

Protecting, Maintaining and Improving the Health of All Minnesotans

State Rapid Response Investigative Public Report

Office of Health Facility Complaints

Maltreatment Report #: HL38580001M Date Concluded: March 2, 2022

Compliance #: HL38580002C

Name, Address, and County of Licensee

Investigated:

Valley View Estates of Long Prairie 1104 4th Avenue Northeast Long Prairie, MN 56347 Todd County

Facility Type: Unlicensed Facility Evaluator's Name: Michele R. Larson

Special Investigator

Finding: Substantiated, facility responsibility

Nature of Visit:

The Minnesota Department of Health investigated an allegation of maltreatment, in accordance with the Minnesota Reporting of Maltreatment of Vulnerable Adults Act, Minn. Stat. 626.557, and to evaluate compliance with applicable licensing standards for the provider type.

Allegation(s):

It is alleged: The facility neglected the resident after the resident experienced facial bruises and two broken teeth of an unknown origin.

Investigative Findings and Conclusion:

Neglect was substantiated. The facility was responsible for the maltreatment. There were conflicting reports of how and when the resident sustained his injuries. Staff were unaware of how the injury occurred, even though the resident received hourly safety checks. Nursing staff failed to reassess the resident after he sustained his injuries. Employee training records lacked evidence staff demonstrated competencies before providing cares for the resident. Staff were not retrained after the incident. The facility did not conduct an internal investigation.

The investigation included interviews with facility staff members, including administrative staff, nursing staff, and unlicensed staff. The investigator interviewed the resident's family members. The investigation included review of entire resident's medical record, incident reports,

employee training records, and policies and procedures. In addition, the investigator reviewed the resident's hospital record, and police report. The investigator observed staff assisting with resident cares, including walking, transfers, and meals.

The resident lived in the facility's memory care unit. The resident's diagnoses included Down Syndrome, sub-dural hematoma, craniotomies, and moderate malnutrition. The resident was wheelchair bound and required assistance with all personal cares; including two-person transfers using a mechanical lift device, toileting, catheter cares, feeding, and repositioning. In addition, the resident received physical therapy and catheter changes from a local home health agency. The resident was mostly non-verbal and communicated with some sign language and gestures.

Late one morning, family member #1 (FM #1), received a phone call from the facility registered nurse (RN). The RN told FM #1 staff found a "light shadow bruise" and "red dots" by the resident's left eyebrow and outer eye area. The RN told FM #1, the resident's eye did not appear to be injured. The RN told FM #1, staff did not know how the resident sustained the injuries. When FM #2 arrived at the facility, she noticed the bruise was yellow in color, appearing to be an older bruise, and not what was described to her by the RN. FM #2 also observed the red dots and swelling on the resident's eye lid and outer eye area. FM #2 noticed the resident had two upper broken teeth that were previously intact during her visit the week before. FM #1 and FM #2 transported the resident to the local emergency department to be evaluated.

Hospital records indicated the resident experienced bruising to his upper left eyebrow, descending to his eye lid. The hospital record indicated the resident grimaced when his left upper arm was touched. After a few hours at the hospital, the resident was discharged back to the facility.

The resident's incident report indicated the RN noticed petechiae (small red, purple dots) and bruising around the resident's left eyebrow and eye. The incident report indicated the RN wrote the resident wore glasses. The incident report indicated family was notified but 911 was not called. The incident report indicated the RN and administrator interviewed staff to find out what happened.

The resident's medical record lacked evidence an internal investigation was conducted.

The resident's medical record indicated the RN failed to perform a reassessment on the resident after his discharge from the hospital or implement interventions to prevent future incidents from occurring again. The resident's individual abuse prevention plan was not updated after the resident's discharge from the hospital. No documentation was provided indicating staff were reeducated after the incident.

The resident's safety checklist indicated an unlicensed personnel (ULP)-B falsely documented she performed checks on the resident during the time the resident was at the hospital.

The facility's personnel training records indicated the RN failed to ensure ULP were properly trained and demonstrated competency in a practical skills test using the mechanical lift device and transferring the resident.

