



STATE LICENSING COMPLIANCE REPORT

Report #: HL329383528C

Date Concluded: August 15, 2024

Name, Address, and County of Facility

Investigated:

Bridgewater at Janesville LLC
543 Oakwood Dr
Janesville, MN 56048
Waseca County

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

Evaluator's Name: Julie Serbus
Special Investigator

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

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

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

Or call 651-201-4201 to be provided a copy via mail or email.

If you are viewing this report on the MDH website, please see the attached state form.

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 32938	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/15/2024
NAME OF PROVIDER OR SUPPLIER BRIDGEWATER AT JANESVILLE LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 543 OAKWOOD DRIVE JANESVILLE, MN 56048		
(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>HOME CARE PROVIDER/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>HL329383528C</p> <p>On July 2, 2024, through July 3, 2024, the Minnesota Department of Health conducted a complaint investigation at the above provider, and the following correction order is issued. At the time of the complaint investigation, there were 23 residents receiving services under the provider's Assisted Living with Dementia Care license.</p> <p>The following correction order is issued/orders are issued for HL329383528C, tag identification 0630 and 2290.</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>	
0 630 SS=F	<p>144G.42 Subd. 6 (b) Compliance with requirements for reporting ma</p> <p>(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</p>	0 630		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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0 630	<p>Continued From page 1</p> <p>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.</p> <p>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 six of six residents (R1, R2, R3, R4, R5, and R6) reviewed. While the licensee did complete IAPPs for each resident, the licensee did not identify specific measures taken regarding reducing the risk of abuse between residents who do not require a secured memory care from abusing fellow resident who do require a secured memory care unit, which the licensee opted to do.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at 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> <p>The findings include:</p> <p>R1 R1's record indicated a start of care date of May 10, 2022. R1's medical record indicated the lived on a secured dementia unit.</p>	0 630		

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0 630	<p>Continued From page 2</p> <p>R1's record included an untitled and typed document dated May 10, 2022, which indicated the director of operations was given permission by R1 to sign the resident's initials and date any legal documents R1's admission packet. This document included R1's initials.</p> <p>R1's admission paperwork included a copy of the Dementia Disclosure Statement although it did not include any signature nor initials on it.</p> <p>A review of R1's medical record did not identify reasons why under law R1 required a secured unit.</p> <p>A review of R1's care plan did not identify reasons R1 required a secured unit.</p> <p>R1's diagnosis included multiple mental health and substance dependence disorders.</p> <p>R1's service plan dated December 26, 2023, indicated the licensee was to document R1's behaviors as needed every shift. The same document indicated staff were to re-direct behaviors and support R1 to feel comfortable and safe in the environment. The same entry did not include specific interventions regarding R1's behavior towards other residents.</p> <p>R1's service plan dated February 7, 2024, indicated R1 was able to smoke in designated areas [outside of the building].</p> <p>R1's 90-day assessment dated March 4, 2024, indicated R1 was alert and oriented, smoked independently and could get to the smoking area independently. The same document indicated R1 was not at risk for elopement. R1 used an electric wheelchair for mobility. The same document</p>	0 630		

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0 630	<p>Continued From page 3</p> <p>indicated R1 had prolonged or strong feelings of irritability or anger, physical outbursts, and verbal outbursts once or twice per day with the frequency of behavior as described as "constant". Regarding sleep the same document indicated R1 stays up late most nights and was up and down during the night and described the interventions for sleep as "not really" effective.</p> <p>R1's Vulnerability Assessment & Individual Abuse Prevention Plan (IAPP) dated June 2, 2024, indicated R1 brought cigarette butts inside and "throws them all over". The same document indicated R1 understood direction most of the time but had period of confusion related to substance abuse and at times refused to follow directions. The same document indicated R1 was at risk for abusing other vulnerable adults due to mental health concerns and verbally confronting others if she feels "they are bothering her". The IAPP indicated the staff were to monitor R1 behavior and intervene with "any actions" of abuse of towards others but did not include specific interventions staff members were to implement. The same document indicated R1 posed a risk to other vulnerable adults "as identified and interventions are in place" but a review of R1's medical record did not identify the specific interventions referred to.</p> <p>A review of R1's medical record did not identify documentation of specific measures taken to minimize the risk of abuse when placing a resident who does not require a secured memory care unit on a unit with those that do require a secured memory care unit as the licensee opted to do.</p> <p>R2</p>	0 630		

