STATE LICENSING COMPLIANCE REPORT

Report #: HL37666001C **Date Concluded: August 15, 2022**

Name, Address, and County of Facility Investigated:
Brightcare Services Inc.
8504 Park Avenue South
Bloomington, MN 55420
Hennepin 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	37666	A. BUILDING: _____ B. WING _____	C 08/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTCARE SERVICES INC	8504 PARK 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 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: #HL37666001C On August 9, 2022, 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 4 residents receiving services under the provider's Assisted Living license. The following correction orders are issued for #HL37666001C, tag identification 1040, 1060, 1070 and 1130 .	0 000	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 USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	
01040 SS=D	144G.52 Subd. 7 Notice of contract termination required	01040		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	37666	A. BUILDING: _____ B. WING _____	C 08/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTCARE SERVICES INC	8504 PARK 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
01040	Continued From page 1 (a) A facility terminating a contract must issue a written notice of termination according to this section. The facility must also send a copy of the termination notice to the Office of Ombudsman for Long-Term Care and, for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, to the resident's case manager, as soon as practicable after providing notice to the resident. A facility may terminate an assisted living contract only as permitted under subdivisions 3, 4, and 5. (b) A facility terminating a contract under subdivision 3 or 4 must provide a written termination notice at least 30 days before the effective date of the termination to the resident, legal representative, and designated representative. (c) A facility terminating a contract under subdivision 5 must provide a written termination notice at least 15 days before the effective date of the termination to the resident, legal representative, and designated representative. (d) If a resident moves out of a facility or cancels services received from the facility, nothing in this section prohibits a facility from enforcing against the resident any notice periods with which the resident must comply under the assisted living contract. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to issue a written notice for a termination of contract at least 30 days ahead of the termination, or at least 15 days ahead of an expedited termination, and failed to provide documentation supporting the need for an expedited termination of their contracts for one of	01040		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	37666	A. BUILDING: _____ B. WING _____	C 08/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTCARE SERVICES INC	8504 PARK 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
01040	Continued From page 2 one (R1) former resident with records reviewed. R1's contract was terminated without notice after being sent to the hospital. In addition, the licensee failed to send a copy of the termination notice to the Office of Ombudsman for Long Term Care. 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 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 was admitted to the licensee on March 9, 2022, with diagnoses that included depression, hepatitis, alcoholism and cancer. R1's service plan dated March 9. 2022, indicated R1 received services for medication management, meals, laundry, housekeeping, and supervision for grooming and dressing. The service plan also indicated the staff would manage anxiety, repetitive behaviors, self injurious behaviors and depression, however, there were no interventions listed. R1's individual abuse prevention plan (IAPP) dated March 9, 2022, indicated R1 was at risk for combining alcohol and pain medications. Interventions included R1 may not use alcohol/chemical while residing at the facility and staff to report any use of alcohol or chemical by the resident to the nurse promptly. R1's progress notes dated April 2, 2022, indicated	01040		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	37666	A. BUILDING: _____ B. WING _____	C 08/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTCARE SERVICES INC	8504 PARK 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
01040	Continued From page 3 R1 was sent to the hospital because he was throwing up too much. R1's record did not include a termination notice to the Office of Ombudsman for Long Term Care. Email from licensed assisted living director (LALD)-A to county case manager (CM)-C on March 10, and March 15, 2022, indicated concerns regarding R1's oxycodone (pain medication) overuse. On March 28, 2022, LALD-A emailed CM-C with concerns R1 was drinking again and requesting pain medications more often than ordered. On April 4, 2022, LALD-A sent another email to CM-C which indicated R1 was hospitalized on April 2, 2022, for vomiting and stomach pain, which the licensee suspected was from excessive drinking. LALD-A indicated the team determined the licensee could no longer provide services to R1 to ensure R1's safety since R1 was combing alcohol and pain medications. LALD-A