STATE LICENSING COMPLIANCE REPORT

Report #: HL361485020C

Date Concluded: April 26, 2023

Name, Address, and County of Facility Investigated:
Noble Cares LLC
3240 Sprague Avenue
Anoka, MN 55303
Anoka County

Facility Type: Assisted Living Facility (ALF)

Evaluator's Name: Lori Pokela R.N.
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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36148	A. BUILDING: _____ B. WING _____	C 03/22/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NOBLE CARES LLC	3240 SPRAGUE AVENUE ANOKA, MN 55303

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0 000	Initial Comments ******ATTENTION****** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a complaint investigation. 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. INITIAL COMMENTS: HL361485020C On March 22, 2023, 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 three residents receiving services under the provider's Assisted Living with Dementia Care license. The following correction order is issued/orders are issued for HL361485020C tag identification: 0730, 0900, 1610, 1630, 1700.	0 000	Assisted Living Provider 144G. 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 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. 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. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS	

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0 000	Continued From page 1	0 000	USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	
0 730 SS=D	144G.43 Subd. 3 Contents of resident record Contents of a resident record include the following for each resident: (1) identifying information, including the resident's name, date of birth, address, and telephone number; (2) the name, address, and telephone number of the resident's emergency contact, legal representatives, and designated representative; (3) names, addresses, and telephone numbers of the resident's health and medical service providers, if known; (4) health information, including medical history, allergies, and when the provider is managing medications, treatments or therapies that require documentation, and other relevant health records; (5) the resident's advance directives, if any; (6) copies of any health care directives, guardianships, powers of attorney, or conservatorships; (7) the facility's current and previous assessments and service plans; (8) all records of communications pertinent to the resident's services; (9) documentation of significant changes in the resident's status and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional; (10) documentation of incidents involving the resident and actions taken in response to the needs of the resident, including reporting to the	0 730		

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0 730	Continued From page 2 appropriate supervisor or health care professional; (11) documentation that services have been provided as identified in the service plan; (12) documentation that the resident has received and reviewed the assisted living bill of rights; (13) documentation of complaints received and any resolution; (14) a discharge summary, including service termination notice and related documentation, when applicable; and (15) other documentation required under this chapter and relevant to the resident's services or status. This MN Requirement is not met as evidenced by: Based on interview and record review the licensee failed to ensure resident records included the required content of a signed service plan, signed initial nursing assessment, and a medication assesment, for one of two residents (R1) reviewed. 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 an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). Findings include: On March 22, 2023 at 4:22 p.m., a first request was made to the licensee for R1's signed service plan and initial, nursing assessment signed by a registered nurse.	0 730		

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0 730	Continued From page 3 On April 4, 2023 at 3:03 p.m., a second request was made to the licensee for R1's signed service plan and initial nursing assessment, signed by a registered nurse. R1: R1 started receiving services from the licensee on September 19, 2022, to assist with bathing, behavior observation, and medication administration. R1's diagnoses included bipolar disorder and depression. R1 was discharged on September 20, 2022, following a behavioral incident involving law enforcement being called and R1 being transported to the hospital for a mental health evaluation. Review of R1's medical record on April 6, 2023, at 1:18 p.m., indicated lack of a signed or dated service plan, and a signed nursing assessment located in the electronic records sent via email. R1's record also lacked a signature and date on prior nursing assessment documentation. R1's medical record lacked evidence of the follow items: -signed service plan -medication assessment -signed initial nursing assessment During an interview on March 22, 2023, at 11:41 a.m., the licensed assisted living director (LALD)-E stated the contents of the resident records was all documented in their electronic records system. The licensee provided policy titled: Service Plan, dated June 2021, indicated all residents will have	0 730		

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0 730	Continued From page 4 a service plan in place. Service plans are based on the outcomes of the initial and subsequent assessments, reassessments, monitoring and individual reviews of the resident's needs and preferences. (1) within 14-days after the date services are first provided, the resident's service plan will be finalized. The licensee provided policy titled: Medication Management Services Required Policies, dated June 2021, indicated when a facility provides medication management services, a medication management policy and procedure must be developed. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 730		
0 900 SS=D	144G.50 Subdivision 1 Contract required (a) An assisted living facility may not offer or provide housing or assisted living services to any individual unless it has executed a written contract with the resident. (b) The contract must contain all the terms concerning the provision of: (1) housing; (2) assisted living services, whether provided directly by the facility or by management agreement or other agreement; and (3) the resident's service plan, if applicable. (c) A facility must: (1) offer to prospective residents and provide to the Office of Ombudsman for Long-Term Care a complete unsigned copy of its contract; and (2) give a complete copy of any signed contract and any addendums, and all supporting	0 900		

