



STATE LICENSING COMPLIANCE REPORT

Report #: HL367383231C

Date Concluded: April 18, 2024

Name, Address, and County of Facility

Investigated:

Stonecrest Living
5022 Baker Road
Minnetonka, MN 55343

Facility Type: Assisted Living Facility (ALF)

Evaluator's Name: Maggie Regnier
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: 36738 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 04/16/2024 |
|---|--|--|---|--|
| NAME OF PROVIDER OR SUPPLIER STONECREST LIVING | | STREET ADDRESS, CITY, STATE, ZIP CODE 5022 BAKER ROAD MINNETONKA, MN 55343 | | |
| (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>HL367383231C</p> <p>On April 16, 2024 the Minnesota Department of Health initiated a complaint investigation and the need to issue immediate correction orders was identified.</p> <p>At the time of the complaint investigation, there were 9 residents receiving services under the provider's Assisted Living license. The following immediate correction order is issued: 820</p> <p>Correction orders with a period to correct that are not immediate may be issued at a later date under the original project number:: HL367383081C whose conclusion is pending at this time.</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> | |
| 0 820 SS=I | 144G.45 Subd. 2 (g) Fire protection and physical environment | 0 820 | | |

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

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| 0 820 | <p>Continued From page 1</p> <p>(g) Existing construction or elements, including assisted living facilities that were registered as housing with services establishments under chapter 144D prior to August 1, 2021, shall be permitted to continue in use provided such use does not constitute a distinct hazard to life. Any existing elements that an authority having jurisdiction deems a distinct hazard to life must be corrected. The facility must document in the facility's records any actions taken to comply with a correction order, and must submit to the commissioner for review and approval prior to correction.</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to ensure physical facility elements did not constitute a distinct hazard to life. The licensee failed to provide a resident bedroom with the minimum window opening meeting the minimum state standard for egress. This affected the occupied residents in bedrooms #1, #2, and #3 on the main level and bedroom #13 on the attic level.</p> <p>This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to 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 April 16, 2024, at 2:00 p.m., survey staff</p> | 0 820 | | |

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STATE FORM

6899

172E11

If continuation sheet 2 of 4

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| 0 820 | <p>Continued From page 2</p> <p>toured the facility with administrator (AD)-1 and administrator (AD)-2. During the facility tour, survey staff observed the following items:</p> <p>It was observed that occupied resident bedroom #1 and #2 on the main level did not have windows that met the minimum size requirements for egress escape. The clear openable area of the opened windows measured 24.5 inches in height and 23.5 inches in width, with a total openable area of 599 square inches. The windows did not meet the minimum requirements for total openable area.</p> <p>It was observed that occupied resident bedroom #3 on the main level did not have windows that met the minimum size requirements for egress escape. The clear openable area of the opened windows measured 43 inches in height and 15 inches in width, with a total openable area of 645 square inches. The windows did not meet the minimum requirements for opening width and did not meet the minimum requirements for total openable area.</p> <p>It was observed that occupied resident bedroom #13 on the attic level did not have windows that met the minimum size requirements for egress escape. The clear openable area of the opened windows measured 17 inches in height and 23.5 inches in width, with a total openable area of 399.5 square inches. The windows did not meet the minimum requirements for opening height and did not meet the minimum requirements for total openable area.</p> <p>Egress windows in existing sleeping rooms must have a minimum openable width of 20 inches and minimum openable height of 20 inches with no less than 648 square inches total of openable</p> | 0 820 | | |

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| 0 820 | <p>Continued From page 3</p> <p>area (4.5 square feet) for the window. Survey staff explained to AD-1 that at least one egress window in each bedroom must be provided to meet the minimum state standard for an egress window to be a complying bedroom for resident occupancy. LALD-C verbally confirmed the findings.</p> <p>On April 16, 2024, at 3:30 p.m., during the interview, survey staff explained to AD-1 that an immediate correction order was issued for the above finding. AD-1 acknowledged the above finding.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Immediate.</p> | 0 820 | | |