating to Licensed and Registered Persons (opens in a new window), all data submitted on this application shall be classified as public information upon issuance of a provisional license or license. All data submitted are considered private until MDH issues a license. - I declare that, as the owner or authorized agent,	0 250		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30745	A. BUILDING: _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINO LAKES ASSISTED LIVING	725 TOWN CENTER PARKWAY LINO LAKES, MN 55014

(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
0 250	Continued From page 5 I attest that I have read Minn. Stat. chapter 144G, and Minnesota Rules, chapter 4659 governing the provision of assisted living facilities, and understand as the licensee I am legally responsible for the management, control, and operation of the facility, regardless of the existence of a management agreement or subcontract. - I have examined this application and all attachments and checked the above boxes indicating my review and understanding of Minnesota Statutes, Rules, and requirements related to assisted living licensure. To the best of my knowledge and believe, this information is true, correct, and complete. I will notify MDH, in writing, of any changes to this information as required. - I attest to have all required policies and procedures of Minn. Stat. chapter 144G and Minn. Rules chapter 4659 in place upon licensure and to keep them current as applicable. Page eighteen was electronically signed by the authorized agent on April 6, 2020. The licensee had an assisted living with dementia license issued on June 1, 2022, with an expiration date of May 31, 2023. The licensee failed to ensure the following policies and procedures were developed and/or implemented: - requirements in section 626.557, reporting of maltreatment of vulnerable adults; - staffing plan - individual abuse prevention plan - resident records; and - medication and treatment management	0 250		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30745	A. BUILDING: _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINO LAKES ASSISTED LIVING	725 TOWN CENTER PARKWAY LINO LAKES, MN 55014

(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
0 250	Continued From page 6 As a result of this survey, the following orders were issued 0470, 0620, 0630, 0690, 1600, 1700, 1760, 1960, 2360, and 3000 indicating the licensee's understanding of the Minnesota statutes were limited, or not evident for compliance with Minnesota Statutes, section 144G.08 to 144G.95. TIME PERIOD FOR CORRECTION: Two (2) days.	0 250		
0 470 SS=I	144G.41 Subdivision 1 Minimum requirements (11) develop and implement a staffing plan for determining its staffing level that: (i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility; (ii) ensures sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; and (iii) ensures that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility; (12) ensure that one or more persons are available 24 hours per day, seven days per week, who are responsible for responding to the requests of residents for assistance with health or safety needs. Such persons must be: (i) awake; (ii) located in the same building, in an attached building, or on a contiguous campus with the facility in order to respond within a reasonable amount of time; (iii) capable of communicating with residents;	0 470		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30745	A. BUILDING: _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINO LAKES ASSISTED LIVING	725 TOWN CENTER PARKWAY LINO LAKES, MN 55014

(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
0 470	Continued From page 7 (iv) capable of providing or summoning the appropriate assistance; and (v) capable of following directions; This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop a staffing plan based on the individual resident needs. The facility failed to provide nursing coverage to complete assessments and ensure resident medications and prescribed treatments were provided according to physician orders for four of four (R1, R2, R3 and R4) resident records reviewed. This had the potential to affect all 98 of the residents residing in the facility. This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). Findings include: The facility was notified of the immediacy on February 28, 2023. The immedicay was removed on March 14, 2023. Scope and severity remain at an l. R1 R1's face sheet indicated the resident was admitted on June 1, 2022, with diagnoses including congestive heart failure, atrial fibrillation,	0 470		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30745	A. BUILDING: _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINO LAKES ASSISTED LIVING	725 TOWN CENTER PARKWAY LINO LAKES, MN 55014

(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
0 470	Continued From page 8 and type 2 diabetes. R1's service plan dated February 24, 2023, indicated R1 required staff assistance to put on and remove a prosthesis, medication management, blood glucose monitoring, grooming, bathing, and meal preparation. R1's hospital discharge orders dated February 10, 2023, indicated a new physician order for the resident to begin Spironolactone (a diuretic medication), 25 mg daily. R1's facility medication administration record (MAR) for February 2023, indicated the resident was readmitted to the facility on February 10, 2023. However, R1's Spironolactone was not documented as administered until February 16, 2023, 7 days later. R1's medical record reviewed on February 28, 2023, contained no documentation an assessment was completed upon R1's return from the hospital. R1's medication administration record (MAR) dated February 2023, indicated R1 had a stage two pressure ulcer on his left buttocks that required a dressing change three times per week. For the month of February 2023, there were 12 days the dressing should have been changed. The staff documented the dressing change was completed three of the days, four days during the month R1 was hospitalized, two of the dressing changes were documented as refused, and one is of the dressing changes was documented as "Not done by aide". R1's facility medical record lacked any documentation R1's wound were assessed or	0 470		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30745	A. BUILDING: _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINO LAKES ASSISTED LIVING	725 TOWN CENTER PARKWAY LINO LAKES, MN 55014

(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
0 470	Continued From page 9 monitored by nursing staff. R2 R2's face sheet indicated the resident was admitted June 1, 2022, with diagnosis including atrial fibrillation, congestive heart failure, and type 2 diabetes. R2's hospital discharge orders dated February 18, 2023, indicated the resident was discharged from the hospital back to the facility with numerous medication changes including discontinuing bupropion (an antidepressant), furosemide (a diuretic), gabapentin (a pain reliever), lisinopril (a blood pressure medication), and trazodone (an antidepressant). R2 was to begin new medications including apixaban (a blood thinner) 5 mg twice per day, entresto (a medication to treat heart failure) 97-103mg twice per day, dapagliflozin (a diabetic medication) 10 mg daily, spironolactone (a diuretic medication) 25 mg daily, and torsemide (a diuretic medication) 10mg daily. In addition, R2's dosage of metoprolol succinate was changed from 100mg daily to 50 mg daily. R2's MAR for February 2023, indicated the resident was readmitted to the facility on February 18, 2023, and the medications spironolactone, torsemide, and entresto, were not documented as administered until February 21, 2023, 4 days later. The Apixaban was not put on the MAR for administration until February 20, 2023, and was documented the medication was not available on February 20 through February 26; with the first dose documented as being administered the evening of February 26, 2023. The Dapagliflozin was documented as administered on February 22, 27, and 28th only, with the other days	0 470		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30745	A. BUILDING: _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINO LAKES ASSISTED LIVING	725 TOWN CENTER PARKWAY LINO LAKES, MN 55014

(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
0 470	Continued From page 10 documented as medication not available. On February 18 and 19, 2023, R2 was administered the previous dose of metoprolol (100 mg), as well as the medications that had been discontinued including bupropion, trazodone, and furosemide. On February 19, 2023, R2 was given both Bupropion and Metoprolol together, which according to the resident's progress notes have drug to drug interaction. There is no documentation of the physician being notified of the interaction warning, or that the medications were given together. R2 was hospitalized again on February 28, 2023, 10 days after being admitted back to the facility on February 18, 2023. R2's medical record reviewed on March 1, 2023, indicated the facility did complete an assessment upon R2's return from the hospital. R3 R3's hospital discharge record dated February 11, 2023, indicated the resident was hospitalized for a urinary tract infection and was discharged back to the facility on February 11, 2023. R3's physician discharge orders indicated the resident was to begin Macrobid (an antibiotic) upon readmission back to the facility. . R3's MAR dated February 2023, indicated the resident was not administered the antibiotic until February 16, 2023, 5 days after the antibiotic was ordered. R4 R4's MAARC (Minnesota adult abuse reporting center) report dated February 11, 2023, indicated R4 had sustained a left distal humerus fracture	0 470		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30745	A. BUILDING: _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINO LAKES ASSISTED LIVING	725 TOWN CENTER PARKWAY LINO LAKES, MN 55014

(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
0 470	Continued From page 11 from a fall at the facility. R4 underwent outpatient surgical fixation and repair on November 17, 2022 and returned to the facility. R4 received no wound checks, wound care, physical therapy, or occupational therapy as ordered by the physician. On January 1, 2023, R4 was taken to the emergency room and admitted to the hospital. R4 developed a severe decubitus ulcer over the posterior elbow, resulting in exposed orthopedic hardware and sepsis which resulted in a 40 day hospital stay. During the course of R4's hospital stay, R4 received antibiotic treatment and underwent four surgical procedures, including debridement's, hardware removal, and flap coverage. The report indicated the wound had progressed over weeks and if it had been identified in a timely fashion, the hospital admission and multiple surgeries could have been prevented. R4's medical record included a physician order dated November 21, 2022 indicating R4 required daily wound care of the cubital ulcer on his elbow. However, the residents record lacked evidence of any wound assessments and documentation of wound cares as ordered by the physician. R4's comprehensive assessment dated December 7, 2022 indicated R4 had weakness of his left upper extremity related to a complete fracture, indicated his skin was intact, had a history of falls, had no change in functional status since his last assessment, and included no recommendations such as physical or occupational therapy. The assessment indicated R4's last fall was on October 28, 2022. R4's care plan dated December 7, 2022 indicated R4 had a history of falls and bruised easily. R4's care plan lacked any interventions to prevent	0 470		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30745	A. BUILDING: _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINO LAKES ASSISTED LIVING	725 TOWN CENTER PARKWAY LINO LAKES, MN 55014