During an interview, the physical therapist (PT), stated they were not immediately notified by the facility regarding the resident's injuries. The PT stated the family notified them two weeks after the incident. The PT stated she did not think the resident received the cares he needed due to the facility being short staffed. The PT stated she was concerned when the facility told the resident's family his injuries occurred during repositioning in bed. PT stated this story, "didn't add up," stating it was unusual for someone to receive that type of injury while being repositioned. PT stated she thought his injury may have occurred during the incorrect use of the mechanical lift device, stating if the straps are not adjusted correctly the resident could easily slide out of the device. The PT stated, there had been ongoing concerns about staff using the mechanical lift correctly.

A provided text message between FM #2 and ULP-E, indicated ULP-E saw the resident's facial bruises four days before the injury was reported to FM #1 and FM #2.

During an interview, FM #1 stated ULP-E stated the resident looked like a "mess." FM #1 stated ULP-E told him the administrator put out a work text message to staff, asking them if the resident was dropped. FM #1 stated he and FM #2 reached out to the administrator several times but never received a reply, stating it was not uncommon for the administrator to not respond to their phone calls or messages. FM #1 stated they had concerns about the resident's cares prior to this incident. FM #1 stated there were no staff interactions with the resident when he and FM #2 visited. FM #1 stated sometimes they would find the resident sitting in the communal area, unkept, with food all over his face. FM #1 stated he and FM #2 had a care conference with the administrator and RN regarding the resident's cares. A care plan was implemented to ensure the resident' cares were performed on a regular basis. FM #1 stated the administrator would tell him he "forgot" to put a service on the resident's schedule, or staff would tell them the resident had a bath when it was clear the resident did not receive one. FM #1 stated, "they [facility management] would recognize the mistake" but did not put interventions in place.

During an interview, FM #2 stated staff's stories kept changing. FM #2 stated ULP-F suggested the resident "scratched" his left eye. FM #2 stated the administrator told her, "we're thinking it happened when he rolled over in bed," telling FM #2 the resident "might have" been wearing his eyeglasses during repositioning and cares, but was unsure. FM #2 stated she could tell the resident's facial injuries did not happen the day before. FM #2 stated there were many visits where she performed the cares for the resident, stating staff ignored him when she was there.

During an interview, ULP-E stated he immediately noticed the resident's facial injuries during the resident's morning cares days before the resident's injuries were reported to his family. ULP-E stated when he saw the resident he asked, "what the heck happened?" ULP-E stated the resident previously slept with his eyeglasses on and stated the resident never was bruised after wearing his eyeglasses in bed. ULP-E stated he immediately reported the resident's injuries to the administrator and RN. ULP-E stated he witnessed ULP-B documenting cares were provided when they were never completed. ULP-E stated he talked to the administrator and RN about the safety and well-being of the residents whenever ULP-B worked, telling them something needed to be done.

During an interview, ULP-F stated she saw ULP-B and another ULP attempting to pick the resident up underneath his arms during a transfer from his wheelchair to his bed. ULP-F stated she told ULP-B and the other ULP to use the mechanical lift device. ULP-F stated she had minimal training when she was hired. ULP-F stated her floor training lasted two days. ULP-F stated the first day she observed resident cares, and the second day she performed resident cares on her own.

During an interview, the administrator stated he needed to get information from staff and nurses when he first saw the resident's facial bruises. The administrator stated the resident's bruises were a "different" color than what was expected for a new bruise, stating the bruised looked faded. The administrator stated he was troubled when he did not find an incident report. The administrator stated he and the RN decided the resident's injuries were caused from staff rolling him during cares, stating, "it was our best educated guess." The administrator stated he and the RN verbally talked to staff to always use the mechanical lift device using two staff members. The administrator stated he recalled when a ULP told him that resident cares and cleaning were not being done in the memory care unit. The administrator stated he and the RN talked to ULP-B after ULP-E came to them with concerns that ULP-B was not providing resident cares and they talked to ULP-B.