directed CM-C to find another facility. CM-C replied to LALD-A requesting a pre-termination meeting. On April 5, 2022, CM-C emailed LALD-A which indicated CM-C was working on placement, but in the meantime R1 would have to return to the facility until the pre-termination meeting. LALD-A responded and indicated the licensee could not ensure R1's safety and requested R1 stay where he is safe in the hospital where he was not a danger to himself. LALD-A indicated R1 could not return to the facility. R1's discharge-transfer summary dated April 21, 2022, indicated R1 was discharged to the hospital for safety. The resident was combing prescribed pain medications with alcohol. The licensee sent all medications and belongings with him.	01040		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	37666	A. BUILDING: _____ B. WING _____	C 08/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTCARE SERVICES INC	8504 PARK 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
01040	Continued From page 4 On August 9, 2022, at 10:08 a.m., LALD-A and registered nurse (RN)-B indicated R1 was discharged to the hospital. LALD-A stated the licensee was not informed of R1's opiate addiction and R1 would attempt to get staff to give pain medications early. LALD-A stated R1 was sent to the emergency room because the licensee could not ensure his safety. The licensee's Discharge and Transfer of Residents policy dated August 1, 2021, indicated a written notice of an expedited contract termination will be issued to the resident, the resident's legal representative and the resident's designated representative at least 15 days before the effective date or termination. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01040		
01060 SS=D	144G.52 Subd. 9 Emergency relocation (a) A facility may remove a resident from the facility in an emergency if necessary due to a resident's urgent medical needs or an imminent risk the resident poses to the health or safety of another facility resident or facility staff member. An emergency relocation is not a termination. (b) In the event of an emergency relocation, the facility must provide a written notice that contains, at a minimum: (1) the reason for the relocation; (2) the name and contact information for the location to which the resident has been relocated and any new service provider; (3) contact information for the Office of Ombudsman for Long-Term Care; (4) if known and applicable, the approximate date	01060		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	37666	A. BUILDING: _____ B. WING _____	C 08/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTCARE SERVICES INC	8504 PARK 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
01060	Continued From page 5 or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and (5) a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal. (c) The notice required under paragraph (b) must be delivered as soon as practicable to: (1) the resident, legal representative, and designated representative; (2) for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the resident's case manager; and (3) the Office of Ombudsman for Long-Term Care if the resident has been relocated and has not returned to the facility within four days. (d) Following an emergency relocation, a facility's refusal to provide housing or services constitutes a termination and triggers the termination process in this section. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, licensee failed to provide documentation of a written notice which contained the required content for an emergency relocation for one of one former resident (R1) with 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 isolated scope (when one or a limited number of residents are affected or one or	01060		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	37666	A. BUILDING: _____ B. WING _____	C 08/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTCARE SERVICES INC	8504 PARK 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
01060	Continued From page 6 a limited number of staff are involved or the situation has occurred only occasionally). The findings include: R1 was admitted to the licensee on March 9, 2022 with diagnoses that included depression, hepatitis, alcoholism and cancer. R1's service plan dated March 9, 2022, indicated R1 received services for medication management, meal, laundry, housekeeping, and supervision for grooming and dressing. The service plan also indicated the staff would manage anxiety, repetitive behaviors, self injurious behaviors and depression, however, there were no interventions listed. R1's individual abuse prevention plan (IAPP) dated March 9, 2022, indicated R1 was at risk for combining alcohol and pain medications. Interventions included R1 may not use alcohol/chemical while residing at the facility and staff to report any use of alcohol or chemical by the resident to the nurse promptly. R1's progress notes dated April 2, 2022, indicated R1 was sent to the hospital because he was throwing up too much. Email from licensed assisted living director (LALD)-A to county case manager (CM)-C on March 10, and March 15, 2022, indicated concerns regarding R1's oxycodone overuse. On March 28, 2022, LALD-A emailed CM-C with concerns R1 was drinking again and requesting pain medications more often than ordered. On April 4, 2022, LALD-A sent another email to CM-C which indicated R1 was hospitalized on April 2, 2022 for vomiting and stomach pain, which the licensee suspected was from excessive	01060		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	37666	A. BUILDING: _____ B. WING _____	C 08/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTCARE SERVICES INC	8504 PARK 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