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0 900	Continued From page 5 documents and attachments, to the resident promptly after a contract and any addendum has been signed. (d) A contract under this section is a consumer contract under sections 325G.29 to 325G.37. (e) Before or at the time of execution of the contract, the facility must offer the resident the opportunity to identify a designated representative according to subdivision 3. (f) The resident must agree in writing to any additions or amendments to the contract. Upon agreement between the resident and the facility, a new contract or an addendum to the existing contract must be executed and signed. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to execute an assisted living (AL) contract before offering housing and assisted living services for one of two residents (R1) reviewed. 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 an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: Minnesota (MN) Statutes section 144G.50, subd. 1, paragraph (a) (b), clause (1-3), indicated an assisted living (AL) facility may not offer or provide housing or AL services to any individual unless it has executed a written contract. The contract must contain all the terms concerning	0 900		

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0 900	Continued From page 6 the provision of: housing, AL services, whether provided directly by the facility or by management agreement or other agreement; and the resident's service plan if applicable. On March 22, 2023 at 4:22 p.m., a first request was made to the licensee for a copy of R1's signed service plan. On April 4, 2023 at 3:03 p.m., a second request was made to the licensee for a copy of R1's signed service plan. R1: R1 started receiving services from the licensee on September 19, 2022, to assist with bathing, behavior observation, and medication administration. R1's diagnoses included bipolar disorder and depression. Review of R1's medical record on April 6, 2023, at 1:18 p.m., did not contain a signed or dated service plan, located in the electronic records sent via email. During an interview on March 22, 2023, at 11:41 a.m., the licensed assisted living director (LALD)-E stated the resident records were documented and all contents were contained in the electronic records system. The licensee provided policy titled: Service Plan dated June 2021, indicated all residents will have a service plan in place. Service plans are based on the outcomes of the initial and subsequent assessments, reassessments, monitoring and individual reviews of the resident's needs and preferences. (1) within 14-days after the date services are first provided, the resident's service plan will be finalized.	0 900		

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0 900	Continued From page 7 No further information was provided. TIME PERIOD TO CORRECT: Twenty one (21) days.	0 900		
01610 SS=D	144G.70 Subd. 2 (a-b) Initial reviews, assessments, and monitoring (a) Residents who are not receiving any assisted living services shall not be required to undergo an initial nursing assessment. (b) An assisted living facility shall conduct a nursing assessment by a registered nurse of the physical and cognitive needs of the prospective resident and propose a temporary service plan prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. If necessitated by either the geographic distance between the prospective resident and the facility, or urgent or unexpected circumstances, the assessment may be conducted using telecommunication methods based on practice standards that meet the resident's needs and reflect person-centered planning and care delivery. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a registered nurse (RN) signed and dated an initial physical and cognitive assessment of a resident on or before the move-in date for one of two residents (R1) with records reviewed. This practice resulted in a level two violation (a violation that did not harm a resident's health or	01610		

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01610	Continued From page 8 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 an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: R1: R1's face sheet indicated the resident moved into the facility and began receiving services on September 19, 2022. R1 started receiving services from the licensee on September 19, 2022, to assist with bathing, behavior observation, and medication administration. R1's diagnoses included bipolar disorder and depression. R1's discharge summary, dated, September 20, 2022 indicated R1 was discharged from the facility after R1 was involved in a verbal and physical incident; law enforcement was called and R1 was transported to the hospital. On March 22, 2023 at 4:22 p.m., a first request was made to the licensee for a copy of R1's signed service plan and initial nursing assessment signed by a registered nurse. On April 4, 2023 at 3:03 p.m., a second request was made to the licensee for a copy of R1's signed service plan and initial nursing assessment, signed by a registered nurse. R1's record contained an admission assessment; however, this document lacked an RN signature	01610		