(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
0 470	Continued From page 12 falls, and did not identify the residents surgical incision or dressing to his right upper extremity. R4's progress notes indicated the following: -November 3, 2022 R4 had an appointment and returned to the facility with new orders of non-weight bearing to the left upper arm, new splint, elevation for swelling, and refer to an elbow specialist as soon as possible. -November 21, 2022 R4 had an appointment with surgeon and return with new orders for pain medication and daily wound care. The note indicated staff left a message for the surgeon's team to clarify the pain medication and write a separate order for wound care to send to home care. The staff were waiting for a response or for orders to be faxed to the facility. -November 22, 2022 the staff received a call from the surgeon's office with clarification on the pain medication and direction for left elbow pressure wound dressing changes twice a day. The note indicate the clinic was made aware the skilled facility did not manage wound cares. R4's MAR for November 2022, included an undated entry which directed staff to leave R4's dressing on until he was seen in the clinic for his follow up. During interview on February 28, 2023, at 11:20 a.m. registered nurse (RN)-A stated wound assessments were supposed to be done weekly, however, she had not done any wound assessments on any resident's in the facility. because there was not enough nursing staff to complete medication reconciliation, assessments, wound care, and service plans. RN-A stated she was currently at the facility four days per week and is on-call 24 hours a day: 7 days a week. RN-A stated she doesn't have time to complete	0 470		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30745	A. BUILDING: _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINO LAKES ASSISTED LIVING	725 TOWN CENTER PARKWAY LINO LAKES, MN 55014

(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
0 470	Continued From page 13 assessments and reconcile medications. However, RN-A stated sometimes she completed resident assessments, "over the phone". RN-A stated some of resident medication adjustments were not implemented due to lack of nursing staff, and RN-A acknowledged medication changes are not always implemented timely. If RN-A was not at the facility any medication changes that came in for a resident were put under the nurses office door and she would implement the changes when RN-A was back at the facility. During interviewed on February 28, 2023, at 10:40 a.m. nurse practitioner (NP)-B stated the facility does not have enough staff to complete necessary care and services to the residents. NP-B stated outside medical staff had been providing resident wound care at the facility because there was not enough nursing staff at the facility to do wound care. In addition, NP-B stated medication orders were not being implemented and medications were not being administered according to physician orders due to lack of nursing staff to implement and transcribe the orders. NP-B stated the physician service care coordinator contacted the facility management to discuss what the service could do to assist the facility to ensure the residents were receiving the prescribed medications and cares. During interview on February 28, 2023, at 2:30 p.m. the Regional Director of Operations stated lack of staffing has been an issue for the facility. A facility staffing plan and/ or policy regarding staffing and nursing coverage were requested but none was provided.	0 470		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30745	A. BUILDING: _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINO LAKES ASSISTED LIVING	725 TOWN CENTER PARKWAY LINO LAKES, MN 55014

(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
0 470	Continued From page 14 No further information was provided. Time period for correction: Two (2) days.	0 470		
0 620 SS=D	144G.42 Subd. 6 (a) Compliance with requirements for reporting ma (a) The assisted living facility must comply with the requirements for the reporting of maltreatment of vulnerable adults in section 626.557. The facility must establish and implement a written procedure to ensure that all cases of suspected maltreatment are reported. This MN Requirement is not met as evidenced by: Based on interview and record review the licensee failed to immediately report to the Minnesota Adult Abuse Reporting Center (MAARC) suspected maltreatment for one of one resident (R5) 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) 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: R5 admitted on June 1, 2022. R5's diagnoses included dementia. R5's care plan, dated February 5, 2023, indicated R5 was at risk for falls, was independent with walking, and on safety checks every two hours. The care plan also indicated R5 had severe memory loss, deficits in	0 620		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30745	A. BUILDING: _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINO LAKES ASSISTED LIVING	725 TOWN CENTER PARKWAY LINO LAKES, MN 55014

(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
0 620	Continued From page 15 judgment related to safety, and was unable to change paths if in harm's way. The resident's progress note dated November 16, 2022, at 1:14 p.m., indicated R5 was involved in a resident-to-resident altercation and cut with a glass wine cup. The same document indicated R5 had to be transported to the emergency room for treatment of a deep laceration to her left wrist, left middle finger, and forehead. A behavior status note dated December 6, 2022, indicated R5 was cut with glass during a resident-to-resident altercation and had to get stitches. The same document indicated R5 continued to wander around the unit and appeared anxious. An incident report dated January 29, 2023, at 7:30 a.m., indicated R5 fell in her bathroom, blood clots were found in the bathroom; however, R5 was found lying in her bed. The report indicated there were no unsafe conditions or environmental hazards present, there was not a pendant available for R5 to use, and R5 had been toileted at 5:30 a.m. The report also indicated R5 pulled herself into bed. The resident's progress note dated January 29, 2023, at 8:22 a.m., indicated R5 was hospitalized. A hospital Discharge Summary indicated R5 admitted to the emergency room (ER) on January 29, 2023, with a possible fall. The note indicated R5 was found naked in bed with a laceration to her forehead and hematoma. The same document indicated R5 was unable to tell the ER staff what happened, it was unclear whether R5 fell, had a syncopal episode, or if a resident-to-resident altercation occurred. The	0 620		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30745	A. BUILDING: _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINO LAKES ASSISTED LIVING	725 TOWN CENTER PARKWAY LINO LAKES, MN 55014

(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
0 620	Continued From page 16 note further indicated because R5 was found naked in bed there was concern of sexual assault; therefore, an exam by a sexual assault nurse examiner (SANE) was completed with negative findings. R5 admitted to the hospital. During an interview on March 9, 2023, at 12:13 p.m. R5's family member (FM)-G stated he received a call the morning of January 29, 2023, stating staff found R5 lying naked in bed with blood all over and she was being transferred to the ER. FM-G stated staff checked on R5 at 5:00 a.m. and she was good but when they went in to get her up for breakfast, they found her in bed. FM-G stated R5 had been involved in resident-to-resident altercations at the facility and he was concerned another resident, R9, may have pushed R5 down this time FM-G stated R5 did not have a history of falls. FM-G stated the first incident occurred November 16, 2022, when R9 hit R5 with a wine glass and cut R5's wrist and head, she had to have stitches and spend a couple of days in the hospital. He stated another incident occurred when R9 hit R5 with a plastic mason jar and cut her head, so R5 had to go to the emergency room for stitches. During an interview on March 22, 2023, at 9:00 a.m., the director of nursing (DON)-A, stated she was not sure why the incident did not get reported but it should have. The licensee's Vulnerable Adult Maltreatment - Prevention & Reporting policy dated August 1, 2021, indicated all serious injuries must be immediately reported. The policy indicated a serious injury includes damage caused to the body by external forces, such as a fall, hit, weapons or other causes that results in a major trauma, which has the potential to cause	0 620		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30745	A. BUILDING: _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINO LAKES ASSISTED LIVING	725 TOWN CENTER PARKWAY LINO LAKES, MN 55014

(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
0 620	Continued From page 17 prolonged disability or death such as a fracture, head wound/injury or significant wound that requires suturing. TIME PERIOD FOR CORRECTION: Seven (7) days	0 620		
0 630 SS=I	144G.42 Subd. 6 (b) Compliance with requirements for reporting ma (b) The facility must develop and implement an individual abuse prevention plan for each vulnerable adult. The plan shall contain an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults; the person's risk of abusing other vulnerable adults; and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. For purposes of the abuse prevention plan, abuse includes self-abuse. This MN Requirement is not met as evidenced by: Based on interview and record review the licensee failed to develop and implement an individual abuse prevention plan (IAPP) for each vulnerable adult. The plan must include the person's susceptibility to abuse by another individual, the person's risk of abusing others, statements of the specific measure to be taken to minimize the risk of abuse and include self-abuse for four of four residents (R2, R4, R5 and R9) with records reviewed. This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death,	0 630		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30745	A. BUILDING: _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINO LAKES ASSISTED LIVING	725 TOWN CENTER PARKWAY LINO LAKES, MN 55014

(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
0 630	Continued From page 18 or a violation that has the potential to lead to serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: R2 R2's was admitted on June 1, 2022, with diagnosis including atrial fibrillation, congestive heart failure, and type 2 diabetes. R2's comprehensive assessment dated February 20, 2023, indicated R2 was not able to make decisions independently and was not always oriented to person, place, or time. The assessment also indicated R2 had a history of falls. R2's Vulnerable Adult/Individual Abuse Prevention Assessment dated January 3, 2023, was submitted to surveyors for review of R2's abuse prevention plan. The document was left blank, and there was no information on R2's service plan that documented R2's vulnerabilities or interventions to prevent abuse. R4 R4 was admitted on June 1, 2022. R4's diagnosis included left elbow fracture, colon cancer, and spinal stenosis. R4's care plan dated December 7, 2022, indicated R4 had mild to moderate disorientation or difficulty recalling/retaining information, was at risk for falls, and was independent with daily	0 630		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30745	A. BUILDING: _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINO LAKES ASSISTED LIVING	725 TOWN CENTER PARKWAY LINO LAKES, MN 55014