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0 630	<p>Continued From page 4</p> <p>R2's record indicated a start of care date of April 23, 2024. R2's medical record indicated the resident lived on a secured dementia unit.</p> <p>A review of R2's medical record did not identify reasons why under law R2 required a secured unit.</p> <p>A review of R2's care plan did not identify reasons R2 required a secured unit.</p> <p>R2's diagnosis included traumatic brain injury, hemiplegia affecting left side, multiple mental health disorders and insomnia.</p> <p>R2's service plan date April 23, 2024, indicated R2 was able to smoke in designated areas [outside of the building].</p> <p>R2's 14-day assessment dated May 7, 2024, indicated R2 was alert and oriented, smoked independently and could get to the smoking area independently. The same document indicated R2 was not at risk for elopement. R2 used a wheelchair or scooter for mobility. The same document indicated R2 had verbal outbursts every day on each shift.</p> <p>R2's service plan dated June 20, 2024, indicated R2 demands or talks other residents into giving him cigarettes. The same document indicated R2 touches and tires to hug fellow female residents. The same document indicated staff were to monitor and re-direct R2 that this was not appropriate but did not provide specific interventions on how to monitor nor to re-direct. The same entry did not include specific interventions regarding R2's behavior towards other residents.</p>	0 630		

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0 630	<p>Continued From page 5</p> <p>R2's IAPP dated June 20, 2024, indicated R2 goes into the smoking disposal container looking for cigarette butts' other people have smoked, relights them, and smokes what is left. He does not smoke in the designated smoking area and has smoked in his apartment. The IAPP indicated R2 will inappropriately hug or touch other residents. The IAPP indicated the staff were to monitor R2's behaviors and intervene with any actions of abuse towards other residents but did not include specific interventions staff members were to implement. The IAPP indicated R2 does not appear to pose a threat to other residents but also indicated R2 may pose other residents as "as identified and interventions are in place", however a review of R2's medical record did not identify the specific interventions referred to.</p> <p>A review of R2's medical record did not identify documentation of specific measures taken to minimize the risk of abuse when placing a resident who does not require a secured memory care unit on a unit with those that do require a secured memory care unit as the licensee has opted to do. The same review did not identify how the licensee addressed the increased risk of a resident leaving the unit to smoke with access to smoking paraphernalia and possible fire risks this might create on a secured locked unit.</p> <p>R3</p> <p>R3's record indicated a start of care date of May 7, 2024. R3's medical record indicated the resident lived on a secured dementia unit.</p> <p>A review of R3's medical record did not identify reasons why under the law R3 required a secured unit.</p>	0 630		

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0 630	<p>Continued From page 6</p> <p>A review of R3's care plan did not identify reasons R3 required a secured unit.</p> <p>R3's diagnosis included osteoporosis (bone strength weakens), polyneuropathy (nerve damage can cause pain, decreased sensation, and weakness), and multiple mental health disorders.</p> <p>R3's IAPP dated May 7, 2024, indicated R3 had dementia and poor memory. The same document indicated R3 had cognitive impairment and difficulty with decisions, so her family and county assist her as needed. The same document indicated there were no safety concerns with R3's smoking. The same document indicated R3 did not appear to pose a threat to other vulnerable adults but is susceptible to abuse from another individual, including other vulnerable adults.</p> <p>R3's records included an Assisted Living with Dementia Care Acknowledgment Form which indicated R3 understood she was being placed in a secured and locked facility. A review of the document indicated it was signed May 7, 2024, by R3 and a representative of the licensee, however the space labeled "Elder [resident] Representative Signature" was blank.</p> <p>R3's service plan dated May 21, 2024, indicated R2 was able to vape or smoke in the designated smoking area outside the building, but needed to request when she wanted to leave the unit to go outside. The same document indicated R3 was independent with vaping and smoking.</p> <p>R3's 90-day assessment dated May 21, 2024, indicated R3 was alert and oriented, smoked independently and could get to the smoking area independently. The same document indicated R3</p>	0 630		

