STATE LICENSING COMPLIANCE REPORT

Report #: HL37996002C

Date Concluded: November 12, 2021

Name, Address, and County of Facility Investigated:
1-Belevo Health Care Services
1064 Dale St. N.
Saint Paul, MN 55117

Facility Type: Assisted Living Facility (ALF)

Evaluator's Name: Yolanda Dawson, MSN, 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
	37996	A. BUILDING: _____ B. WING _____	C 11/05/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
1-BELEVO HEALTH SERVICES LLC	1064 DALE STREET NORTH SAINT PAUL, MN 55117

(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., the Minnesota Department of Health issued a correction order pursuant to a survey. 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: On November 5, 2021, the Minnesota Department of Health initiated an investigation of complaint #HL37996002C/HL99997012C. At the time of the survey, there were six residents under the assisted living license. The following immediate correction order is issued. Correction orders with a period to correct that are not immediate may be issued at a later date during the investigation. The following immediate correction order is issued for #HL37996002C, tag identification 0510.	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.	
0 510 SS=F	144G.41 Subd. 3 Infection control program	0 510		

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0 510	Continued From page 1 (a) All assisted living facilities must establish and maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control. (b)The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities. (c) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the facility failed to establish and maintain an effective infection control program that complies with accepted health care standards for infection control related to COVID-19. The facility failed to ensure visitors entering the building were screened for COVID-19 with documented temperatures and symptom screening questions. In addition, the facility failed to promote social distancing and wearing of facemasks for residents. This had the potential to affect all 6 residents, staff, and visitors at the facility. 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). Findings include:	0 510		

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0 510	Continued From page 2 MDH guidance, updated May 20, 2021, indicated facilities should screen all who enter for signs and symptoms of COVID-19; and deny entry to those with signs or symptoms, or who have had close contact with a COVID-19 infected person in the past 14 days, regardless of the person's vaccination status. The Center for Disease Control (CDC) Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes & Long-Term Care Facilities, updated September 10, 2021, indicated facilities should post signs at entrances to remind visitors of recommendations for source control and physical distancing. During observation on November 5, 2021, at 10:20 a.m., MDH Evaluator entered the facility. There were no COVID-19 screening signs at the facility's main entrance and the evaluator was not screened by facility staff. During interview on November 5, 2021, at 10:45 a.m., the unlicensed personnel (ULP) stated she understood everyone should be screened for COVID but did not screen the evaluator because she forgot. The ULP stated the building has residents that are not receiving services and staff did not have control of them or their visitors, therefore they do not screen everyone that comes into the building. During an interview on November 5, 2021, at 1:03 p.m., the Executive Director (ED) stated that at one time there were signs in the common areas, but residents tore them down. Evaluator observed new signs sitting on office desk. The ED stated the building has two residents receiving services and four residents that are tenants only and they are unable to enforce infection control guidelines	0 510		

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0 510	Continued From page 3 with them. Licensee's COVID-19 procedure dated November 1, 2021, indicated social distancing of 6 feet is practiced with all residents (when possible) and staff. Signage is posted on entry doors limiting visitors. The policy indicated visitors will be screened upon entry to facility, be given a mask and be asked to perform hand hygiene. Time Period to Correct: Immediately	0 510		