(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
0 630	Continued From page 19 grooming but may need occasional assist with dressing. R4's assessment dated December 7, 2022, indicated R4 was not always oriented and had moderate difficulty recalling or retaining information. A review of R4's record did not identify documentation of an IAPP. R5 R5 admitted on June 1, 2022. R5's diagnoses included dementia. R5's care plan, dated February 5, 2023, indicated R5 was at risk for falls, was independent with walking, and on safety checks every two hours. The care plan also indicated R5 had severe memory loss, deficits in judgment related to safety, and was unable to change paths if in harm's way. The behavior status notes dated July 13, 2022, indicated R5 had multiple instances of physical aggression toward residents and sometimes staff, often wandered into others' rooms, was triggered, and became aggressive when the resident would tell them to leave their room. The behavior status notes dated August 10, 2022, indicated R5 had overall improvement with aggressive behaviors. R5 had one incident of wandering into another room and pushed another resident and threatened to kill her. The behavior status notes dated September 21, 2022, indicated R5 continues to wander into resident's rooms and take items and gets angry when the resident tells her to leave. Staff have tough time redirecting and R5 does become	0 630		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30745	A. BUILDING: _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINO LAKES ASSISTED LIVING	725 TOWN CENTER PARKWAY LINO LAKES, MN 55014

(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
0 630	Continued From page 20 physically aggressive. The behavior status notes dated October 17, 2022, indicated R5 continued to wander into other resident's rooms and take items. The same note indicated R5 was difficult to redirect. The resident's progress note dated November 16, 2022, at 1:14 p.m., indicated R5 was involved in a resident-to-resident altercation and cut with a wine glass. The same document indicated R5 had to be transported to the emergency room for treatment of a deep laceration to her left wrist, left middle finger, and forehead. An incident report dated January 29, 2023, at 7:30 a.m., indicated R5 fell in her bathroom, blood clots were found in the bathroom; however, R5 was found lying in her bed. The report indicated there were no unsafe conditions or environmental hazards present, there was not a pendant available for R5 to use, and R5 had been toileted at 5:30 a.m. The report also indicated R5 pulled herself into bed. The behavior status notes dated January 17, 2023, indicated R5 continued to wander into other resident's rooms and get into resident-to resident altercations with another resident who tried to stop her. A review of R5's record did not identify documentation of an IAPP. R9 R9 was admitted on June 1, 2022. R9's diagnosis included dementia. When a request was made for R9's service plan for the period of November 20, 2022 through	0 630		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30745	A. BUILDING: _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINO LAKES ASSISTED LIVING	725 TOWN CENTER PARKWAY LINO LAKES, MN 55014

(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
0 630	Continued From page 21 January 29, 2023, the director of nursing (DON)-A, indicated the facility was unable to locate the document. During an interview on February 28, 2023, at 8:55 a.m., DON-A, stated R4 and R5 did not have completed IAPPs During an interview on March 9, 2023, at 12:13 p.m. R5's family member (FM)-G stated he received a call the morning of January 29, 2023, stating staff found R5 lying naked in bed with blood all over and she was being transferred to the ER. FM-G stated staff checked on R5 at 5:00 a.m. and she was good but when they went in to get her up for breakfast, they found her in bed. FM-G stated R5 had been involved in resident-to-resident altercations at the facility and he was concerned another resident, R9, may have pushed R5 down this time FM-G stated R5 did not have a history of falls. FM-G stated the first incident occurred November 16, 2022, when R9 hit R5 with a wine glass and cut R5's wrist and head, she had to have stitches and spend a couple of days in the hospital. He stated another incident occurred when R9 hit R5 with a plastic mason jar and cut her head, so R5 had to go to the emergency room for stitches. The licensee's Individual Abuse Prevention Plan policy dated August 1, 2021, indicated the facility will develop and implement an individual abuse prevention plan for each vulnerable adult. The policy indicated the plan would contain individualized review or assessment of susceptibility to abuse by another individual including other vulnerable adults, the person's risk of abusing other vulnerable adults, and statements of the specific measures to be taken to minimize the risk.	0 630		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30745	A. BUILDING: _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINO LAKES ASSISTED LIVING	725 TOWN CENTER PARKWAY LINO LAKES, MN 55014

(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
0 630	Continued From page 22 TIME PERIOD FOR CORRECTION: Seven (7) days.	0 630		
0 690 SS=F	144G.43 Subdivision 1 Resident record (a) Assisted living facilities must maintain records for each resident for whom it is providing services. Entries in the resident records must be current, legible, permanently recorded, dated, and authenticated with the name and title of the person making the entry. This MN Requirement is not met as evidenced by: Based on interview record review the licensee failed to ensure entries in the resident records were authenticated with the correct title of the person making the entry for all residents residing in the facility. This could affect all resident records these employees document within. 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 or has the potential to affect a large portion or all of the residents). The findings include: Unlicensed personnel (ULP) were documenting in resident charts as Licensed Practical Nurses (LPN) and Registered Nurses (RN) when they did not hold an active nursing license in the state of Minnesota.	0 690		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30745	A. BUILDING: _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINO LAKES ASSISTED LIVING	725 TOWN CENTER PARKWAY LINO LAKES, MN 55014

(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
0 690	Continued From page 23 ULP-H is identified as an LPN approximately 31 times in entries of R5's progress notes from October 1, 2022, through January 31, 2023. ULP-I is identified as an LPN approximately one time in entries of R5's progress notes from October 1, 2022, through January 31, 2023. ULP-J is identified as an LPN approximately eight times in entries of R5's progress notes from October 1, 2022, through January 31, 2023. ULP-K is identified as an LPN approximately nine times in entries of R5's progress notes from October 1, 2022, through January 31, 2023. ULP-L is identified as an LPN approximately 11 times in entries of R5's progress notes from October 1, 2022, through January 31, 2023. ULP-M is identified as an LPN approximately eight times in entries of R5's progress notes from October 1, 2022, through January 31, 2023. ULP-N is identified as an LPN approximately five times in entries of R5's progress notes from October 1, 2022, through January 31, 2023. ULP-O is identified as an RN approximately 74 times in entries of R5's progress notes from October 1, 2022, through January 31, 2023. ULP-P is identified as an LPN approximately nine times in entries of R5's progress notes from October 1, 2022, through January 31, 2023. During an interview on March 22, 2023, at 9:00 a.m., the director of nursing (DON)-A, stated the ULPs were entered in the system wrong. DON-A	0 690		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30745	A. BUILDING: _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINO LAKES ASSISTED LIVING	725 TOWN CENTER PARKWAY LINO LAKES, MN 55014

(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
0 690	Continued From page 24 stated someone at the corporate office enters employee information in the computer system. The licensee's Resident Record policy dated February 1, 2022, indicated Cornerstone Management Services will retain a resident record containing all of the required and pertinent health and residency information needed for resident in onsite for each resident admitted into the facility. The policy indicated the residents record should included but is not limited to: documentation of services provided, date, time, and signature of staff providing the service. TIME PERIOD FOR CORRECTION: Seven (7) days	0 690		
01600 SS=I	144G.70 Subdivision 1 Acceptance of residents An assisted living facility may not accept a person as a resident unless the facility has staff, sufficient in qualifications, competency, and numbers, to adequately provide the services agreed to in the assisted living contract. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the facility had sufficient nursing staff to adequately provide the services agreed upon for 4 of 4 residents,.R1, R2, R3, and R4, reviewed with missed medication or wound care. Due to the lack of nursing staff the medication changes and wound care orders were not implemented or completed. Although the facility was aware they did not have sufficient nursing staff to provide the current resident services, the facility admitted 7 new residents on February 14, 2023. The lack of sufficient nursing	01600		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30745	A. BUILDING: _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINO LAKES ASSISTED LIVING	725 TOWN CENTER PARKWAY LINO LAKES, MN 55014

(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
01600	Continued From page 25 staff to provide services for current residents and continuing to take new admissions had the potential to affect all 98 residents currently receiving services from the licensee. This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). Findings include: The facility was notified of the immediate order on February 28, 2023. The immedicay was removed on March 14, 2023. Scope and severity remain at an l. When interviewed on February 28, 2023, at 9:00 a.m. and 11:00 a.m., registered nurse (RN)-A stated there was not enough nursing staff to complete all the nursing tasks in the facility, including assessments, wound care, and medication reconciliation. RN-A stated she was currently the only nurse providing nursing services to all 98 residents receiving services from the license. RN-A stated she is at the facility four days a week, and on call 24 hours a day, 7 days a week. When RN-A is not in the facility, staff put any new orders under the office door and they would not be reviewed until RN-A was back in the office. RN-A stated she has been the only nurse at the facility to provide nursing services since December, 2022, and she had been asking management for additional nursing help. Although	01600		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30745	A. BUILDING: _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINO LAKES ASSISTED LIVING	725 TOWN CENTER PARKWAY LINO LAKES, MN 55014