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0 630	<p>Continued From page 7</p> <p>was not at risk for elopement. R3 ambulated using a cane. The same document indicated R3 had socially inappropriate behaviors such as vaping in the hallway or demanding behaviors which required occasional redirection from staff. The same document did not identify any interventions place.</p> <p>A review of R3's medical record did not identify documentation of specific measures taken to minimize the risk of abuse when placing a resident who does not require a secured memory care unit on a unit with those that do require a secured memory care unit as the licensee opted to do.</p> <p>R4</p> <p>R4's record indicated a start of care date of June 27, 2023. R4's medical record indicated the resident lived on a secured dementia unit.</p> <p>A review of R4's medical record did not identify reasons why under law R4 required a secured unit.</p> <p>A review of R4's care plan did not identify reasons R4 required a secured unit.</p> <p>R4's diagnosis included quadriplegia (paralysis from the neck down), multiple mental health and substance dependence disorders. R4 required assist of two caregivers with a Hoyer (full assist) lift and used an electric wheelchair for mobility.</p> <p>R4's service plan dated November 5, 2023, indicated R4 required redirection when yelling at caregivers. The same document indicated he disrupts caregivers when providing cares for other residents and required redirection he does not need to interfere with other residents' cares.</p>	0 630		

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0 630	<p>Continued From page 8</p> <p>The same document indicated R4 "retaliates against other Elders [residents] when he feels they have wronged him" and caregivers were to redirect him to feel comfortable and safe in the environment.</p> <p>R4's change of condition assessment dated May 2, 2024, indicated R4 was alert and oriented, smoked independently, could get to the smoking area independently, dropped ashes onto his lap blanket but was able to brush them off, and could smoke unsupervised. The same document indicated R4 had poor dexterity due to quadriplegia. R4 required physical assistance donning and doffing eyeglasses. The same document indicated R4 had prolonged or strong feelings of irritability or anger. R4 does not care for certain resident's or their lifestyle choices and is vocal about his dislike of the resident. The document indicated caregivers were to re-direct and allow R4 to vent his frustration with interventions at times making the situation worse or R4 feeling he does not do anything wrong. The same document indicated interventions were not usually effective and R4 escalates but later will calm down. The document indicated R4 told other residents what to do, how to act, and "instigates behavior in other residents". The same document indicated R4 was not at risk for elopement.</p> <p>R4's IAPP dated May 2, 2024, indicated R4 poses a risk of abusing other residents due to his anger and directed caregivers to monitor R4 for "behavior" and intervene with any actions of abuse towards others. The same document did not specify the behaviors caregivers should monitor nor did it include specific interventions. The same document indicated R4 did not appear to pose a threat to other vulnerable adults.</p> <p>Regarding smoking, R4's IAPP indicated he was</p>	0 630		

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0 630	<p>Continued From page 9</p> <p>to use a smoking apron, but he refused and instead used a bath blanket from a hospital to protect his lap from ashes.</p> <p>R4's service plan dated May 4, 2024, indicated R4 required assist placing his cigarettes in a holder but was otherwise independent with smoking. The same document indicated R4 kept cigarettes and lighter in his room.</p> <p>R4's service plan date July 2, 2024, indicated R4 was able to smoke in designated areas [outside of the building].</p> <p>A review of R4's medical record did not identify documentation of specific measures taken to minimize the risk of abuse when placing a resident who does not require a secured memory care unit on a unit with those that do require a secured memory care unit as the licensee opted to do.</p> <p>R5</p> <p>R5's record indicated a start of care date of May 6, 2024. R5's medical record indicated the resident lived on a secured dementia unit.</p> <p>A review of R5's medical record did not identify reasons why under law R5 required a secured unit.</p> <p>A review of R5's care plan did not identify reasons R5 required a secured unit.</p> <p>R5's diagnosis included atrial fibrillation (abnormal heart rhythm), osteoporosis (bone strength weakens), and multiple mental health disorders.</p> <p>R5's service plan dated July 2, 2024, indicated</p>	0 630		

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0 630	<p>Continued From page 10</p> <p>R5 did not display any behaviors and did not smoke.</p> <p>R5's 14-day assessment dated May 20, 2024, indicated R1 was alert and oriented. R5 used a four-wheeled walker for ambulation. The same document indicated her mental health issues are managed with medications.</p> <p>R5's IAPP dated May 6, 2024, indicated R5 is not at risk for abusing other residents.</p> <p>A review of R5's medical record did not identify documentation of specific measures taken to minimize the risk of abuse when placing a resident who does not require a secured memory care unit on a unit with those that do require a secured memory care unit as the licensee opted to do.</p> <p>R6</p> <p>R6's record indicated a start of care date of August 3, 2023. R6's medical record indicated the resident lived on a secured dementia unit.</p> <p>A review of R6's medical record did not identify reasons why under the law R2 required a secured unit.</p> <p>A review of R6's care plan did not identify reasons R6 required a secured unit.</p> <p>R6's diagnosis included multiple mental health disorders, spinal stenosis (narrows space in spine can compress spinal cord or nerves), and mild cognitive impairment.</p> <p>R6's service plan dated May 2, 2024, indicated the licensee was to reassure, and help R6 to feel comfortable and safe during moments, and</p>	0 630		

