STATE LICENSING COMPLIANCE REPORT

Report #: HL369135022C

Date Concluded: March 27, 2024

Name, Address, and County of Facility Investigated:
Hayden Grove Senior Housing
8715 Portland Avenue South
Bloomington, Mn. 55420
Hennepin County

Facility Type: Assisted Living Facility with Dementia Care (ALFDC)

Evaluator's Name:
Michele Larson, RN Special Investigator
Kathy Barnhardt, 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36913	A. BUILDING: _____ B. WING _____	C 03/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAYDEN GROVE SENIOR LIVING	8715 PORTLAND AVENUE SOUTH BLOOMINGTON, MN 55420

(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	Initial Comments ******ATTENTION****** HOME CARE PROVIDER/ASSISTED LIVING PROVIDER 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: #HL369135022C On March 12, 2024, the Minnesota Department of Health conducted a complaint investigation at the above provider, and the following correction order is issued. At the time of the complaint investigation, there were 123 residents receiving services under the provider's Assisted Living with Dementia Care license. The following correction order is issued for #HL369135022C, tag identification 470.	0 000	Assisted Living Provider 144G. 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. 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 USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	

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0 470	Continued From page 1	0 470		
0 470 SS=F	144G.41 Subdivision 1 Minimum requirements (11) develop and implement a staffing plan for determining its staffing level that: (i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility; (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 (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; (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: (i) awake; (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; (iii) capable of communicating with residents; (iv) capable of providing or summoning the appropriate assistance; and (v) capable of following directions; This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure they had sufficient staff to meet the scheduled needs of all residents who resided in the licensee's facility. During the overnight (NOC) shift from 10:00 p.m. until 6:00 a.m., the facility was routinely short-staffed and staffed unlicensed personnel	0 470		

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0 470	Continued From page 2 (ULP) who were assigned light duty and unable to assist with transfers. The licensee utilized the local fire department to provide lift assistance for residents who had falls during the overnight shift. This had the potential to affect all 123 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, 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 the potential to affect a large portion or all of the residents). The findings include: Minnesota Rule 4659.0180, Subpart 5, indicates a minimum of two direct-care staff must be scheduled and available to assist at all times whenever a resident requires the assistance of two direct-care staff for scheduled and reasonably foreseeable and unscheduled needs, as reflected in the resident's assessments and service plans. The licensee's Uniform Disclosure of Assisted Living Services & Amenities (UDALSA) indicated the licensee staffed four unlicensed personnel (ULP) during the overnight shift. In an email dated August 25, 2023, at 11:53 a.m., from a local fire department's assistant fire chief (AFC)-H to the Minnesota Department of Health (MDH), AFC-H indicated the fire department saw an increase in lift assists from the facility. AFC-H indicated, "it appears there is either not adequate staffing, not the proper lifting equipment, or it is easier to call us."	0 470		

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0 470	Continued From page 3 Review of the local fire department's call lift assist report indicated between February 18, 2023, and March 11, 2024, the fire department responded to 29 calls from the facility requesting lift assistance for residents who fell. Review of a Minnesota Department of Health document dated January 25, 2024, at 11:39 a.m., indicated on January 1, 2024, three ULP called off during the day shifts, which left one resident (R1)'s call light unanswered for 83 minutes. On March 12, 2024, at 10:24 a.m., the state investigators entered the licensee's facility. The facility had four floors and was licensed for 166 beds. During the entrance conference on March 12, 2024, at 10:43 a.m., interim director of nursing (IDON)-A stated 123 residents resided in the facility, 18 residents in memory care and 105 residents in assisted living. IDON-A stated there were eight ULPs who worked the morning and evening shifts (6:00 a.m.-2:00 p.m., 2:00 p.m.-10:00 p.m.), in the memory care and assisted living area. IDON-A stated there was one ULP scheduled in memory care and assisted living during the overnight (NOC) shift (10:00 p.m.-6:00 a.m.), and one ULP who floated between the two areas. IDON-A stated there were 12 care suites in assisted living that housed five residents who required total cares. IDON-A stated all five residents required a mechanical sling lift with the assistance of two staff for transfers. IDON-A stated all residents in assisted living had a call pendant they pushed when they needed assistance. IDON-A stated staff monitored resident alerts from their mobile phones. IDON-A stated weekly audits were performed on response	0 470		