(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
01600	Continued From page 26 the facility was short staffed, RN-A acknowledged the facility was still accepting new admissions. R1 R1's face sheet indicated the resident was admitted on June 1, 2022, with diagnoses including congestive heart failure, atrial fibrillation, and type 2 diabetes. R1's hospital discharge orders dated February 10, 2023, indicated a new physician order for the resident to begin Spironolactone (a diuretic medication), 25 mg daily. R1's facility medication administration record (MAR) for February 2023, indicated the resident was readmitted to the facility on February 10, 2023. However, R1's Spironolactone was not documented as administered until February 16, 2023, 7 days later. R1's medical record reviewed on 2/28/23, contained no documentation a nursing assessment was completed upon R1's return from the hospital. R1's MAR dated February 2023, indicated R1 had a stage two pressure ulcer on his left buttocks that required a dressing change three times per week. For the month of February 2023, there were 12 days the dressing should have been changed. The staff documented the dressing change was completed three of the days, four days during the month R1 was hospitalized, two of the dressing changes were documented as refused, and one is of the dressing changes was documented as "Not done by aide". R1's home care notes from January 2023,	01600		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30745	A. BUILDING: _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINO LAKES ASSISTED LIVING	725 TOWN CENTER PARKWAY LINO LAKES, MN 55014

(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
01600	Continued From page 27 indicated the resident had two pressure ulcers, one on his left buttocks and one on his right buttocks. The last note from home care is on January 30, 2023, which indicated the wounds had "small amounts of serosanguinous drainage, no signs or symptoms of infection". There were no home care notes provided after January 30, 2023. R1's facility medical record lacked any documentation R1's wound were assessed or monitored by nursing staff. R1's service plan dated February 25, 2023 indicated R1 smoked cigarettes. The service plan indicated the RN would complete a safe smoking assessment, however, R1's medical record contained no assessment or documention regarding R1's safety related to smoking. R2 R2's face sheet indicated the resident was admitted June 1, 2022, with diagnosis including atrial fibrillation, congestive heart failure, and type 2 diabetes. R2's hospital discharge orders dated February 18, 2023, indicated the resident was discharged from the hospital back to the facility with numerous medication changes including discontinuing bupropion (an antidepressant), furosemide (a diuretic), gabapentin (a pain reliever), lisinopril (a blood pressure medication), and trazodone (an antidepressant). R2 was to begin new medications including apixaban (a blood thinner) 5 mg twice per day, entresto (a medication to treat heart failure) 97-103mg twice per day, dapagliflozin (a diabetic medication) 10 mg daily, spironolactone (a diuretic medication)	01600		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30745	A. BUILDING: _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINO LAKES ASSISTED LIVING	725 TOWN CENTER PARKWAY LINO LAKES, MN 55014

(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
01600	Continued From page 28 25 mg daily, and torsemide (a diuretic medication) 10mg daily. In addition, R2's dosage of metoprolol succinate was changed from 100mg daily to 50 mg daily. R2's MAR for February 2023, indicated the resident was readmitted to the facility on February 18, 2023, and the medications spironolactone, torsemide, and entresto, were not documented as administered until February 21, 2023, 4 days later. The Apixaban was not put on the MAR for administration until February 20, 2023, and was documented the medication was not available on February 20 through February 26; with the first dose documented as being administered the evening of February 26, 2023. The Dapagliflozin was documented as administered on February 22, 27, and 28th only, with the other days documented as medication not available. On February 18 and 19, 2023, R2 was administered the previous dose of metoprolol (100 mg), as well as the medications that had been discontinued including bupropion, trazodone, and furosemide. On February 19, 2023, R2 was given both Bupropion and Metoprolol together, which according to the resident's progress notes have drug to drug interaction. There is no documentation of the physician being notified of the interaction warning, or that the medications were given together. R2 was hospitalized again on February 28, 2023, 10 days after being admitted back to the facility on February 18, 2023. R3 R3's hospital discharge record dated February 11, 2023, indicated the resident was hospitalized for a urinary tract infection and was discharged back to the facility on February 11, 2023. R3's	01600		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30745	A. BUILDING: _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINO LAKES ASSISTED LIVING	725 TOWN CENTER PARKWAY LINO LAKES, MN 55014

(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
01600	Continued From page 29 physician discharge orders indicated the resident was to begin an antibiotic upon readmission back to the facility. . R3's MAR dated February 2023, indicated the resident was not administered the antibiotic until February 16, 2023, 5 days after the antibiotic was ordered. R4 R4's face sheet indicated the resident was admitted on June 1, 2022, with diagnoses including colon cancer, type 2 diabetes, and major depressive disorder. R4's MAARC (Minnesota adult abuse reporting center) report dated February 11, 2023, indicated R4 had sustained a left distal humerus fracture from a fall at the facility. R4 underwent outpatient surgical fixation and repair on November 17, 2022 and returned to the facility. R4 was readmitted to the hospital on January 1, 2023. R4 developed a severe decubitus ulcer over the posterior elbow, resulting in exposed orthopedic hardware and sepsis which resulted in a 40 day hospital stay. During the course of R4's hospital stay, R4 received antibiotic treatment and underwent four surgical procedures, including debridement's, hardware removal, and flap coverage. The report indicated the wound had progressed over weeks and if it had been identified in a timely fashion, the hospital admission and multiple surgeries could have been prevented. R4's medical record had no documention nursing ensured R4 received any wound care/ monitoring, and any physical or occupational therapy as ordered by the physician.	01600		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30745	A. BUILDING: _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINO LAKES ASSISTED LIVING	725 TOWN CENTER PARKWAY LINO LAKES, MN 55014

(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
01600	Continued From page 30 R4's comprehensive assessment dated December 7, 2022 indicated R4 had weakness of his left upper extremity related to a complete fracture, the residents skin was intact, had a history of falls, had no change in functional status since the last assessment, and included no recommendations such as physical or occupational therapy. The assessment indicated R4's last fall was on October 28, 2022. R4's care plan dated December 7, 2022 indicated R4 had a history of falls and bruised easily. R4's care plan lacked any interventions to prevent falls, and did not identify the residents surgical incision or dressing to his right upper extremity. R4's progress notes indicated the following: -November 3, 2022, at 8:05 p.m., R4 had an appointment and returned to the facility with new orders of non-weight bearing to the left upper arm, new splint, elevation for swelling, and refer to an elbow specialist as soon as possible. -November 21, 2022, at 2:55 p.m., R4 had an appointment with surgeon and return with new orders for pain medication and daily wound care. The note indicated staff left a message for the surgeon's team to clarify the pain medication and write a separate order for wound care to send to home care. The staff were waiting for a response or for orders to be faxed to the facility. -November 22, 2022, at 11:41 a.m., the staff received a call from the surgeon's office with clarification on the pain medication and direction for left elbow pressure wound dressing changes twice a day. The note indicate the clinic was made aware the skilled facility did not manage wound cares. R4's MAR for November 2022, included an	01600		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30745	A. BUILDING: _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINO LAKES ASSISTED LIVING	725 TOWN CENTER PARKWAY LINO LAKES, MN 55014

(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
01600	Continued From page 31 undated entry which directed staff to leave R4's dressing on until he was seen in the clinic for his follow up. Although the facility was aware they did not have enough nursing staff to provide the services agreed upon to the current residents, the facility admitted nine additional residents in the month of February 2023. One of the residents was admitted on hospice and passed away shortly after admission. The facility list of admissions indicated on February 14, 2023, the facility admitted seven new residents, R10, R11, R12, R13, R14, R15, and R16. During interview on February 28, 2023 at 8:30 a.m., unlicensed personnel (ULP)-C stated it is a common occurrence to run out of resident medications at the facility. ULP-C stated when residents received new medication orders, the staff put the orders underneath the nurses door when she is not there. During interviewed on February 28, 2023, at 10:40 a.m. nurse practitioner (NP)-B stated the facility does not have enough nursing staff to complete necessary care and services to the residents. NP-B stated outside medical staff has been providing resident wound care because there was not enough nursing staff to at the facility to do wound care. In addition, NP-B stated medication orders were not being implemented and medications were not being administered according to physician orders due to lack of nursing staff to implement and transcribe the orders. NP-B stated the physician service care coordinator contacted the facility management to discuss what the service could do to assist the facility to ensure the residents were receiving the prescribed medications and cares. The facility	01600		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30745	A. BUILDING: _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINO LAKES ASSISTED LIVING	725 TOWN CENTER PARKWAY LINO LAKES, MN 55014