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0 630	<p>Continued From page 11</p> <p>administer as needed medication during period of increased hallucinations.</p> <p>R6's service plan dated May 2, 2024, indicated R6 was mildly confused at times with staff to support R6.</p> <p>R6's 90-day assessment dated May 13, 2024, indicated R6 was alert and oriented. The same document indicated R6 was not at risk for elopement. R6 used a four wheeled walker for ambulation. The same document indicated R6's daily target behaviors include excessive worry/fear, verbal outbursts, and repetitive thoughts/statements. Caregivers were to re-direct or offer an as needed medication for anxiety.</p> <p>R6's IAPP dated February 13, 2024, indicated R6 was not at risk of abusing other vulnerable adults.</p> <p>A review of R6's medical record did not identify documentation of specific measures taken to minimize the risk of abuse when placing a resident who does not require a secured memory care unit on a unit with those that do require a secured memory care unit as the licensee opted to do.</p> <p>Staffing</p> <p>On July 2, 2024, the licensee held an Assisted Living with Dementia Care License with a bed capacity of 24, census was 23, with 23 of those residents residing on one of a two secured MC units. The physical layout of the facility consisted of a two-level assisted living building with a secured memory care unit on each level.</p> <p>The licensee's uniform disclosure of assisted living services & amenities (UDALSA) dated</p>	0 630		

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(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	<p>Continued From page 12</p> <p>January 1, 2024, indicated unlicensed direct care staff typically scheduled for the entire facility included two to three staff on the day shift (7 a.m. to 3:30 p.m.), two to three staff on the evening shift (3 p.m. to 11:30 p.m.), and two staff (11:15 p.m. to 7:15 a.m.) on the overnight shift.</p> <p>A review of licensee's staff schedule from July 1, 2024, through July 8, 2024, indicated eight out of eight days reviewed where one staff were scheduled in each of the secured memory care units on the overnight shift and no float was scheduled during that shift.</p> <p>During an interview on July 2, at 10:20 a.m., unlicensed personnel (ULP)-C- stated two staff are scheduled on the overnight shift. ULP-C stated there are three residents that reside in the building that require two staff and a Hoyer lift for transfers. ULP-C stated the Hoyer lift residents are not all located on one floor. ULP-C stated during the morning and afternoon shift there is sufficient staff in each unit for a two-person transfer, but on the overnight shift there is only one staff scheduled for each secured unit. ULP-C stated on overnights staff will leave a secured unit unattended to go to the other secured unit located on another level of the building to assist that staff member.</p> <p>During an interview on July 3, 2024, at 8:30 a.m., housing director and registered nurse (RN)-B stated each of the memory care floors has one staff scheduled for the overnight shift. Housing director stated if a secured unit requires assistance the ULP from the other secured unit will leave that secured unit and go assist the other staff leaving one secured unit unattended.</p> <p>During an interview on July 3, 2024, at 10:50</p>	0 630		

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0 630	<p>Continued From page 13</p> <p>a.m., R2 stated they are a two-person transfer using a Hoyer lift. R2 stated they get up for the day prior to the morning shift coming on. This required staff from the other secured memory care unit to leave their unit unattended. R2 stated this will also happen if the ULP from their floor needs to go to assist the other secured unit leaving that unit briefly unattended.</p> <p>The licensee provided policy titled "Staffing, Direct-Care Staffing Plan and Daily Schedule," revised on February 1, 2024, indicated one or more persons will be available 24-hours per day, seven days per week who are responsible for responding to the requests of residents for assistance for health and safety needs. Persons will be located in the same building or an attached building, or on a contiguous campus within the facility in order to respond within a reasonable amount of time.</p> <p>The licensee provided a document titled "Current Staffing Plan," not dated, indicated assisted living aides of a minimum requirement if at full capacity, would include two assisted living aides on the overnight shift.</p> <p>A review of R1-R6's IAPP did not indicate how the licensee would prevent abuse between residents who required a secured memory care unit from residents who do not require a secured memory care unit during times when a staff member was not on the secured memory care unit.</p> <p>The facility-provided document Vulnerable Adult Maltreatment Policy dated May 13, 2024, indicated the licensee will create an environment and process to prevent maltreatment of vulnerable adults [residents]. The same document indicated each resident will have an</p>	0 630		