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0 470	Continued From page 4 times to the resident's call pendant alerts and the expectation of staff was to respond to the calls within 15 minutes. During a tour of the facility on March 12, 2024, at 11:00 a.m., licensed assisted living director (LALD)-B stated residents who were housing only (no services), had an emergency pull cord in their bathrooms if they needed assistance after a fall. LALD-A stated the facility did not provide "medical assistance" when a housing only resident fell, stating, "We call 911 if they need help. We can't assist them." On the second floor the investigators observed two large, closed double doors that housed the 12 care suites. LALD-B stated the doors were always kept closed but never locked. R1 R1 was admitted to the facility on February 24, 2023, due to an unspecified left wrist (metacarpal) fracture, high blood pressure, and congestive heart failure (CHF). R1's service plan dated December 1, 2023, indicated R1 required physical assistance with transfers during day, evening and NOC shifts, toileting at 2:00 a.m., 4:30 a.m., 7:45 a.m., 10:45 a.m., 12:45 p.m., 4:00 p.m., 7:00 p.m., 9:00 p.m., and 10:15 p.m. R1 used a wheelchair for mobility and required staff assistance during morning, evening, and overnight shifts. R1's assessment dated January 11, 2024, indicated R1 required physical assist of two staff using a sit-to-stand (EZ stand) or mechanical sling lift. R1's call pendant reports dated December 2023-March 10, 2023, indicated the following	0 470		

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0 470	Continued From page 5 number of times R1 pressed her call pendant and staff response times during shifts that were not adequately staffed: 12/17/2023 at 3:41 a.m.-5:47 a.m., 12 pushes, 103 minutes. 12/20/2023 at 10:46 p.m. 1 push, 27 minutes 12/22/2023 at 3:07 a.m., 2 pushes, 21 minutes 01/01/2024 at 8:13 a.m., 51 pushes, 83 minutes 01/01/2024 at 10:05 p.m., 1 push, 51 minutes. 01/07/2024 at 10:06 p.m., 3 pushes, 57 minutes 01/11/2024 at 1:51 a.m.-2:48 a.m., 6 pushes, 28 minutes 01/13/2024 at 6:37 p.m.-7:47 p.m., 9 pushes, 67 minutes 02/17/2024 at 10:18 p.m.-11:38 p.m., 17 pushes, 63 minutes 02/22/2024 at 2:25 a.m., 3 pushes, 41 minutes 02/24/2024 at 8:56 p.m.-11:42 p.m., 14 pushes, 81 minutes. 02/28/2024 at 4:15 a. m.- 2 pushes, 35 minutes 03/02/2024 at 10:41 p.m.-2 pushes, 25 minutes R2 R2 was admitted to the facility on January 31, 2023, due to dementia. R2's service plan dated March 15, 2024, indicated R2 required physical assistance of one staff for transfers, ambulation, and toileting. R2 used a walker for mobility and required staff assistance during morning, evening, and NOC shifts. R2's call pendant reports dated February 11, 2024 - March 11, 2024, indicated the following number of times R2 pressed his call pendant and staff response times during shifts that were not adequately staffed: 2/16/2024 at 11:56 p.m., 5 pushes, 51 minutes 2/18/2024 at 4:59 a.m., 1 push, 61 minutes	0 470		