(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
01600	Continued From page 32 management indicated they would be implementing a new process for medication management to ensure the residents received their medications according to physician orders, however, NP-B was unsure if that had been implemented. During interview on February 28, 2023, at 2:30 p.m. the Regional Director of Operations stated staffing has been an issue for the facility, however, the facility was still accepting new admissions. Policy's were requested regarding acceptance of new admissions, nursing coverage, and staffing ratios. The facility provided no further information. Time period for correction: Two (2) days.	01600		
01700 SS=I	144G.71 Subd. 2 Provision of medication management services (a) For each resident who requests medication management services, the facility shall, prior to providing medication management services, have a registered nurse, licensed health professional, or authorized prescriber under section 151.37 conduct an assessment to determine what medication management services will be provided and how the services will be provided. This assessment must be conducted face-to-face with the resident. The assessment must include an identification and review of all medications the resident is known to be taking. The review and identification must include indications for medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues.	01700		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30745	A. BUILDING: _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINO LAKES ASSISTED LIVING	725 TOWN CENTER PARKWAY LINO LAKES, MN 55014

(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
01700	Continued From page 33 (b) The assessment must identify interventions needed in management of medications to prevent diversion of medication by the resident or others who may have access to the medications and provide instructions to the resident and legal or designated representatives on interventions to manage the resident's medications and prevent diversion of medications. For purposes of this section, "diversion of medication" means misuse, theft, or illegal or improper disposition of medications. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure the registered nurse (RN) conducted a face-to-face medication management assessment, prior to providing medication management services, to include all required content for four of four residents (R1, R2, R4, and R5) with records reviewed. This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: R1 R1's face sheet indicated the resident was admitted on June 1, 2022, with diagnoses including congestive heart failure, atrial fibrillation,	01700		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30745	A. BUILDING: _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINO LAKES ASSISTED LIVING	725 TOWN CENTER PARKWAY LINO LAKES, MN 55014

(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
01700	Continued From page 34 and type 2 diabetes. R1's facility medication administration record (MAR) for February 2023, indicated the resident was having medications managed and administered by facility staff. R1's MAR dated February 2023 indicate R1's scheduled and as needed (PRN) medications included amlodipine (a blood pressure medication), atorvastatin (a cholesterol medication), vitamin D3 (a supplement), furosemide (a diuretic), gabapentin (a pain medication), glipizide (a diabetic medication), isosorbide Mononitrate (a blood pressure medication), jardiance (a diabetic medication), spironolactone (a diuretic), Torsemide (a diuretic), tramadol (a pain medication), trazodone (an antidepressant), xarelto (a blood thinner), acetaminophen (a pain reliever), albuterol (a respiratory medication), carvedilol (a blood pressure medication), entresto (a heart medication), hydralazine (a blood pressure medication), metformin (a diabetic medication), Keflex (an antibiotic), ben-gay (a topical pain reliever), and Nitroglycerin (a medication for chest pain). R1's medical record reviewed on 2/28/23, contained no documentation a medication assessment was ever completed. R2 R2's face sheet indicated the resident was admitted June 1, 2022, with diagnosis including atrial fibrillation, congestive heart failure, and type 2 diabetes. R2's MAR for February 2023, indicated the	01700		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30745	A. BUILDING: _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINO LAKES ASSISTED LIVING	725 TOWN CENTER PARKWAY LINO LAKES, MN 55014

(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
01700	Continued From page 35 resident was receiving assistance with medication management and administration. R2's MAR dated February 2023 indicate R2's scheduled and PRN medications include aspirin (a blood thinner), atorvastatin (a cholesterol medication), bacitracin (a topical antibiotic), bupropion (an antidepressant), dapagliflozin propanediol (a diabetic medication), fenofibrate (a cholesterol medication), furosemide (a diuretic), gabapentin (a pain reliever), lisinopril (a blood pressure medication), melatonin(a supplement), metoprolol succinate (a blood pressure medication), novolog (insuln), sertraline (an antidepressant), spirnolactone (a diuretic), torsemide (a diuretic), trazodone (an antidepressant), vitamin B1 (a supplement), vitamin D3(a supplement), ammonium lactate lotion (a topical skin protectant), apixaban (a blood thinner), entresto (a diabetic medication), levimir (insulin), metformin (a diabetic medication), proventil HFA inhaler (a respiratory medication), acetaminophen (a pain reliever), albuterol (a respiratory medication), cyclobenzaprine (a pain medication), flucinonide cream (a topical rash cream), hydroxazine (an antihistamine), hydroxyzine (a blood pressure medication), miralax (a laxative), and nicotine gum (nicotine addiction medication) R2's medical record reviewed on 2/28/23, contained no documentation a medication assessment was ever completed. During interview(s) on February 28, 2023, at 9:00 a.m. and 11:20 a.m., RN-A stated there was not enough nursing staff to complete nursing assessments RN-A stated she was currently at the facility four days per week and is on-call 24-hours a day 7-days a week.	01700		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30745	A. BUILDING: _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINO LAKES ASSISTED LIVING	725 TOWN CENTER PARKWAY LINO LAKES, MN 55014

(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
01700	Continued From page 36 R4 R4 was admitted on June 1, 2022. R4's diagnosis included left elbow fracture, colon cancer, and spinal stenosis. R4's MAR for December 2022, indicated the resident was receiving assistance with medication management and administration. R4's MAR dated December 2022 indicated R4's scheduled and PRN medications include acetaminophen (a pain reliever), amlodipine (a blood pressure medication), citalopram (a depression medication), metformin (a diabetic medication), metoprolol succinate (a blood pressure medication), MS Contin (a pain medication), Nortriptyline (a nerve pain medication), Omeprazole (an acid reflux medication), prednisone (a medication to decrease inflammation), psyllium husk powder (a laxative), rosuvastatin calcium (a cholesterol medication), vitamin D3 (a supplement), carbamazepine extended release (a seizure medication), chlorhexidine gluconate (a gum disease medication), lidocaine cream (a topical anesthetic cream), oxycodone (a pain medication), Percocet (a pain medication), vanicream (a topical skin lotion), ensure (a nutritional shake), lubricant eye drops (a dry eye relief drop), pregabalin (a seizure medication), biofreeze (a topical pain relief cream), methocarbamol (a muscle relaxant), muscle rub (a topical pain relief cream), nystop powder (an antifungal powder), senna (a laxative), vicks vaporub (a topical cough suppressant), and zofran (a nausea medication). A review of R4's record did not identify	01700		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30745	A. BUILDING: _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINO LAKES ASSISTED LIVING	725 TOWN CENTER PARKWAY LINO LAKES, MN 55014

(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
01700	Continued From page 37 documentation of a medication management plan. R5 R5 was admitted on June 1, 2022. R5's diagnosis included Dementia. R5's MAR for January 2023, indicated the resident was receiving assistance with medication management and administration. R5's MAR dated January 2023 indicate R5's scheduled and PRN medications include sertraline (a depression medication), divalproex (a seizure medication), and olanzapine (a schizophrenia medication). A review of R5's record did not identify documentation of a medication management plan. When interviewed on February 28, 2023, at 10:40 a.m. the nurse practitioner (NP) stated medication orders were not being implemented and medications were not being administered according to physician orders. The NP stated they have attempted to contact corporate regarding staffing concerns but have only been able to meet with administrative staff at the facility. The facilities 7.08 Medication Management - Administration & Setup dated August 1, 2021, indicated unlicensed personnel (ULP) would document reasons why medication administration was not completed as prescribed and document any follow-up procedures provided to meet the resident's need when medication was note administered as prescribed.	01700		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30745	A. BUILDING: _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINO LAKES ASSISTED LIVING	725 TOWN CENTER PARKWAY LINO LAKES, MN 55014

(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
01700	Continued From page 38 Time period for Correction: Seven (7) days.	01700		
01760 SS=I	144G.71 Subd. 8 Documentation of administration of medication Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan. This MN Requirement is not met as evidenced by: Based on interview, and record review, the licensee failed to document the reason medications were not given as prescribed and to document follow-up procedures to ensure the resident's needs were met for four of four (R1, R2, R3, and R4) residents reviewed. This had the potential to affect all residents currently receiving medication management services from the licensee. This practice resulted in a level three violation that results in serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).	01760		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30745	A. BUILDING: _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINO LAKES ASSISTED LIVING	725 TOWN CENTER PARKWAY LINO LAKES, MN 55014

(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
01760	Continued From page 39 The findings include: The facility was notified of the immediacy on February 28, 2023. The immedicay was removed on March 14, 2023. Scope and severity remain at an I. R1 R1 admitted to the facility on June 1, 2022 with diagnosis which included congestive heart failure, atrial fibrillation, type 2 diabetes, and phantom limb syndrome with pain. R1's care plan dated December 8, 2022, indicated R1 had a prosthesis and preferred assistance with it taking on and off. R1 received assistance ordering medications and required assistance with blood glucose monitoring. R1's hospital discharge record dated February 10, 2023, included an order to start spironolactone (a diuretic medication) 25mg one time a day. R1's electronic medication administration record (EMAR) dated February 2023, indicated the resident was readmitted on February 10, 2023, however, the medication was not documented as administered until February 16, 2023, seven days later. A review of R1's medical record did not identify documentation of the licensee notifying R1's prescriber of the missed medication doses. R2	01760		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30745	A. BUILDING: _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINO LAKES ASSISTED LIVING	725 TOWN CENTER PARKWAY LINO LAKES, MN 55014

