



STATE LICENSING COMPLIANCE REPORT

Report #: HL329385210C

Date Concluded: July 5, 2024

Name, Address, and County of Facility

Investigated:

Bridgewater at Janesville LLC

543 Oakwood Dr

Janesvilee, 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 07/03/2024 |
|---|---|--|---|--|
| 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>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>HL329385210C</p> <p>On July 2, 2024, through July 3, 2024, the Minnesota Department of Health conducted a complaint investigation, HL329383528C, at the above provider and a concern which required an expedited correction order arose.</p> <p>The correction order(s) issued are issued under HL329385210C with an "immediate" time period of correction.</p> <p>At the time of the of onsite visit, there were 23 residents receiving services under the provider's Assisted Living with Dementia Care license. Additional correction orders that are not expedited may be issued at a later date under the original investigation.</p> <p>The following expedited correction order is issued for #HL329385210C: tag identification 2070.</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> | |

Minnesota Department of Health

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

TITLE

(X6) DATE

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| 02070 SS=F | <p>144G.81 Subd. 4 Awake staff requirement</p> <p>An assisted living facility with dementia care providing services in a secured dementia care unit must have an awake person who is physically present in the secured dementia care unit 24 hours per day, seven days per week, who is responsible for responding to the requests of residents for assistance with health and safety needs, and who meets the requirements of section 144G.41, subdivision 1, clause (12).</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure one or more staff were physically present and available 24 hours a day, seven days a week, who were responsible for responding to requests for assistance with health and safety needs in the two secured memory care (MC) units. This had the potential to affect all 23 residents residing in the MC units.</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 potential to affect a large portion or all of the residents).</p> <p>The findings include:</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</p> | 02070 | | |

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| 02070 | <p>Continued From page 2</p> <p>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 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</p> | 02070 | | |

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| 02070 | <p>Continued From page 3</p> <p>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 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>TIME PERIOD FOR CORRECTION: Two (2) days</p> | 02070 | | |