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01610	Continued From page 9 and date. During an interview on March 22, 2023, at 11:41 a.m., the licensed assisted living director (LALD)-E stated all resident records were documented in the electronic records system. No further information provided. TIME PERIOD TO CORRECT: Twenty-one (21) days	01610		
01630 SS=D	144G.70 Subd. 3 Temporary service plan When a facility initiates services and the individualized assessment required in subdivision 2 has not been completed, the facility must complete a temporary plan and agreement with the resident for services. A temporary service plan shall not be effective for more than 72 hours. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to initiate a temporary service plan as required in Minnesota Statute (MN) 144G.70, subdivision (Subd.) 3, for one out of two residents (R1) reviewed. This deficient practice had the potential to affect all new admission residents. 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 an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally).	01630		

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01630	Continued From page 10 The findings include: MN Statute 144G.70, Subd. 3, indicated when a facility initiated services and the individualized assessment required in Subd. 2 has not been completed, the facility must complete a temporary service plan and agreement with the resident for services. A temporary service plan shall not be effective for more than 72 hours. R1: The licensee provided R1's initial assessment, however, it was not signed by an RN prior to initiation of services. The licensee did not provide documentation R1's temporary service plan was initiated prior to initiation of services. Review of R1's medical record on April 6, 2023, at 1:18 p.m., did not contained a signed or dated service plan in the electronic records sent via email. During an interview on March 22, 2023, at 11:41 a.m., the licensed assisted living director (LALD)-E stated all resident records were documented in an electronic records system. Policy: The licensee provided policy titled: Service Plan dated June 2021, indicated all residents will have a service plan in place. Service plans are based on the outcomes of the initial and subsequent assessments, reassessments, monitoring and individual reviews of the resident's needs and preferences. (1) within 14-days after the date services are first provided, the resident's service plan will be finalized.	01630		

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01630	Continued From page 11 No further information was provided. TIME PERIOD TO CORRECT: Twenty-one (21) days.	01630		
01700 SS=D	144G.71 Subd. 2 Provision of medication management services (a) For each resident who requests medication management services, the facility shall, prior to providing medication management services, have a registered nurse, licensed health professional, or authorized prescriber under section 151.37 conduct an assessment to determine what medication management services will be provided and how the services will be provided. This assessment must be conducted face-to-face with the resident. The assessment must include an identification and review of all medications the resident is known to be taking. The review and identification must include indications for medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues. (b) The assessment must identify interventions needed in management of medications to prevent diversion of medication by the resident or others who may have access to the medications and provide instructions to the resident and legal or designated representatives on interventions to manage the resident's medications and prevent diversion of medications. For purposes of this section, "diversion of medication" means misuse, theft, or illegal or improper disposition of medications. This MN Requirement is not met as evidenced by: Based on interview, and record review, the	01700		

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01700	Continued From page 12 licensee failed to ensure the registered nurse/ licensed assisted living director (LALD)-E, conducted an individualized assessment to determine what Assisted Living services would be provided, and how the services would be provided for one of two residents (R1) records reviewed. 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 an and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: R1: R1 started receiving services from the licensee on September 19, 2022, to assist with bathing, behavior observation, and medication administration. R1's diagnoses included bipolar disorder and depression. On March 22, 2023 at 4:22 p.m., a first request was made to the licensee for a copy of R1's signed service plan and initial nursing assessment, signed by a registered nurse. On April 4, 2023 at 3:03 p.m., a second request was made to the licensee for a copy of R1's signed service plan and initial nursing assessment, signed by a registered nurse. The licensee provided R1's initial assessment, however, it was not signed by an RN prior to	01700		

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01700	Continued From page 13 initiation of services and did not indicate a medication management plan. The licensee did not provide documentation R1's temporary service plan was initiated prior to initiation of services. Review of R1's medical record on April 6, 2023, at 1:18 p.m., did not contained a signed or dated service plan. located in the electronic records sent via email.. During an interview on March 22, 2023, at 11:41 a.m. (LALD)-E stated all resident records were documented in the electronic records system. Policy: A licensee provided policy titled: Medication and Treatment Policy dated: June 2021, indicated an assisted living facility that provides medication management services must develop, implement, and maintain current written medication management policies and procedures. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days.	01700		