(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
01760	Continued From page 40 R2 admitted to the facility on June 1, 2022 with diagnosis which included atrial fibrillation, congestive heart failure, and type 2 diabetes. R2's hospital discharge orders dated February 18, 2023 indicated R2 had medication changes which included to stop taking bupropion (an antidepressant), furosemide (a diuretic), gabapentin (a pain reliever), lisinopril (a blood pressure medication), and trazodone (an antidepressant). The same documents indicated R2 was ordered new medications which included apixaban (a blood thinner) 5 mg twice per day, entresto (a medication to treat heart failure) 97-103mg twice per day, dapagliflozin (a diabetic medication) 10 mg daily, spironolactone (a diuretic medication) 25 mg daily, and torsemide (a diuretic medication) 10mg daily. In addition, R2's metoprolol succinate (a heart medication) order was changed from 100mg one time a day to 50 mg one time a day. R2's EMAR dated February 2023, indicated the resident readmitted to the facility on February 18, 2023. The document indicated the licensee did not administer R2's prescribed spironolactone, torsemide, and entresto until February 21, 2023, three days after the resident was readmitted to the facility. On February 18 and 19, 2023, R2's EMAR indicated the licensee administered medications which had been discontinued including bupropion, trazadone, and furosemide on February 18, and 19, 2023. Additionally, on February 18 and 19, 2023, the	01760		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30745	A. BUILDING: _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINO LAKES ASSISTED LIVING	725 TOWN CENTER PARKWAY LINO LAKES, MN 55014

(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
01760	Continued From page 41 EMAR indicated the licensee administered the metoprolol 100 mg a day, which had been discontinued and replaced with an order for metoprolol 50 mg a day. On February 19, 2023, R2's EMAR indicated the licensee administered R2 both bupropion and metoprolol together, which according to the resident's progress notes have drug-to-drug interaction. The document did not include documentation of the physician being notified of the interaction warning, or that the medications were given together. On February 20, 2023, R2's EMAR indicated apixaban was entered on the EMAR. However, the EMAR indicated apixaban was not administered due to not being available February 20, 21, 22, 23, 24, and 25. The document indicated the first dose of R2 of apixaban as administered on the evening of February 26, 2023, eight days after R2 was readmitted to the facility. On February 22, 27, and 28, 2023 R2's EMAR indicated dapagliflozin was given, however the other days of February indicated the medication was not available. A review of R2's medical record did not identify documentation of the licensee notifying R2's prescriber of the missed nor the incorrect medication doses. R3 A Minnesota adult abuse reporting center (MAARC) report dated February 14 2023, indicated R3 had medications ordered but the facility failed to implement the orders.	01760		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30745	A. BUILDING: _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINO LAKES ASSISTED LIVING	725 TOWN CENTER PARKWAY LINO LAKES, MN 55014

(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
01760	Continued From page 42 R3's EMAR dated January 2023 indicated R3 had an order to receive cyanocobalamin (Vitamin B12) 1000 mcg one time a month; however, the medication was not administered the month of January. R3's physician orders were requested but not provided. A MAARC report dated February 14 2023, indicated R3 was discharged from the hospital on February 11 2023 for a urinary tract infection and ordered to be on Macrobid (an antibiotic) 100mg daily by mouth. R3's EMAR dated February 2023 indicated the facility failed to provide this medication until February 16th 2023. The surveyor requested R3's physician orders during the onsite beginning on February 28, 2023, but none were provided. A review of R3's medical record did not identify documentation of the licensee notifying R3's prescriber of the missed medication doses of cyanocobalamin or Macrobid. R4 R4's face sheet indicated the resident admitted on June 1, 2022, with diagnoses including colon cancer, type 2 diabetes, and major depressive disorder. R4's MAARC report dated February 11, 2023, indicated R4 had run out of his medication several times resulting in medication withdrawals. The report indicated R4 had a fall in October 2022, during an episode of opioid withdrawal, which resulted in a left distal humerus fracture.	01760		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30745	A. BUILDING: _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINO LAKES ASSISTED LIVING	725 TOWN CENTER PARKWAY LINO LAKES, MN 55014

(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
01760	Continued From page 43 R4's October 2022, EMAR indicated the licensee was to administer nortriptyline (antidepressant sometimes used to treat nerve pain) 25 mg at bedtime by mouth. R4's October 2022, EMAR indicated R4's nortriptyline at bedtime was ordered on September 1, 2022. The same document indicated the licensee documented administering R4's nortriptyline on October 1, 2022, but not of the other 30 days in October. R4's progress notes indicated nortriptyline was not available for administration on October 3, 17-19, 21-23, and 25-31, all other October dates did not include documentation as to why the medication was not administered. A review of R4's medical record did not identify documentation of the licensee notifying R4's prescriber of the missed medication doses of nortriptyline. R4's October 2022, EMAR indicated the licensee was to administer morphine sulfate (a pain reliever) 30 mg two times a day. R4's October 2022, EMAR indicated morphine sulfate two times a day was ordered on September 1, 2022. The same document indicated the licensee administered R4's morphine sulfate twice on October 1, once on October 2, 3, 4, and 5, and none on October 6, 2022. The same document indicated the licensee administered R4's morphine sulfate once on October 7, 2022 and then the order was placed on hold until October 12, 2022. The same document indicated morphine sulfate was then restarted but not administered on	01760		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30745	A. BUILDING: _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINO LAKES ASSISTED LIVING	725 TOWN CENTER PARKWAY LINO LAKES, MN 55014

(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
01760	Continued From page 44 October 12 or 13. The same document indicated morphine sulfate was administered twice a day starting October 14, 2022 and then discontinued on October 17, 2022. R4's progress notes indicated morphine sulfate was not available for administration on October 3, 9, and 13, all other October 2022, dates did not include documentation as to why the medication was not administered. R4's October 2022, EMAR indicated the licensee was to administer Percocet (a pain reliever) 5-325 mg three time a day then decreased to two times a day. R4's October 2022, EMAR indicated Percocet three times a day was ordered on September 1, 2022. The same document indicated R4's Percocet was administered three times on October 1 - 5, two times on October 6, and placed on hold October 7, 2022. The same document indicated the order was restarted on October 12 but not administered and then discontinued on October 14, 2022. A new Percocet order for two times a day was started on October 15, and all doses were administered except for the afternoon dose on October 17, 2022. R4's Progress notes indicated Percocet was not available for administration on October 13 and 14, all other October dates did not include documentation as to why the medication was not administered. R4's October 2022, EMAR indicated the licensee was to administer oxycodone (a pain reliever) 5 mg three times a day.	01760		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30745	A. BUILDING: _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINO LAKES ASSISTED LIVING	725 TOWN CENTER PARKWAY LINO LAKES, MN 55014

(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
01760	Continued From page 45 R4's October 2022 EMAR indicated oxycodone three times a day was ordered on October 7, 2022, but was administered once on the October 7, 10, 14, and 17, 2023. The same document indicated the licensee did not administer R4's oxycodone on October 12, 13, 15, and 16 2022. The same document indicated R4's oxycodone was discontinued on October 17, 2022. R4's progress notes indicated oxycodone was not available for administration on October 12 and 13, 2022, however the other October dates did not include documentation as to why the medication was not administered. R4's progress notes dated October 6, 2022, at 6:48 p.m., indicated a licensee staff member called the registered nurse (RN) on call to notify her R4's daughter had called R4's primary care provider (PCP). The same note indicated the daughter told the PCP R4 was having withdrawals after being out of oxycodone since last Friday and morphine since the previous Tuesday. The PCP then called the facility and instructed licensee staff members to send R4 to the emergency department (ED). R4's progress notes dated October 6, 2022, at 7:41 p.m., indicated emergency medical services (EMS) called the RN on call for an update on R4 and why R4's narcotics had not been reordered. The same note indicated the RN stated she was just an on-call nurse from Iowa and unable to refill medications. The RN also stated R4 had an appointment on October 18, 2022, to establish new care because his PCP was leaving. R4's progress notes dated October 7, 2022, at 2:14 p.m., indicated R4 was sent to ED because he was out of pain medication, he had been	01760		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30745	A. BUILDING: _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINO LAKES ASSISTED LIVING	725 TOWN CENTER PARKWAY LINO LAKES, MN 55014