During an interview, the RN stated staff told her about the resident's eye injury the morning his family took him to the hospital to be evaluated. The RN stated staff were not aware of any injury that occurred. The RN stated it appeared to her the resident's injuries were caused by staff rolling the resident on his side during repositioning. The RN stated the resident's left eye appeared to be "without injury." The RN stated she talked to staff to see if they had his eyeglasses on and rolled him in his bed during cares, stating his eyeglasses may have pushed into his face when they rolled him over. The RN stated she verbally retrained staff on repositioning after the incident. The RN stated she and the administrator talked to ULP-B previous times regarding resident cares after staff complained to them about her.

During an interview, ULP-F stated she saw ULP-B and another ULP attempting to pick the resident up underneath his arms during a transfer from his wheelchair to his bed. ULP-F stated she told ULP-B and the other ULP to use the mechanical lift device. ULP-F stated one time she

found the resident almost falling out of his chair, stating ULP-B had her back to the resident, sitting and talking on her phone at the nurse's desk. ULP-F stated she had minimal training when she was hired. ULP-F stated her floor training lasted two days. ULP-F stated the first day she observed resident cares, and the second day she performed resident cares on her own.

In conclusion, neglect was substantiated.

Substantiated: Minnesota Statutes, section 626.5572, Subdivision 19.

"Substantiated" means a preponderance of evidence shows that an act that meets the definition of maltreatment occurred.

Neglect: Minnesota Statutes, section 626.5572, subdivision 17

"Neglect" means:

- (a) The failure or omission by a caregiver to supply a vulnerable adult with care or services, including but not limited to, food, clothing, shelter, health care, or supervision which is:
- (1) reasonable and necessary to obtain or maintain the vulnerable adult's physical or mental health or safety, considering the physical and mental capacity or dysfunction of the vulnerable adult; and
- (2) which is not the result of an accident or therapeutic conduct.
- (b) The absence or likelihood of absence of care or services, including but not limited to, food, clothing, shelter, health care, or supervision necessary to maintain the physical and mental health of the vulnerable adult which a reasonable person would deem essential to obtain or maintain the vulnerable adult's health, safety, or comfort considering the physical or mental capacity or dysfunction of the vulnerable adult.

Vulnerable Adult interviewed: No, unable to interview due to cognitive status. **Family/Responsible Party interviewed**: Yes. Two family members were interviewed. **Alleged Perpetrator interviewed**: Not applicable.

Action taken by facility:

No action taken.

Action taken by the Minnesota Department of Health:

The facility was found to be in noncompliance. To view a copy of the Statement of Deficiencies and/or correction orders, please visit:

https://www.health.state.mn.us/facilities/regulation/directory/provcompselect.html, or call 651-201-4890 to be provided a copy via mail or email. If you are viewing this report on the MDH website, please see the attached Statement of Deficiencies.

cc:

The Office of Ombudsman for Long Term Care
The Office of Ombudsman for Mental Health and Developmental Disabilities

Todd County Attorney
Long Prairie City Attorney
Long Prairie Police Department
Minnesota Board of Nursing
Minnesota Board of Examiners for Nursing Home Administrators

