



# STATE LICENSING COMPLIANCE REPORT

**Report #: HL333763682C**

**Date Concluded:** May 10, 2024

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

**Investigated:**

Maple Care Homes  
1209 East 131<sup>st</sup> Street  
Burnsville, MN 55337

**Facility Type:** Assisted Living Facility (ALF)

**Evaluator's Name:** Christine Bluhm, RN  
Special Investigator

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

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

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

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  33376	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 05/10/2024
NAME OF PROVIDER OR SUPPLIER  MAPLE CARE HOMES			STREET ADDRESS, CITY, STATE, ZIP CODE 1209 EAST 131ST STREET BURNSVILLE, MN 55337		
(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: HL333763682C</p> <p>On May 10, 2024, the Minnesota Department of Health conducted a complaint investigation at the above provider, HL333768766C, and identified the following immediate correction orders which are issued under HL333763682C to facilitate the immediate orders.</p> <p>Correction orders with a period to correct that are not immediate may be issued at a later date.</p> <p>At the time of the complaint investigation, there were three residents receiving services under the provider ' s Assisted Living.</p> <p>The following immediate correction order is issued/orders are issued for HL333763682C tag identification 0470.</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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0 470 SS=F	<p>144G.41 Subdivision 1 Minimum requirements</p> <p>(11) develop and implement a staffing plan for determining its staffing level that:</p> <p>(i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility;</p> <p>(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</p> <p>(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;</p> <p>(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:</p> <p>(i) awake;</p> <p>(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;</p> <p>(iii) capable of communicating with residents;</p> <p>(iv) capable of providing or summoning the appropriate assistance; and</p> <p>(v) capable of following directions;</p> <p>This MN Requirement is not met as evidenced by:</p> <p>Based on observation, interview and record review, the licensee failed to ensure staff were on site and immediately available to residents. This affected all three residents in the facility.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or</p>	0 470			
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0 470	<p>Continued From page 2</p> <p>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> <p>The findings include:</p> <p>During an unannounced visit to the facility on May 10, 2024, at 10:03 a.m., resident (R)-1 greeted the surveyor and fire marshal at the front door and introduced herself as one of the residents. When asked if we could speak to the staff member in charge, R1 stated the day staff did not come to work today and that there had been no staff there since 8:00 a.m.. R1 then proceeded to call the owner (O)-A from her personal phone.</p> <p>On May 10, 2024, at 10:10 a.m., over speaker phone with O-A, the reason for the unannounced visit was discussed and O-A stated that a staff person as well as himself would be at the residence as soon as possible to meet with the surveyor and fire marshal.</p> <p>On May 10, 2024, at 10:15 a.m., surveyor and fire marshal inspected the lower level of the home where the fire incident had taken place to observe repairs and smoke alarms and continued to wait for O-A.</p> <p>On May 10, 2024, at 10:48 a.m., a staff member arrived on site and introduced herself as the house manager (HM)-B. HM-B stated that the day staff person was supposed to be here. HM-B stated that although there was not a staff member there, all three residents are mostly independent and have three hours of "alone time" which is in their care plans. HM-B also stated that the</p>	0 470	<p>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>		



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0 470	<p>Continued From page 3</p> <p>residents can also be monitored remotely by the cameras in the home.</p> <p>O-A did not arrive while surveyor and fire marshal were on site.</p> <p>The licensee provided a policy titled "Staffing" dated August 1, 2021. The policy indicated residents are provided with a means to request assistance for health and safety needs 24 hours/day 7 days/week; during night shifts, the home health aide will respond to resident requests for assistance as soon as possible. At least one home health aide will be scheduled and available for residents requiring the assistance of one home health aide for scheduled and reasonably foreseeable unscheduled needs as reflected in the assessment and service plan.</p> <p>TIME PERIOD FOR CORRECTION: IMMEDIATE.</p>	0 470			