(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
01760	Continued From page 46 taking for 15 years due to change of physician. The same note indicated the new physician was refusing to refill medication until R4 is seen, which is scheduled weeks out. R4 was having pain, shaking, and dizzy related to withdrawal symptoms. R4's progress notes dated October 12, 2022, at 9:54 a.m., indicated an order for oxycodone was received to last R4 until his upcoming appointment with a new PCP but the medication was already gone. The same note indicated R4's daughter was notified, and the MD would be notified. The same document indicated staff members were notified medications were out pending a new authorization. R4's progress notes dated October 13, 2022, at 1:14 p.m., indicated R4 told a staff member he had an appointment the next day for pain medications. The same note indicated R4 was given paperwork and instructed to bring back paperwork from his medical appointment so orders could be placed promptly. R4's progress notes dated October 14, 2022, at 10:14 a.m., indicated R4 had nausea and vomiting related to withdrawal symptoms, message was left at clinic requesting Zofran (an antiemetic). During interview(s) on February 28, 2023, at 9:00 a.m. and 11:20 a.m., RN-A stated there was not enough nursing staff to complete medication reconciliation. RN-A stated she was currently at the facility four days per week and is on-call 24-hours a day 7-days a week. RN-A stated medication change for a resident came in on the weekend or when she was not at the facility, the orders were usually slid under her office door and	01760		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30745	A. BUILDING: _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINO LAKES ASSISTED LIVING	725 TOWN CENTER PARKWAY LINO LAKES, MN 55014

(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
01760	Continued From page 47 did not get transcribed into the resident's medical record. RN-A further stated she does not have time to complete assessments and reconcile medications. When interviewed on February 28, 2023, at 10:40 a.m. the nurse practitioner (NP) stated medication orders were not being implemented and medications were not being administered according to physician orders. The NP stated they have attempted to contact corporate regarding staffing concerns but have only been able to meet with administrative staff at the facility. The facilities 7.08 Medication Management - Administration & Setup dated August 1, 2021, indicated unlicensed personnel (ULP) would document reasons why medication administration was not completed as prescribed and document any follow-up procedures provided to meet the resident's need when medication was note administered as prescribed. No further information was provided. Amendment to correction order- A website review performed March 3, 2023 at https://www.eliquis.bmscustomerconnect.com/afib/faq indicated the following: Some important safety information to know about ELIQUIS [apixaban] is: (1) Do not stop taking ELIQUIS without talking to the doctor who prescribed it for you. For patients taking ELIQUIS for atrial fibrillation: stopping ELIQUIS increases your risk of having a stroke. Time period for correction: Two (2) days.	01760		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30745	A. BUILDING: _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINO LAKES ASSISTED LIVING	725 TOWN CENTER PARKWAY LINO LAKES, MN 55014

(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
01960 SS=J	144G.72 Subd. 5 Documentation of administration of treatments Each treatment or therapy administered by an assisted living facility must be in the resident record. The documentation must include the signature and title of the person who administered the treatment or therapy and must include the date and time of administration. When treatment or therapies are not administered as ordered or prescribed, the provider must document the reason why it was not administered and any follow-up procedures that were provided to meet the resident's needs. This MN Requirement is not met as evidenced by: Based on record review and interview, the licensee failed to ensure an individualized treatment and therapy management plan was completed, to include all required contents for one of one resident (R4) with records reviewed. Additionally, the facility failed to notify the appropriate licensed health professional (the prescriber) when neither the licensee nor an outside home care agency provided the prescribed wound care. This caused serious injury when the failure to provide the wound care contributed to R4 experiencing sepsis and requiring removal of previously-placed surgical hardware at the wound location. This practice resulted in a level four violation (a violation that results in 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).	01960		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30745	A. BUILDING: _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINO LAKES ASSISTED LIVING	725 TOWN CENTER PARKWAY LINO LAKES, MN 55014

(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
01960	Continued From page 49 The findings include: R4 admitted on June 1, 2022. R4's diagnosis included left elbow fracture, colon cancer, and spinal stenosis. R4's progress notes dated October 23, 2023, at 12:37 p.m., indicated the RN received a phone call from staff stating R4 fell the previous night and was complaining of arm pain, staff noted R4's arm was swollen. The note indicated R4 requested to be sent for evaluation. R4's progress notes dated October 24, 2022, at 1:34 p.m., indicated R4 reportedly fell the previous evening from a recliner. The note indicated R4 went to the emergency room (ER) for evaluation. R4 sustained a left elbow fracture and needed to schedule follow up with orthopedic surgery. R4's progress notes dated October 27, 2022, at 6:36 p.m., indicated R4's left elbow was in a half cast which needed reinforcement, and his hand was slightly swollen so it was elevated. The note indicated R4's family was working on scheduling surgery. R4's progress notes dated November 3, 2023, at 8:05 p.m., indicated R4 had an appointment and returned to the facility with new orders of non-weight bearing to the left upper arm, new splint, elevate for swelling, and refer to an elbow specialist as soon as possible. R4' progress notes dated November 17, 2022, throughout the day, indicated R4 was at the hospital or out of the facility. R4 hospital note dated November 17, 2022,	01960		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30745	A. BUILDING: _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINO LAKES ASSISTED LIVING	725 TOWN CENTER PARKWAY LINO LAKES, MN 55014

(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
01960	Continued From page 50 indicated R4 had same day surgery to repair a closed displaced fracture of distal end of left humerus. The note indicated R4 should have no weight bearing to the left arm and leave the dressing on until he was seen in the clinic for a follow up visit. R4's progress notes dated November 21, 2022, at 2:55 p.m., indicated R4 had an appointment with a surgeon and return with new orders for pain medication and daily wound care. The same document indicated staff left a message for the surgeon's team to clarify the pain medication and write a separate order for wound care to send to home care. The staff was waiting for updated orders to be faxed to the facility. R4's progress notes dated November 22, 2022, at 11:41 a.m., indicated the licensee received a call from the surgeon's office with clarification on the pain medication and direction for left elbow pressure wound dressing changes twice a day. The same document indicated the surgeon's office was notified the skilled facility did not manage wound care. R4's comprehensive assessment dated December 7, 2022, indicated R4 had weakness of his left upper extremity related to a complete fracture, his skin was intact, and a history of falls. The same document indicated he had no change in functional status since his last assessment and included no recommendations such as physical or occupational therapy. The assessment indicated R4's last fall was on October 28, 2022. R4's care plan dated December 7, 2022, indicated R4 had a history of falls and bruised easily. A review of R4's care plan did not identify any interventions to prevent falls nor the	01960		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30745	A. BUILDING: _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINO LAKES ASSISTED LIVING	725 TOWN CENTER PARKWAY LINO LAKES, MN 55014

(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
01960	Continued From page 51 resident's surgical incision or dressing to his right upper extremity. R4's November and December 2022 electronic medication administration record (EMAR), included an undated entry which directed staff members to leave R4's dressing on until he was seen in the clinic for his follow up. R4's progress notes dated January 1, 2023, at 1:50 p.m., indicated R4 became shaky, weak, and had pain while being assisted to the toilet. The note indicated R4's blood sugar was checked and R4 was sent to the hospital per R4's request. R4's progress notes dated January 2, 2023, at 8:15 a.m., indicated R4 was hospitalized. A review of R4's record did not identify documentation of wound checks, wound care, physical or occupational therapy, or an individualized treatment and therapy management plan from November 22, 2022 through January 1, 2023. The same review did not identify any updates to R4's medical provider or surgeon regarding the wound care R4 did not receive from November 22, 2022 through January 1, 2023. R4 hospital note dated January 1, 2023, indicated R4 presented to the ER with fever, drainage from his left elbow, hardware protruding through the skin, and signs of systemic infection. The note indicated R4 transferred for emergent operative intervention by orthopedic team for infected hardware of the left elbow, sepsis secondary to infected hardware, incision & drainage of left elbow, and placement of wound vac. R4's hospital notes dated January 2, 2023,	01960		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30745	A. BUILDING: _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINO LAKES ASSISTED LIVING	725 TOWN CENTER PARKWAY LINO LAKES, MN 55014

(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
01960	Continued From page 52 indicated the wound dehiscence (splitting open) appeared to have progressed over weeks and could have been prevented or mitigated (less severe) had the doctor been informed in a timely fashion. The same document indicated the resident told the doctor he did not receive appropriate wound care, physical or occupational therapy, had medication withdrawals, and received regular food instead of soft food which increased his risk for aspiration (choking). R4's hospital record indicated R4 admitted to the hospital on January 1, 2023, and discharged on February 10, 2023, to an alternative living facility. During R4's hospital stay, R4 received intravenous (through a vein) antibiotic treatments and underwent four additional surgeries. During interview on February 28, 2023, at 11:20 a.m. and March 22, 2023, at 9:11 a.m., registered nurse (RN)-A stated wound assessments were supposed to be done weekly, however, she had not done any wound assessments on any residents in the facility because there was not enough nursing staff to complete medication reconciliation, assessments, wound care, and service plans. RN-A stated she was not aware R4 had an order for wound care, but there had to be home care documentation for it. RN-A stated she was unaware R4 admitted to the hospital January 1, 2023, related to open wound and sepsis. On March 22, 2023, the surveyor requested communication made to home care and home care documentation regarding R4's wound care was requested but was not received. During an interview on March 29, 2023, at 1:40 p.m., the medical doctor (MD)-D stated R4	01960		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30745	A. BUILDING: _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINO LAKES ASSISTED LIVING	725 TOWN CENTER PARKWAY LINO LAKES, MN 55014