Minnesota Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
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	Initial comments ******ATTENTION** ASSISTED LIVING CORRECTION ORI In accordance with 144G.08 to 144G.99 issued pursuant to a Determination of wh requires compliance provided at the state When a Minnesota items, failure to combe considered lack INITIAL COMMENT On January 13, 202 Minnesota Departm investigation of com HL38580002C/#HL3 HL38580004C. At the there were 25 reside the provisional assis The following correct #HL38580002C/#HI identification 510, 63 The following correct #HL38580004C, tag 1720, 1760, 1940, 33 The following correct	PROVIDER LICENSING DER Minnesota Statutes, section 5, these correction orders are a complaint investigation. Mether a violation is corrected with all requirements ute number indicated below. Statute contains several apply with any of the items will of compliance. TS: 12, and February 9, 2022, the ment of Health initiated an applaint 38580001M and the time of the evaluation, tents receiving services under sted living license. 15 ction orders are issued for L38580001M, tag 30, 1640, 2350 and 2360. 16 ction orders are issued for gidentification 620, 1710, 8000. 16 ction orders are issued for condition orders are issued for gidentification 620, 1710, 8000.	0 000	Assisted Living Provider 144G. Minnesota Department of Health is documenting the State Licensing Correction Orders using federal so Tag numbers have been assigned Minnesota State Statutes for Assis Living Facilities. The assigned tag number appears in the far left coluentitled "ID Prefix Tag." The state shumber and the corresponding tex state Statute out of compliance is the "Summary Statement of Deficicolumn. This column also includes findings which are in violation of the requirement after the statement, "Minnesota requirement is not met evidenced by." Following the evaluation findings is the Time Period for Corputable Disregard The Fourth Column Which States, "Provider's Plan of Correction." This applies to Federal Deficiencies only. Will appear on Each Page. There is no requirement to the statement of Deficical Column will apply to the statement of Deficical Column and the statement of De	oftware. to sted I mn Statute st of the listed in encies" s the e state This as lators' rection. ON FOR THIS ON FOR TATE JMN IS ES AND VEL	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Minnesota Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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	provider license exp 2019. Assisted Living regulation went into requiring any licens with service location residents to apply of facility with demention The licensee failed assisted living facility by August 1, 2021 and	prehensive home care bired validation on July 31, ng Licensure laws and affect on August 1, 2021, ee with a previous housing n which serve dementia care or convert to an assisted living				

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		survey visits, eight level 3 tags to either R1 and/or R3.				
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE VALLEY VIEW OF LONG PRAIRIE IN 1104 4TH AVENUE NORTHEAST LONG PRAIRIE, MN 56347 [EACH DEFICIENCY MUST BE PRECEDED BY FULL TAGE TAGE O 510 Continued From page 4 Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in long-term care 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 complied with accepted health care, medical, and nursing standards for infection control related to	AND PLAN OF CORRECTION INTERPRETATION NUMBER:		1 ` ′	MULTIPLE CONSTRUCTION JILDING:		X3) DATE SURVEY COMPLETED	
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COVID-19. This had the potential to affect all 25 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 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: EYE PROTECTION The facility failed to ensure staff wore the required personal protective equipment (PPE) while in resident care areas or when performing direct resident cares. The Minnesota Department of Health (MDH) guidance titled, COVID-19 PPE and Source Control Grids, dated December 7, 2021, indicated health care workers working with residents without suspected or confirmed SARS-CoV-2 ware eye protection and facemasks in	Prevention (CDC) for control in long-term of applicable, for infection assisted living facilities (c) The facility must in compliance with this sometime to the compliance with the compliance with acceptance of the covidation of the covidation that did not hear the compliance with a safety but had the position of the compliance of the residents. This practice resulted violation that did not hear the compliance of the compliance of the complex of the complex of the complex of the complex of the residents. Findings Include: EYE PROTECTION The facility failed to ending the complex of the comple	rinfection prevention and care facilities and, as on prevention and control in es. maintain written evidence of subdivision. It is not met as evidenced in, interview, and record led to establish and maintain control program that ed health care, medical, and rinfection control related to the potential to affect all 25 in a level two violation (a harm a resident's health or tential to have harmed a afety) and was issued at a when problems are pervasive incifailure that has affected or affect a large portion or all ensure staff wore the petential to have harmed a affect a large portion or all ensure staff wore the petential to have harmed a affect a large portion or all ensure staff wore the petential to have harmed a affect a large portion or all ensure staff wore the petential to have harmed a affect a large portion or all ensure staff wore the petential to have harmed a affect a large portion or all ensure staff wore the petential to have harmed a affect a large portion or all ensure staff wore the petential to have harmed a large portion or all ensure staff wore the petential to have harmed a large portion or all ensure staff wore the petential to have harmed a large portion or all ensure staff wore the petential to have harmed a large portion or all ensure staff wore the petential to have harmed a large portion or all ensure staff wore the petential to have harmed a large portion or all ensure staff wore the petential to have harmed a large portion or all ensure factors.					

