



STATE LICENSING COMPLIANCE REPORT

Report #: HL360374515C

Date Concluded: January 5, 2022

Name, Address, and County of Facility

Investigated:

The Plummer Home LLC

510 6th Place NE

Byron, MN 55920

Olmsted County

Facility Type: Assisted Living Facility (ALF)

Evaluator's Name: Erin Johnson-Crosby, 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: 36037	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/04/2023
NAME OF PROVIDER OR SUPPLIER THE PLUMMER HOME LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 510 6TH PLACE NE BYRON, MN 55920		
(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>Initial comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING 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>HL360374515C</p> <p>On January 4, 2023, the Minnesota Department of Health conducted a complaint investigation at the above provider, and the following correction orders are issued.</p> <p>The following correction orders are issued for HL360374515C, tag identification 1220 and 1240.</p> <p>144G.57 Subdivision 1 Closure plan required</p> <p>In the event that an assisted living facility elects</p>	0 000	<p>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 License Providers. 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 surveyors' 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 subd. 1, 2, and 3.</p>	
01220 SS=F		01220		

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

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01220	<p>Continued From page 1</p> <p>to voluntarily close the facility, the facility must notify the commissioner and the Office of Ombudsman for Long-Term Care in writing by submitting a proposed closure plan.</p> <p>This MN Requirement is not met as evidenced by:</p> <p>Based on interview and record review, the licensee failed to notify the Minnesota Department of Health (MDH) and the Office of the Ombudsman for Long-Term Care in writing prior to the voluntary closure of the assisted living facility.</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> <p>Findings include:</p> <p>A complaint received on August 16, 2022, indicated the licensed assisted living direction (LALD)-A informed surveyors the licensee closed and four residents were relocated. LALD-A informed the surveyors she did not notify MDH or the ombudsman.</p> <p>On January 5, 2022, at 1:00 p.m., LALD-A stated the licensee was closed and all residents were relocated to another facility. LALD-A stated she was not aware she had to submit a closure plan to MDH or notify the ombudsman prior to closing. LALD-A stated she did submit a closure plan to MDH and notified the ombudsman after the closure.</p>	01220		

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01220	Continued From page 2 TIME PERIOD FOR CORRECTION: Twenty-one days	01220		
01240 SS=F	144G.57 Subd. 3 Commissioner's approval required prior to imp (a) The plan shall be subject to the commissioner's approval and subdivision 6. The facility shall take no action to close the residence prior to the commissioner's approval of the plan. The commissioner shall approve or otherwise respond to the plan as soon as practicable. (b) The commissioner may require the facility to work with a transitional team comprised of department staff, staff of the Office of Ombudsman for Long-Term Care, and other professionals the commissioner deems necessary to assist in the proper relocation of residents. This MN Requirement is not met as evidenced by: Based on interview and document review, the licensee failed to provide notice of intent to close the facility to the commissioner before initiating the process of facility closure. 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 the residents). Findings Include:	01240		

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01240	<p>Continued From page 3</p> <p>A complaint received on August 16, 2022, indicated the licensed assisted living direction (LALD)-A informed surveyors the licensee closed and four residents were relocated. LALD-A informed the surveyors she did not notify MDH or the ombudsman.</p> <p>On January 5, 2022, at 1:00 p.m., LALD-A stated the licensee was closed and all residents were relocated to another facility. LALD-A stated she was not aware she had to submit a closure plan to MDH or notify the ombudsman prior to closing. LALD-A stated she did submit a closure plan to MDH and notified the ombudsman after the closure.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) Days</p>	01240		