(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
01960	Continued From page 53 presented to his clinic October 2023, with a displaced left arm fracture due to a fall he had at his living facility related to an opioid withdrawal. MD-D stated he performed surgery on R4's left elbow a week or two later and placed a splint on the elbow. MD-D stated he saw R4 for a two-week post-operative visit and wrote discharge orders for wound checks to be done. MD-D stated he did not hear anything from the resident or about the resident until approximately six weeks later when another hospital transferred R4 to his hospital for inpatient treatment of an infected surgical wound. MD-D stated the resident was septic (a blood infection) because of the wound infection and the wound was so infected the hardware had to be removed. MD-D stated R4 told him the wound had not be looked at or taken care of since surgery. MD-D stated in his expert opinion, had the wound been taken care of, this would not have happened. The licensee's Skin Monitor policy dated August 1, 2022, indicated the registered nurse is responsible for assessing each tenant's skin upon admission and when staff members or residents report skin changes. The policy indicated Cornerstone Communities do not care for complex wound needs and the nurse will notify provider to manage wound such as home health. The policy indicated the nurse will implement wound/pressure injury care once the orders have been obtained by adding them to the tenant's individualized plan of care and educating staff on care to be provided. The policy also indicated a licensed nurse is to assess the wound weekly unless otherwise instructed the tenant's physician by utilizing the "Weekly Wound Form" assessment or the "Weekly Wound Note" assessment in electronic record for documentation and should be completed until the	01960		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30745	A. BUILDING: _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINO LAKES ASSISTED LIVING	725 TOWN CENTER PARKWAY LINO LAKES, MN 55014

(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
01960	Continued From page 54 wound has resolved. The licensee's Vulnerable Adult Maltreatment - Prevention & Reporting policy dated August 1, 2021, indicated serious injury includes damage caused to the body by external forces, such as a fall, hit, weapons or other causes that results in a major trauma, which has the potential to cause prolonged disability or death such as a fracture, head wound/injury or significant wound that requires suturing. TIME PERIOD FOR CORRECTION: 7-days	01960		
02360	144G.91 Subd. 8 Freedom from maltreatment Residents have the right to be free from physical, sexual, and emotional abuse; neglect; financial exploitation; and all forms of maltreatment covered under the Vulnerable Adults Act. This MN Requirement is not met as evidenced by: The facility failed to ensure two residents reviewed (R4, and R5) were free from maltreatment. Findings include: The Minnesota Department of Health (MDH) issued a determination maltreatment occurred, and the facility was responsible for the maltreatment, in connection with incidents which occurred at the facility. Please refer to the public maltreatment report for details.	02360	No Plan of Correction (PoC) required. Please refer to the public maltreatment report (report sent separately) for details of this tag.	
03000 SS=D	626.557 Subd. 3 Timing of report (a) A mandated reporter who has reason to	03000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30745	A. BUILDING: _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINO LAKES ASSISTED LIVING	725 TOWN CENTER PARKWAY LINO LAKES, MN 55014

(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
03000	Continued From page 55 believe that a vulnerable adult is being or has been maltreated, or who has knowledge that a vulnerable adult has sustained a physical injury which is not reasonably explained shall immediately report the information to the common entry point. If an individual is a vulnerable adult solely because the individual is admitted to a facility, a mandated reporter is not required to report suspected maltreatment of the individual that occurred prior to admission, unless: (1) the individual was admitted to the facility from another facility and the reporter has reason to believe the vulnerable adult was maltreated in the previous facility; or (2) the reporter knows or has reason to believe that the individual is a vulnerable adult as defined in section 626.5572, subdivision 21, paragraph (a), clause (4). (b) A person not required to report under the provisions of this section may voluntarily report as described above. (c) Nothing in this section requires a report of known or suspected maltreatment, if the reporter knows or has reason to know that a report has been made to the common entry point. (d) Nothing in this section shall preclude a reporter from also reporting to a law enforcement agency. (e) A mandated reporter who knows or has reason to believe that an error under section 626.5572, subdivision 17, paragraph (c), clause (5), occurred must make a report under this subdivision. If the reporter or a facility, at any time believes that an investigation by a lead investigative agency will determine or should determine that the reported error was not neglect according to the criteria under section 626.5572, subdivision 17, paragraph (c), clause (5), the	03000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30745	A. BUILDING: _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINO LAKES ASSISTED LIVING	725 TOWN CENTER PARKWAY LINO LAKES, MN 55014

(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
03000	Continued From page 56 reporter or facility may provide to the common entry point or directly to the lead investigative agency information explaining how the event meets the criteria under section 626.5572, subdivision 17, paragraph (c), clause (5). The lead investigative agency shall consider this information when making an initial disposition of the report under subdivision 9c. This MN Requirement is not met as evidenced by: Based on interview and record review the licensee failed to immediately report to the Minnesota Adult Abuse Reporting Center (MAARC) suspected maltreatment for one of one resident (R5) 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) 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: R5 admitted on June 1, 2022. R5's diagnoses included dementia. R5's care plan, dated February 5, 2023, indicated R5 was at risk for falls, was independent with walking, and on safety checks every two hours. The care plan also indicated R5 had severe memory loss, deficits in judgment related to safety, and was unable to change paths if in harm's way. The resident's progress noted dated November 16, 2022, at 1:14 p.m., indicated R5 was involved in a resident-to-resident altercation and cut with a	03000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30745	A. BUILDING: _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINO LAKES ASSISTED LIVING	725 TOWN CENTER PARKWAY LINO LAKES, MN 55014

(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
03000	Continued From page 57 glass wine cup. The same document indicated R5 had to be transported to the emergency room for treatment of a deep laceration to her left wrist, left middle finger, and forehead. A behavior status note dated December 6, 2022, indicated R5 was cut with glass during a resident-to-resident altercation and had to get stitches. The same document indicated R5 continued to wander around the unit and appeared anxious. An incident report dated January 29, 2023, at 7:30 a.m., indicated R5 fell in her bathroom, blood clots were found in the bathroom; however, R5 was found lying in her bed. The report indicated there were no unsafe conditions or environmental hazards present, there was not a pendant available for R5 to use, and R5 had been toileted at 5:30 a.m. The report also indicated R5 pulled herself into bed. The resident's progress noted dated January 29, 2023, at 8:22 a.m., indicated R5 was hospitalized. A hospital Discharge Summary indicated R5 admitted to the emergency room (ER) on January 29, 2023, with a possible fall. The note indicated R5 was found naked in bed with a laceration to her forehead and hematoma. The same document indicated R5 was unable to tell the ER staff what happened, it was unclear whether R5 fell, had a syncopal episode, or if a resident-to-resident altercation occurred. The note further indicated because R5 was found naked in bed there was concern of sexual assault; therefore, an exam by a sexual assault nurse examiner (SANE) was completed with negative findings. R5 admitted to the hospital.	03000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30745	A. BUILDING: _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINO LAKES ASSISTED LIVING	725 TOWN CENTER PARKWAY LINO LAKES, MN 55014

(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
03000	Continued From page 58 During an interview on March 9, 2023, at 12:13 p.m. R5's family member (FM)-G stated he received a call the morning of January 29, 2023, stating staff found R5 lying naked in bed with blood all over and she was being transferred to the ER. FM-G stated staff checked on R5 at 5:00 a.m. and she was good but when they went in to get her up for breakfast, they found her in bed. FM-G stated R5 had been involved in resident-to-resident altercations at the facility and he was concerned another resident, R9, may have pushed R5 down this time FM-G stated R5 did not have a history of falls. FM-G stated the first incident occurred November 16, 2022, when R9 hit R5 with a wine glass and cut R5's wrist and head, she had to have stitches and spend a couple of days in the hospital. He stated another incident occurred when R9 hit R5 with a plastic mason jar and cut her head, so R5 had to go to the emergency room for stitches. During an interview on March 22, 2023, at 9:00 a.m., the director of nursing (DON)-A, stated she was not sure why the incident did not get reported but it should have. The licensee's Vulnerable Adult Maltreatment - Prevention & Reporting policy dated August 1, 2021, indicated all serious injuries must be immediately reported. The policy indicated a serious injury includes damage caused to the body by external forces, such as a fall, hit, weapons or other causes that results in a major trauma, which has the potential to cause prolonged disability or death such as a fracture, head wound/injury or significant wound that requires suturing. TIME PERIOD FOR CORRECTION: Seven (7) days	03000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30745	A. BUILDING: _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINO LAKES ASSISTED LIVING	725 TOWN CENTER PARKWAY LINO LAKES, MN 55014

(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