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0 630	<p>Continued From page 14</p> <p>IAPP which will include specific measures to be taken to minimize the risk of abuse to other residents.</p> <p>Minnesota Statutes Chapter 144G.91 Assisted Living Bill of Rights subdivision 8 indicated 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.</p> <p>Minnesota Statutes Chapter 626.5572 subdivision 2 indicated the definition of abuse included unreasonable confinement.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>		0 630		
02290 SS=F	<p>144G.91 Subd. 2 Legislative intent</p> <p>The rights established under this section for the benefit of residents do not limit any other rights available under law. No facility may request or require that any resident waive any of these rights at any time for any reason, including as a condition of admission to the facility.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee limited the rights of residents when the licensee placed six (R1, R2, R3, R4, R5, and R6) of six residents reviewed on a secured dementia care unit and infringed on the residents right to enter and leave the facility as they choose.</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</p>		02290		

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02290	<p>Continued From page 15</p> <p>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 the residents).</p> <p>The findings include:</p> <p>Minnesota statutes 144G.09 subdivision 1 indicated the following: The commissioner shall regulate assisted living facilities pursuant to this chapter. The regulations shall include the following: (1) provisions to assure, to the extent possible, the health, safety, well-being, and appropriate treatment of residents while respecting individual autonomy and choice</p> <p>Minnesota statutes 144G.91 subdivision 9 indicated residents have the right to enter and leave the facility as they choose. This right may be restricted only as allowed by other law and consistent with a resident's service plan.</p> <p>Minnesota statutes 144G.91 subdivision 10 indicated residents have the right to individual autonomy, initiative, and independence in making life choices, including establishing a daily schedule and choosing with whom to interact.</p> <p>The licensee-provided document titled Dementia Disclosure Statement dated June 22, 2022, indicated the facility included a coded entry facility, which required keypad code access to enter and exit the home. The same document indicated these codes are only accessible to staff members, select elders [residents], and immediate family. The same document indicated the code may change periodically for security reasons.</p>	02290		

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02290	<p>Continued From page 16</p> <p>The licensee-provided document titled Assisted Living with Dementia Care Acknowledgement Form included an area for elder's [resident's] signatures. The same document indicated the resident acknowledged the facility was an assisted living with dementia care facility, understood the facility was secured and locked, and would be living with other elders [residents] who may have different levels of care including wandering.</p> <p>The licensee- provided document titled Minnesota Bill of Rights for Assisted Living Residents dated August 1, 2022, indicated residents have the right to come and go freely. The same document indicated residents have the right to enter and leave the facility as they choose. The same document indicated this right may be restricted only as allowed by other law and consistent with the resident's service plan.</p> <p>On July 2, 2024, during an onsite visit images of the facility's locked entrances were taken indicating the keypad where a code would need to be keyed in to enter and exit each unit. The same Images indicated staff may not always be present to answer the door and phone numbers are listed on the posting to call for entrance.</p> <p>R1 R1's record indicated a start of care date of May 10, 2022. R1's medical record indicated the resident lived on a secured dementia unit.</p> <p>A review of R1's medical record did not identify reasons why under law R1 required a secured unit.</p> <p>A review of R1's care plan did not identify reasons R1 required a secured unit.</p>	02290		