01060	Continued From page 7 drinking. LALD-A indicated the team determined the licensee could no longer provide services to R1 to ensure R1's safety since R1 was combing alcohol and pain medications. LALD-A directed CM-C to find another facility. CM-C replied to LALD-A requesting a pre-termination meeting. On April 5, 2022, CM-C emailed LALD-A which indicated CM-C was working on placement, but in the meantime R1 would have to return to the facility until the pre-termination meeting. LALD-A responded and indicated the licensee can not ensure his safety and requested R1 stay where he is safe in the hospital where he is not a danger to himself. LALD-A indicated R1 cannot return to our facility. R1's discharge- transfer summary dated April 21,2022, indicated R1 was discharged to the hospital for safety. The resident was combining prescribed pain medications with alcohol. On August 9, 2022, at 10:08 a.m., LALD-A and registered nurse (RN)-B indicated R1 was discharged to the hospital. LALD-A stated the licensee was not informed of R1's opiate addiction and R1 would attempt to get staff to give pain medications early. LALD-A stated R1 was sent to the emergency room because the licensee could not ensure his safety. The licensee lacked documentation providing a reason for the relocation, and a written notice providing the required minimums: -reason for relocation; -name and contact information for the location to which the resident has been relocated and any new service provider; -contact information for the Office of Ombudsman for Long-Term Care;	01060		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	37666	A. BUILDING: _____ B. WING _____	C 08/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTCARE SERVICES INC	8504 PARK 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
01060	Continued From page 8 -if known and applicable the approximate date or range or dates within which the resident is expected to return or a statement the return date is unknown; -a statement if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144.54. The facility must provide contact information for the agency to which the resident may submit an appeal; -the notice) must be delivered as soon as practicable to: -the resident, legal representative, and designated representative; -for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the resident's case manager; -the Office of Ombudsman for Long-Term Care if the resident has been relocated. On August 9, 2022, at 10:08 a.m., licensed assisted living director (LALD)-A stated R1 was discharged for his safety due to his use of pain medications and alcohol use and was not allowed to return to the licensee for R1's safety. The licensee's Discharge and Transfer of Residents policy dated August 1, 2021, indicated the licensee may remove a resident in an emergency if necessary due to a resident's urgent medical needs or an imminent risk the resident poses to the health or safety of another resident or staff member. The policy also indicated an emergency relocation is not a termination and if there is an emergency relocation and the licensee will issue a notice of termination following the relocation and determination meeting would be conducted. The same document indicated following an emergency relocation the licensee's	01060		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	37666	A. BUILDING: _____ B. WING _____	C 08/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTCARE SERVICES INC	8504 PARK 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
01060	Continued From page 9 refusal to provide housing or services constitutes a termination and triggers the termination process. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01060		
01070 SS=D	144G.52 Subd. 10 Right to return If a resident is absent from a facility for any reason, including an emergency relocation, the facility shall not refuse to allow a resident to return if a termination of housing has not been effectuated. This MN Requirement is not met as evidenced by: Based on interview and document review, the licensee infringed upon a resident's right to return to the facility following an emergency relocation without providing a written notice of termination for one of one (R1) residents 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: R1 was admitted to the licensee on March 9, 2022 with diagnoses that included depression, hepatitis, alcoholism and cancer. R1's service plan dated March 9. 2022, indicated R1 received	01070		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	37666	A. BUILDING: _____ B. WING _____	C 08/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTCARE SERVICES INC	8504 PARK 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