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0 510	The Centers for Dis (CDC) guidance title the Supply of Eye P 13, 2021, indicated working in areas of should use eye professor encounters. On January 13, 202 surveyor entered the On January 13, 202 personnel (ULP)-E facemask or protective eyewear as she was On January 13, 202 observed not wearing eyewear as she was On January 13, 202 director (HD)-L was protective eyewear desk located in a refacility. On January 13, 202 stated, they used to until two weeks ago know where protective to the licensee's unday Action Plan, indicated.	roderate and high community rease Control and Prevention ed, Strategies for Optimizing Protection, updated September healthcare personnel (HCP) high substantial transmission fection during all resident rection during all resident rective eyewear while assisting a mon area of the facility. 22, at 10:20 a.m., ULP-F was a facemask or protective liked down the resident hall. 23. at 10:25 a.m., housing residential common area of the reception residential common area of the rective eyewear up of the rective eyewear up of the rective eyewear was located. 24. at 10:50 a.m., ULP-F residential common area of the reception residential common area of the rective eyewear up of the rective eyewear up of the rective eyewear was located.	0 510			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: (X3) DATE COMF		SURVEY PLETED	
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0 510	and pulse oximeter after each use. MDH guidance titled Congregate Care S 21, 2021, indicated cleaned and disinfer Disinfectant productif possible. On January 13, 202 surveyor entered the surveyor observed indicated staff and complete the COVI checklist included a check-off symptom blood oxygen level state surveyor observable and hand san temperatures and but The table lacked a visitors to properly opulse oximeter after a visitors to properly opulse oximeter after use. The licensee policy Equipment and Englandary 2014, indicenvironmental surfadisinfected after use.	to ensure the thermometer were properly disinfected d, COVID-19 Action Plan for rettings, updated December shared equipment should be exted after each use. Its should be easily accessible, the facility. Upon entering, the a rectangular table with a significant visitors were required to D-19 symptom checklist. The a place for staff and visitors to s, log their temperatures, and using a pulse oximeter. The erved only one pen on the itizer to use after taking blood oxygen levels. disinfectant for staff and disinfect the thermometer and r being used. on January 22, 2022, at 11:10 ator (AD)-H, stated he was uipment needed to be cleaned titled, Disinfecting Reusable vironmental surfaces, dated eated reusable equipment and aces would be properly				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		l ` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
					C	
		38580	B. WING		02/0	9/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
VALLEY	VIEW OF LONG PRAI	RIE IN	AVENUE NO AIRIE, MN 5			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
0 510	Continued From pa	ge 7	0 510			
	The licensee failed to ensure residents wore facemasks in common areas.					
	Source Control Grid indicated residents community transmis	titled, COVID-19 PPE and ds, dated December 7, 2021, living in areas with high ssion levels wore faces, regardless of their				
	observed assisting walker. The resider any face covering of	22, at 10:40 a.m., ULP-E was a resident with using her it was observed not wearing or mask while ULP-E assisted hallway in the facility.				
	On January 13, 2022, at 11:30 a.m., residents were observed not wearing face coverings or masks while waiting for lunch. The residents were seated four to a table, siting less than six feet apart.					
	,	22, at 11:10 a.m., registered d all staff were trained on				
		titled, COVID-19 Action Plan, 2020, indicated the licensee guidelines.				
	TIME PERIOD TO	CORRECT: Two (2) days.				
0 620 SS=D		ompliance with requirements	0 620			
	for reporting maltrea	Compliance with requirements atment of vulnerable adults; lan. Ing facility must comply with				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		38580	B. WING		02/0) 9/2022
			I		1 0210	BIZUZZ
NAME OF I	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE		
VALLEY	VIEW OF LONG PRAI	RIE IN	AVENUE NO AIRIE, MN 5			
(V4) ID	SHMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTI	ON	(V5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	LD BE	(X5) COMPLETE DATE
0 620	Continued From pa	ge 8	0 620			
	the requirements for the reporting of maltreatment of vulnerable adults in section 626.557. The facility must establish and implement a written procedure to ensure that all cases of suspected maltreatment are reported.					
	by: Based on interview licensee failed to conform reporting maltrest one of seven residence failed to file Reporting Center (Note that the found unresponsive care unit. R3 was seven residence.)	and record review, the amply with the requirements atment of vulnerable adults for ents (R3) reviewed. The e a Minnesota Adult Abuse MAARC) report after R3 was in the licensee's memory ent to the hospital and erglycemia and severe				
	violation that did no safety but had the president's health or cause serious injury was issued at an ise limited number of real limited number of	ed in a level two violation (a t harm a resident's health or octential to have harmed a safety, but was not likely to y, impairment, or death), and clated scope (when one or a esidents are affected or one or staff are involved or the red only occasionally).				
	The findings include	ə :				
	the licensee on Aproprehensive hor receiving assisted license assisted license.	viewed. R3 was admitted to ril 22, 2019, under the ne care license, and began iving services on August 1, es included dementia, insuling, and diabetic retinopathy of				