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02290	<p>Continued From page 17</p> <p>R1's diagnosis included multiple mental health and substance dependence disorders.</p> <p>R1's record included an untitled and typed document dated May 10, 2022, which indicated the director of operations was given permission by R1 to sign the resident's initials and date any legal documents R1's admission packet. This document included R1's initials.</p> <p>R1's admission paperwork included a copy of the Dementia Disclosure Statement although it did not include any signature nor initials on it.</p> <p>R1's service plan dated February 7, 2024, indicated R1 was able to smoke in designated areas [outside of the building].</p> <p>R1's 90-day assessment dated March 4, 2024, indicated R1 was alert and oriented, smoked independently and could get to the smoking area independently. The same document indicated R1 was not at risk for elopement. R1 used an electric wheelchair for mobility.</p> <p>R1's records included a Secure Door Code Agreement dated July 23, 2024, which had a section marked with an "X" indicating "I would like to be issued a Secure Door Code". The same document included another area with an "X" indicated the elder [resident] had been assessed by the facility nurse and determined did not meet criteria to be issued a secure door code. The same document included a handwritten note which indicated cannot reach- OT ordered.</p> <p>A review of the R1's care plan did not identify how the facility would accommodate R1's right to come and go freely within the secured memory</p>	02290		

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02290	<p>Continued From page 18</p> <p>care unit.</p> <p>A review of R1's medical record did not identify how the facility assessed and determined R1 could come and go freely from the secured unit without placing other residents who did require a secured memory care at increased risk for elopement.</p> <p>R2</p> <p>R2's record indicated a start of care date of April 23, 2024. R2's medical record indicated the resident lived on a secured dementia unit.</p> <p>R2's records included an Assisted Living with Dementia Care Acknowledgement Form dated April 23, 2024.</p> <p>A review of R2's medical record did not identify reasons why under law R2 required a secured unit.</p> <p>A review of R2's care plan did not identify reasons R2 required a secured unit.</p> <p>R2's diagnosis included traumatic brain injury, hemiplegia affecting left side, multiple mental health disorders and insomnia.</p> <p>R2's service plan date April 23, 2024, indicated R2 was able to smoke in designated areas [outside of the building].</p> <p>R2's 14-day assessment dated May 7, 2024, indicated R2 was alert and oriented, smoked independently and could get to the smoking area independently. The same document indicated R2 was not at risk for elopement. R2 used a wheelchair or scooter for mobility.</p>	02290		

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02290	<p>Continued From page 19</p> <p>R2's records included a Secure Door Code Agreement dated August 5, 2024, which had a section marked with an "X" indicating "I would like to be issued a Secure Door Code". The same document indicated R2 was provided a door code. The same document indicated the signee understood the door code may be changed or disconnected at any time without warning for reasons that included the signee not adhering to the guidelines set forth in this agreement.</p> <p>A review of the R2's care plan did not identify how the facility would accommodate R2's right to come and go freely within the secured memory care unit.</p> <p>A review of R2's medical record did not identify how the facility assessed and determined R2 could come and go freely from the secured unit without placing other residents who did require a secured memory care at increased risk for elopement.</p> <p>During an interview on July 2, 2024, at 3:05 p.m., R2 stated when he wants to go out, he needs to find staff to let him out. R2 stated he did sign the Dementia Disclosure Statement but did not realize what the population would actually be and stated he is looking for another placement as he does not have dementia because he does not fit in with this unit.</p> <p>R3</p> <p>R3's record indicated a start of care date of May 7, 2024. R3's medical record indicated the resident lived on a secured dementia unit.</p> <p>A review of R3's medical record did not identify reasons why under the law R3 required a secured unit.</p>	02290		

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02290	<p>Continued From page 20</p> <p>A review of R3's care plan did not identify reasons R3 required a secured unit.</p> <p>R3's diagnosis included osteoporosis (bone strength weakens), polyneuropathy (nerve damage can cause pain, decreased sensation, and weakness), and multiple mental health disorders.</p> <p>R3's records included an Assisted Living with Dementia Care Acknowledgment Form which indicated R3 understood she was being placed in a secured and locked facility. A review of the document indicated it was signed May 7, 2024, by R3 and a representative of the licensee, however the space labeled "Elder [resident] Representative Signature" was blank.</p> <p>R3's service plan dated May 21, 2024, indicated R2 was able to vape or smoke in the designated smoking area outside the building, but needed to request when she wanted to leave the unit to go outside. The same document indicated R3 was independent with vaping and smoking.</p> <p>R3's records included a Secure Door Code Agreement dated August 1, 2024, which had a section marked with an "X" indicated the elder [resident] had been assessed by the facility nurse and determined did not meet criteria to be issued a secure door code.</p> <p>R4</p> <p>R4's record indicated a start of care date of June 27, 2023. R4's medical record indicated the resident lived on a secured dementia unit.</p> <p>R4's records included an Assisted Living with Dementia Care Acknowledgement Form dated June 27, 2023.</p>	02290		

