

STATE LICENSING COMPLIANCE REPORT

Report #: HL316204091C

Date Concluded: August 8, 2024

**Name, Address, and County of Facility
Investigated:**

Silver Crest/Creek on Main Community
8200 Main St N
Maple Grove, MN 55369
Hennepin County

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

Evaluator's Name: Lori Pokela RN
Special Investigator

The Minnesota Department of Health conducted a complaint investigation to determine compliance with state laws and rules governing the provision of care under Minnesota Statutes, Chapter 144G (for ALL). The purpose of this complaint investigation was to review if facility policies and practices comply with applicable laws and rules. No maltreatment under Minnesota Statutes, Chapter 626 was alleged.

To view a copy of the correction orders, if any, please visit:

<https://www.health.state.mn.us/facilities/regulation/directory/provcompselect.html>, or call 651-201-4201 to be provided a copy via mail or email. If you are viewing this report on the MDH website, please see the attached state form.

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 31620	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/31/2024
NAME OF PROVIDER OR SUPPLIER SILVERCREEK ON MAIN		STREET ADDRESS, CITY, STATE, ZIP CODE 8200 MAIN STREET MAPLE GROVE, MN 55369			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
0 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER CORRECTION ORDER</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a complaint investigation.</p> <p>Determination of whether a violation is corrected requires compliance with all requirements provided at the statute number indicated below. When a Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p>INITIAL COMMENTS:</p> <p>#HL316204091C</p> <p>On July 31, 2024, the Minnesota Department of Health conducted a complaint investigation at the above provider, and the following correction orders are issued. At the time of the complaint investigation, there were eighty-nine residents Assisted Living with Dementia Care license. The following correction order is issued/orders are issued that were not issued at the time of immediate correction orders.</p> <p>The following correction order is issued/orders are issued for # HL316204091C, tag identification 0660.</p>	0 000	<p>Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators' findings is the Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.</p>		
0 660 SS=D	<p>144G.42 Subd. 9 Tuberculosis prevention and control</p> <p>(a) The facility must establish and maintain a</p>	0 660			

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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0 660	<p>Continued From page 1</p> <p>comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines.</p> <p>(b) The facility must maintain written evidence of compliance with this subdivision.</p> <p>This MN Requirement is not met as evidenced by: Based on email interview and record review, the licensee failed to establish and maintain a Tuberculosis (TB) prevention and control program based on the most current guidelines issued by the centers for Disease Control and Prevention (CDC) guidelines. In addition, the licensee failed to ensure a comprehensive TB prevention and infection control program was established to include employee TB history, employee symptom screens, employee TB testing were completed upon hire and Infection Control/TB Training was completed for two of twelve unlicensed personnel (ULP-K and ADM-O) reviewed.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at 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).</p>	0 660			

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0 660	<p>Continued From page 2</p> <p>The findings include:</p> <p>The investigator reviewed the licensee's employee records on August 2, 2024 at 4:00pm. At that time, TB screening, TB testing and Infection Control/TB Training records were requested.</p> <p>ADM-O: Administrative personnel, (ADM)-O, was hired on May 2, 2018, in the licensee's environmental services. ADM-O's personnel files lacked evidence of infection control training.</p> <p>An email provided by the licensed assisted living director, (LALD)-A, dated August 2, 2024 at 6:22 p.m., indicated ADM-O did not attend the licensee's annual and monthly infection control education training but had been re-assigned infection control training as of August 2, 2024.</p> <p>ULP-K: Unlicensed personnel (ULP)-K was hired on July 6, 2023 to give care to the residents. ULP-K's personnel records lacked evidence of a completed TB screen, history or test.</p> <p>An email provided by LALD-A dated August 5, 2024 at 1:25 p.m., indicated the licensee was not able to locate ULP-K's TB Screen, history or TB test result. This same email indicated ULP-K was removed from the schedule and requested to obtain TB results this same date.</p> <p>Policies: The licensee's provided Infection Control Policy dated August 1, 2021, was reviewed and included infection control policy training for all new hires and annual training. The licensee's TB Policy was</p>	0 660			

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0 660	<p>Continued From page 3</p> <p>included in this Infection Control Policy.</p> <p>The licensee's provided TB policies dated August 1, 2021, were reviewed and included the facility would observe the recommended precautions related to TB prevention as identified by the Centers for Disease Control and Prevention (CDC) and the Minnesota Department of Health (MDH)...Baseline TB testing: Baseline TB screening at the time of hire is required for healthcare workers (HCW) in Minnesota. Baseline TB screening consists of three components: (1) assessing for current symptoms of active TB disease and (2) assessing TB history and (3) testing for the presence of infection with Mycobacterium tuberculosis by administering either a two-step or single TB blood test.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: TWENTY-ONE (21) DAYS</p>	0 660			