01070	Continued From page 10 services for medication management, meal, laundry, housekeeping, and supervision for grooming and dressing. The service plan also indicated the staff would manage anxiety, repetitive behaviors, self injurious behaviors and depression, however, there were no interventions listed. R1's individual abuse prevention plan (IAPP) dated March 9, 2022, indicated R1 was at risk for combining alcohol and pain medications. Interventions included R1 may not use alcohol/chemical while residing at the facility and staff to report any use of alcohol or chemical by the resident to the nurse promptly. R1's progress notes dated April 2, 2022, indicated R1 was sent to the hospital because he was throwing up too much. Emails from licensed assisted living director (LALD)-A to county case manager (CM)-C on March 10, and March 15, 2022, indicated concerns regarding R1's oxycodone overuse. On March 28, 2022, LALD-A emailed CM-C with concerns R1 was drinking again and requesting pain medications more often than ordered. On April 4, 2022, LALD-A sent another email to CM-C which indicated R1 was hospitalized on April 2, 2022 for vomiting and stomach pain, which the licensee suspected was from excessive drinking. LALD-A indicated the team determined the licensee could no longer provide services to R1 to ensure R1's safety and behaviors since R1 was combing alcohol and opioids together. LALD-A directed CM-C to find a discharge facility. CM-C replied to LALD-A requesting a pre-termination meeting. On April 5, 2022, CM-C emailed LALD-A which indicated CM-C was working on placement, but in the meantime R1	01070		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	37666	A. BUILDING: _____ B. WING _____	C 08/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTCARE SERVICES INC	8504 PARK 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
01070	Continued From page 11 would have to return to the facility until the pre-termination meeting. LALD-A responded and indicated the licensee can not ensure his safety and requested R1 stay where he is safe in the hospital where he is not a danger to himself. LALD-A indicated R1 cannot return to our facility. R1's discharge- transfer summary dated April 21, 2022, indicated R1 was discharged to the hospital for safety. The resident was combing prescribed opioids with alcohol. On August 9, 2022, at 10:08 a.m., LALD-A and registered nurse (RN)-B indicated R1 was discharged to the hospital. LALD-A stated the licensee was not informed of R1's opiate addiction and R1 would attempt to get staff to give pain medications early. LALD-A stated R1 was sent to the emergency room because the licensee could not ensure his safety. On August 16, 2022, at 12:30 p.m., case manager (CM)-C stated R1 resided in a motel from the date of hospital discharge (April 9, 2022) until April 20, 2022 before placement was found at a different facility. The licensee policy titled, Discharge and Transfer or Residents, dated August 1, 2021, indicated if a resident is absent from the facility for any reason, the licensee shall not refuse to allow the resident to return if a termination of housing has not been implemented. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01070		
01130 SS=G	144G.55 Subd. 2 Safe location	01130		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	37666	A. BUILDING: _____ B. WING _____	C 08/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTCARE SERVICES INC	8504 PARK 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
01130	Continued From page 12 A safe location is not a private home where the occupant is unwilling or unable to care for the resident, a homeless shelter, a hotel, or a motel. A facility may not terminate a resident's housing or services if the resident will, as the result of the termination, become homeless, as that term is defined in section 116L.361, subdivision 5, or if an adequate and safe discharge location or adequate and needed service provider has not been identified. This subdivision does not preclude a resident from declining to move to the location the facility identifies. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a safe discharge location or to an adequate and needed service provider for one of one former resident (R1) with records reviewed. The licensee refused to allow R1 to return to the facility and was discharge from the hospital to a motel. 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 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: Minnesota (MN) Statute 144G.55, Subd. 2, Safe Location. A safe location is not a private home where the occupant is unwilling or unable to care for the resident, a homeless shelter, a hotel, or a motel. A facility may not terminate a resident's	01130		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	37666	A. BUILDING: _____ B. WING _____	C 08/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTCARE SERVICES INC	8504 PARK 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