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02290	<p>Continued From page 21</p> <p>A review of R4's medical record did not identify reasons why under law R4 required a secured unit.</p> <p>A review of R4's care plan did not identify reasons R4 required a secured unit.</p> <p>R4's diagnosis included quadriplegia (paralysis from the neck down), multiple mental health and substance dependence disorders. R4 required assist of two caregivers with a Hoyer (full assist) lift and used an electric wheelchair for mobility.</p> <p>R4's change of condition assessment dated May 2, 2024, indicated R4 was alert and oriented, smoked independently, could get to the smoking area independently, dropped ashes onto his lap blanket but was able to brush them off, and could smoke unsupervised. The same document indicated R4 had poor dexterity due to quadriplegia. R4 required physical assistance donning and doffing eyeglasses.</p> <p>R4's service plan date July 2, 2024, indicated R4 was able to smoke in designated areas [outside of the building].</p> <p>R4's records included Door Entry Code Agreement dated June 27, 2023, which included a handwritten note [R4's first name]- "No Code", however the location for the resident's signature was blank as was the location for the responsible party. The same document indicated all use of entry codes are logged by the building access control system and these codes will be deleted should we [the licensee] feel they are being misused or abused.</p> <p>During an interview on July 3, 2024, at 10:50</p>	02290		

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02290	<p>Continued From page 22</p> <p>a.m., R4 stated at admission was explained to him that it was a dementia unit but explained it more of a unit "sprinkled" with dementia residents. R4 stated after admission realized it was more dementia residents with a few residents without dementia.</p> <p>R5</p> <p>R5's record indicated a start of care date of May 6, 2024. R5's medical record indicated the resident lived on a secured dementia unit.</p> <p>R5's records included an Assisted Living with Dementia Care Acknowledgement Form dated May 6, 2024.</p> <p>A review of R5's medical record did not identify reasons why under law R5 required a secured unit.</p> <p>A review of R5's care plan did not identify reasons R5 required a secured unit.</p> <p>R5's diagnosis included atrial fibrillation (abnormal heart rhythm), osteoporosis (bone strength weakens), and multiple mental health disorders.</p> <p>R5's service plan dated July 2, 2024, indicated R5 did not display any behaviors and did not smoke.</p> <p>R5's records included a Secure Door Code Agreement dated July 31, 2024, which had a section marked with an "X" indicating "I would like to be issued a Secure Door Code". The same document indicated R5 was provided a door code. The same document indicated the signee understood the door code may be changed or disconnected at any time without warning for</p>	02290		

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02290	<p>Continued From page 23</p> <p>reasons that included the signee not adhering to the guidelines set forth in this agreement.</p> <p>R6</p> <p>R6's record indicated a start of care date of August 3, 2023. R6's medical record indicated the resident lived on a secured dementia unit.</p> <p>R6's records included an Assisted Living with Dementia Care Acknowledgement Form dated August 3, 2023.</p> <p>A review of R6's medical record did not identify reasons why under the law R2 required a secured unit.</p> <p>A review of R6's care plan did not identify reasons R6 required a secured unit.</p> <p>R6's diagnosis included multiple mental health disorders, spinal stenosis (narrows space in spine can compress spinal cord or nerves), and mild cognitive impairment.</p> <p>R6's records included a Secure Door Code Agreement dated August 5, 2024, which had a section marked with an "X" indicating "I would like to be issued a Secure Door Code". The same document indicated R6 was provided a door code. The same document indicated the signee understood the door code may be changed or disconnected at any time without warning for reasons that included the signee not adhering to the guidelines set forth in this agreement.</p> <p>During an interview on July 3, 2024, at 8:30 a.m., registered nurse (RN)-B and administration (ADM)-A stated family members have the access key code to the units but residents who could have the code as they are not at risk for</p>	02290		