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0 470	Continued From page 6 2/21/2024 at 5:34 a.m., 3 pushes, 42 minutes 2/22/2024 at 2:48 a.m., 4 pushes, 38 minutes 2/26/2024 at 4:55 a.m., 1 push, 71 minutes 2/26/2024 at 7:19 a.m., 7 pushes, 44 minutes 2/28/2024 at 4:29 a.m., 3 pushes, 41 minutes 2/29/2024 at 5:52 a.m., 2 pushes, 51 minutes 3/2/2024 at 1:10 a.m., 2 pushes, 27 minutes 3/4/2024 at 11:36 p.m., 28 pushes, 30 minutes 3/7/2024 at 4:28 a.m., 12 pushes, 37 minutes 3/8/2024 at 7:21 a.m., 5 pushes, 55 minutes R3 R3 was admitted to the facility on June 8, 2022, due to syncope (fainting). R3's service plan dated March 15, 2024, indicated R3 required staff assistance of two for transfers utilizing an EZ stand (a mechanical lift that aides an individual to stand and sit), repositioning and toileting. R3 used a wheelchair for mobility and required staff assistance during morning, evening, and NOC shifts. R3's assessment dated February 23, 2024, indicated R3 required physical assist of two using a sit-to-stand or Hoyer (mechanical lifting device utilizing a sling for lifts/transfers). R3's call pendant reports dated February 11, 2024 - March 11, 2024, indicated the following number of times R3 pressed her call pendant and staff response times during shifts that were not adequately staffed: 2/11/2024 at 4:49 a.m., 2 pushes, 52 minutes 2/15/2024 at 11:00 p.m., 9 pushes, 103 minutes 2/16/2024 at 1:07 a.m., 1 push, 41 minutes 2/18/2024 at 1:58 a.m., 8 pushes, 77 minutes 2/18/2024 at 6:06 a.m., 1 push, 74 minutes 2/23/2024 at 10:05 p.m., 1 push, 48 minutes 2/25/2024 at 4:17 a.m., 5 pushes, 50 minutes	0 470		

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0 470	Continued From page 7 2/26/2024 at 2:51 a.m., 1 push, 109 minutes 2/27/2024 at 9:58 p.m., 3 pushes, 76 minutes 3/1/2024 at 2:55 a.m., 20 pushes, 98 minutes 3/5/2024 at 5:30 a.m., 3 pushes, 55 minutes 3/5/2024 at 10:01 p.m., 3 pushes, 64 minutes 3/11/2024 at 12:24 a.m., 7 pushes, 67 minutes On March 12, 2024, at 12:35 p.m., ULP-D stated staff on light duty were scheduled to work, however, were unable to assist other staff with resident transfers, repositioning, or lifts. ULP-D stated if a resident fell and was unable to be assisted off the floor by staff, 911 was called for fire department lift assist. ULP-D stated she did not feel the building was adequately staffed to assist residents when light duty staff were unable to assist to meet the needs of the residents. On March 12, 2024, at 12:45 p.m., ULP-C stated staff were not always able to meet the needs of the residents during NOC shifts due to the scheduling of light duty staff. ULP-C stated resident cares were sometimes delayed due to unavailability of a second staff member. ULP-C stated care suites were not staffed with a staff member and stated staff were moved around to other areas of the facility during NOC shift. ULP-C stated all residents in care suites required a mechanical sling lift for transfers. On March 12, 2024, at 1:53 p.m., staff scheduler (SS)-E stated five ULPs were scheduled "light duty" assignments. SS-E stated light duty meant staff were restricted to lifting, pushing, or pulling, less than 20 pounds. In addition, SS-E stated light duty ULPs were allowed to answer call lights but were not allowed to assist with any transfers including EZ stands and mechanical sling lifts. SS-E stated ULP-F, ULP-G, and ULP-I worked NOC shifts and were scheduled light duty.	0 470		

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0 470	Continued From page 8 The licensee's policy titled Staffing, Direct-Care Staffing Plan and Daily Schedule, indicated a clinical nurse supervisor, or designee, would develop, write, and implement a staffing plan that would provide qualified direct-care staff sufficient to meet the resident's needs 24-hours a day, seven days a week and would be adequate to address: (a) each resident's needs as identified in the service plan and assisted living contract; (b) each resident's acuity level as determined by the most recent assessment or individualized review; (c) ability to meet the resident's scheduled and reasonable unforeseeable unscheduled needs given the physical layout of the facility premises. TIME PERIOD TO CORRECT: Seven (7) days.	0 470		