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	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` '		(X3) DATE COMP	E SURVEY IPLETED	
		38580	B. WING		02/0) 9/2022	
	PROVIDER OR SUPPLIER VIEW OF LONG PRA	IRIE IN	DRESS, CITY, S AVENUE NO AIRIE, MN 5				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUT CROSS-REFERENCED TO THE APPRODEFICIENCY)	LD BE	(X5) COMPLETE DATE	
0 620	assistance with permanagement included transfers, hourly satisfied blood sugar checks walked using a four the use of a gait be person for all walking persons if R3 was was a R3's registered nursuly 30, 2021, indices glucose checks five primary care provided November 20, 2019 insulin administration administration administration administration administration administration before Specific instructions. Humalog (short act the RN when R3's below 70 mg/dL and required Humalog is Lantus (long acting bedtime. R3's blood monitored before expected Humalog is Lantus (long acting bedtime. R3's blood monitored before expected Humalog is Lantus (long acting bedtime. R3's blood monitored before expected Humalog is Lantus (long acting bedtime. R3's blood monitored before expected Humalog is Lantus (long acting bedtime. R3's blood monitored before expected Humalog is Lantus (long acting bedtime. R3's blood monitored before expected Humalog is Lantus (long acting bedtime. R3's blood monitored before expected Humalog is Lantus (long acting bedtime. R3's blood monitored before expected Humalog is Lantus (long acting bedtime. R3's blood monitored before expected Humalog is Lantus (long acting bedtime. R3's blood monitored before expected Humalog is Lantus (long acting bedtime. R3's blood monitored before expected Humalog is Lantus (long acting bedtime. R3's blood monitored before expected Humalog is Lantus (long acting bedtime. R3's blood monitored before expected Humalog is Lantus (long acting bedtime. R3's blood monitored before expected Humalog is Lantus (long acting bedtime. R3's blood monitored before expected Humalog is Lantus (long acting bedtime. R3's blood monitored before expected Humalog is Lantus (long acting bedtime. R3's blood monitored before expected Humalog is Lantus (long acting bedtime. R3's blood monitored before expected Humalog is Lantus (long acting bedtime. R3's blood monitored before expected Humalog is Lantus (long acting bedtime. R3's blood monitored before expected Humalog is Lantus (long acting bedtime	ce plan indicated R3 received sonal cares, medication ding insulin management, fety checks, repositioning, and a three times per day. R3 rewheeled walker and required and the assist of one staffing, and the assist of two staffings are divided at a received blood at times per day per R3's er's (PCP) orders dated as required assistance with an and occasionally resisted ons. Staff were to attempt at a tration three times before refusal and notifying the RN. The mpt to administer R3's disposing her medications. It is were given with R3's ing) insulin and when to notify blood glucose results were a dabove 300 mg/dL. R3 nsulin with each meal and all insulin in the morning and a sugars (glucose) were ach administration per R3's were to review R3's medication and (MAR) for specific orders as assessment indicated R3 osage changes or review of	0 620				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		38580	B. WING		02/0) 9/2022
	PROVIDER OR SUPPLIER VIEW OF LONG PRA	IRIE IN	DRESS, CITY, S AVENUE NO AIRIE, MN 5		•	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
0 620	whenever R3's block mg/dL, or above 30 R3's MAR dated Auprescribed the follow Lantus-administer 2 the morning (8:30 amg/dL; Humalog 10 Units was administed at e over 75% of her resident consumed breakfast; Humalog injected SQ after luglucose over 120 m SQ if resident consumed carbohydrates and was notified before staff R3's progress noted 1:05 p.m., indicated during an office visitor orders transcribed 10 Continue Lantus 20 (7:30 a.m.); changes SQ (8:45 a.m.); chang	ted the RN was notified of glucose was below 70 mg/dL glust 2021, indicated R3 was wing insulin: 20 Units subcutaneous (SQ) in a.m.) if blood glucose over 90 00 Units per 1 milliliter (mL); 14 ered after breakfast if resident r breakfast. RN contacted if less than 75% of her g, 100 Units per 1 mL. 12 Units nch (12:45 p.m.), if blood ng/dL, 12 Units administered umed over 75% of her lunch. ident consumed less than 0-7 Units SQ (6:30 p.m.) if 2/30 grams (gm) of ate 75% of her dinner. RN ent's blood glucose was under ident ate less than 75% of her dicated the on-call RN was administered R3's insulin. I R3's insulin was updated the with PCP-P. Updated verbal by RN-J included the following: 0 Units SQ in the morning emorning Humalog to 12 Units not not still the R3 consumed as withheld if R3 consumed as withheld if R3 consumed er meal.				
		sulin on the following dates: 3:02 a.m. R3 sleeping. Blood				