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02290	<p>Continued From page 24</p> <p>elopement are not appropriate as they have given the code to others, let other residents out that cannot be outside without supervision, or have let inappropriate visitors into the units. RN-B and ADM-A stated there are residents that technically do not fit in with the locked units.</p> <p>Staffing On July 2, 2024, the licensee held an Assisted Living with Dementia Care License with a bed capacity of 24, census was 23, with 23 of those residents residing on one of a two secured MC units. The physical layout of the facility consisted of a two-level assisted living building with a secured memory care unit on each level.</p> <p>The licensee's uniform disclosure of assisted living services & amenities (UDALSA) dated January 1, 2024, indicated unlicensed direct care staff typically scheduled for the entire facility included two to three staff on the day shift (7 a.m. to 3:30 p.m.), two to three staff on the evening shift (3 p.m. to 11:30 p.m.), and two staff (11:15 p.m. to 7:15 a.m.) on the overnight shift.</p> <p>A review of licensee's staff schedule from July 1, 2024, through July 8, 2024, indicated eight out of eight days reviewed where one staff were scheduled in each of the secured memory care units on the overnight shift and no float was scheduled during that shift.</p> <p>During an interview on July 2, at 10:20 a.m., unlicensed personnel (ULP)-C- stated two staff are scheduled on the overnight shift. ULP-C stated there are three residents that reside in the building that require two staff and a Hoyer lift for transfers. ULP-C stated the Hoyer lift residents are not all located on one floor. ULP-C stated</p>	02290		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 32938	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/15/2024
NAME OF PROVIDER OR SUPPLIER BRIDGEWATER AT JANESVILLE LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 543 OAKWOOD DRIVE JANESVILLE, MN 56048		
(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
02290	<p>Continued From page 25</p> <p>during the morning and afternoon shift there is sufficient staff in each unit for a two-person transfer, but on the overnight shift there is only one staff scheduled for each secured unit. ULP-C stated on overnights staff will leave a secured unit unattended to go to the other secured unit located on another level of the building to assist that staff member.</p> <p>During an interview on July 3, 2024, at 8:30 a.m., housing director and registered nurse (RN)-B stated each of the memory care floors has one staff scheduled for the overnight shift. Housing director stated if a secured unit requires assistance the ULP from the other secured unit will leave that secured unit and go assist the other staff leaving one secured unit unattended.</p> <p>During an interview on July 3, 2024, at 10:50 a.m., resident (R-2) stated they are a two-person transfer using a Hoyer lift. R2 stated they get up for the day prior to the morning shift coming on. This required staff from the other secured memory care unit to leave their unit unattended. R2 stated this will also happen if the ULP from their floor needs to go to assist the other secured unit leaving that unit briefly unattended.</p> <p>The licensee provided policy titled "Staffing, Direct-Care Staffing Plan and Daily Schedule," revised on February 1, 2024, indicated one or more persons will be available 24-hours per day, seven days per week who are responsible for responding to the requests of residents for assistance for health and safety needs. Persons will be in the same building or an attached building, or on a contiguous campus within the facility in order to respond within a reasonable amount of time.</p>	02290		

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02290	<p>Continued From page 26</p> <p>The licensee provided a document titled "Current Staffing Plan," not dated, indicated assisted living aides of a minimum requirement if at full capacity, would include two assisted living aides on the overnight shift.</p> <p>A review of R1, R2, R3, R4, R5, and R6's medical record did not identify how the licensee would allow residents' right to enter and leave the facility as they choose from the secured unit when no caregivers were present on the unit and preserve the security of the unit.</p> <p>Policies</p> <p>The licensee-provided Elder Handbook, dated November 1, 2023, indicated the facility is a licensed Assisted Living with Dementia Care and specializes in caring for individuals with memory loss, as well as, providing hospice care, and care for others with non-memory challenges who need 24-hour care. The same document indicated the facility had enhanced safety features which included a coded entry. The same document indicated the facility required a keypad code access required to enter and exit the home and codes are only accessible to staff members, select elders [residents], and immediate family. The same document included a section titled Smoking, which indicated the facility was a smoke-free building, no smoking was permitted in the building by elders [residents] but there were designated smoking areas outside of the building where smoking was permitted.</p> <p>The licensee-provided document title Door Code Agreement form, undated, indicated the elder [resident]/family member acknowledges they were given a personalized door code for access to all floors at the facility. The same document indicated door codes are "ONLY" to be used by</p>	02290		

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02290	<p>Continued From page 27</p> <p>the individual it is issued to and "ONLY" used to access the facility for authorized activities/visits. The same for indicated the door code may be changed or disconnected at any time without warning for safety & security purposes or if "I am not adhering" to the guidelines set forth in this agreement. The document indicated the person signing the agreement is stating understanding and agreement with the terms of the document and included a signature line labeled signature of elder[resident]/family member.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	02290		