01130	Continued From page 13 housing or services if the resident will, as a result of the termination, become homeless, as that term is defined in section 116L.361, Subd. 5, or if an adequate and unsafe discharge location or adequate and needed service provider has not been identified. A report to the Minnesota Adult Abuse Reporting Center dated April 19, 2022, indicated R1 was admitted to the hospital on April 2, 2022, due to stomach pains and vomiting thought to be a result of excessive drinking. The licensee informed R1 he would not be able to return to the facility following hospital discharge. The licensee did not provide a formal notice of service termination or notice of pre-termination meeting. R1 was discharged from the hospital on April 9, 2022, to a motel and at the the time of the report remained in the motel. R1 was admitted to the licensee on March 9, 2022 with diagnoses that included depression, hepatitis, alcoholism and cancer. R1's service plan dated March 9, 2022, indicated R1 received services for medication management, meals, laundry, housekeeping, and supervision for grooming and dressing. The service plan also indicated the staff would manage anxiety, repetitive behaviors, self injurious behaviors and depression, however, there were no interventions listed. R1's individual abuse prevention plan (IAPP) dated March 9, 2022, indicated R1 was at risk for combining alcohol and pain medications. Interventions included R1 may not use alcohol/chemical while residing at the facility and staff to report any use of alcohol or chemical by the resident to the nurse promptly.	01130		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	37666	A. BUILDING: _____ B. WING _____	C 08/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTCARE SERVICES INC	8504 PARK 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
01130	Continued From page 14 R1's progress notes dated April 2, 2022, at 5:00 a.m., indicated R1 went to the hospital because he was throwing up too much. Emails from licensed assisted living director (LALD)-A to county case manager (CM)-C on March 10, and March 15, 2022, indicated concerns regarding R1's oxycodone overuse. On March 28, 2022, LALD-A emailed CM-C with concerns R1 was drinking again and requesting pain medications more often than ordered and indicated R1 had a active wound but the licensee was unable to determine actual pain levels. LALD-A wrote the behavior and patterns align more with an addiction. R1's discharge- transfer summary dated April 21, 2022, indicated R1 was discharged to the hospital for safety. The resident was combing prescribed opioid's with alcohol. The summary also indicated the licensee sent all medications with R1 at the time of discharge. It is unknown if the resident had his medications or not if staying while staying in the motel. A medication reconciliation was requested but not provided. On April 4, 2022, LALD-A sent another email to CM-C which indicated R1 was hospitalized on April 2, 2022, for vomiting and stomach pain, which the licensee suspected was from excessive drinking. LALD-A indicated the team determined the licensee could no longer provide the care R1 needed to ensure R1's safety since R1 was combining alcohol and opioids together and each dose of medication we administer could be a fatal one for R1. LALD-A directed CM-C to find a discharge facility and recommended a treatment center. CM-C replied to LALD-A requesting a	01130		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	37666	A. BUILDING: _____ B. WING _____	C 08/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTCARE SERVICES INC	8504 PARK 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
01130	Continued From page 15 pre-termination meeting. On April 5, 2022, CM-C emailed LALD-A which indicated CM-C was working on placement, but in the meantime R1 would have to return to the facility until the pre-termination meeting. LALD-A responded and indicated under the assisted living licensee if a provider can not assure resident safety, we can request the client to stay where is is safe hence his at a hospital where he is not a danger to himself. LALD-A indicated R1 could not return to our facility and under normal circumstances the licensee would follow their discharge policy. On August 9, 2022, at 10:08 a.m., LALD-A and registered nurse (RN)-B indicated R1 was discharged to the hospital. LALD-A stated the licensee was not informed of R1's opiate addiction and R1 would attempt to get staff to give pain medications early. LALD-A stated the licensee had to administer ordered medications and any dose the licensee administered could have been a lethal dose due to the resident's alcohol use. LALD-A stated R1 was sent to the emergency room because the licensee could not ensure his safety and R1 was a risk for cardiac arrest and the hospital was the safest place R1 could be discharged to. LALD-A also confirmed R1's medications were given to him upon discharge. On August 16, 2022, at 12:30 p.m., case manager (CM)-C stated R1 resided in a motel from the date of hospital discharge April 9, 2022 until April 20, 2022 before placement was found at a different facility. The licensee policy titled, Discharge and Transfer or Residents, dated August 1, 2021, indicated if a	01130		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	37666	A. BUILDING: _____ B. WING _____	C 08/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTCARE SERVICES INC	8504 PARK 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
01130	Continued From page 16 resident is absent from the facility for any reason, the licensee shall not refuse to allow the resident to return if a termination of housing has not been implemented. TIME PERIOD TO CORRECT: Seven (7) days.	01130		