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STATEMENT OF DEFIC		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE	SURVEY
AND I LAN OF CORRE	OTION	IDENTIFICATION NOWIDER.	A. BUILDING:			
		38580	B. WING) 9/ 2022
NAME OF PROVIDER (OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
VALLEY VIEW OF	LONG PRA	IRIE IN	AVENUE NO AIRIE, MN 5			
PREFIX (EAC	H DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
*August did not e *August R3 eatir *August reason e *August reason e *August reason e *August R3 consum glucose *August R3 consum glucose *August reason e *Septen R3 consum glucose *Septen adminis mg/dL. *Septen adminis glucose *Septen R5 consum glucose R5 con	-129 mg/dL 7, 2021, and at. Blood g 8, 2021, and Blood g 12, 2021, documente 13, 2021, documente 16, 2021, ed only 250- 182 mg/dL 18, 2021, on docume 23, 2021, documente 124, 2021, documente 125, 20	at 7:54 a.m. Held per RN; R3 glucose-147 mg/dL. at 12:35 p.m. Not administered. at 4:49 p.m. R3 refused. No d. Blood glucose-136 mg/dL. at 11:06 a.m. Held per RN. No d. Blood glucose-249 mg/dL. at 7:36 a.m. Held. R3 % of her meal. Blood at 1:33 p.m. Not administered. at 4:51 p.m. Not administered. at 4:51 p.m. Not administered. 25% of her meal. Blood at 8:05 a.m. R3 refused. Blood at 11:58 a.m. Held per RN. No d. Blood glucose-243 mg/dL. 1, at 7:42 a.m. Held per RN. than 75% of meal. Blood 1, at 11:35 a.m. Not ating. Blood glucose-216 at 11:46 a.m. Not ating. Blood glucose-216 at 11:46 a.m. R3 refused. at 11:44 a.m. R3	0 620			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY	
		38580	B. WING		02/0) 9/2022
	PROVIDER OR SUPPLIER VIEW OF LONG PRA	IRIE IN	DRESS, CITY, S AVENUE NO AIRIE, MN 5			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
0 620	Staff performed safminutes. R3 unable The IAPP indicated immediately reported neglect. R3's blood glucose 2021, to September blood glucose level the following days: *August 30, 2021, at *September 3, 2022* *September 5, 2022* *September 7, 2022* *September 7, 2022* *September 8, 2022* *September 9, 2022* *September 10, 2022* *September 10, 2022* *September 10, 2022* *September 12, 2022* *September 13, 2022* *September 14, 2022* *September 15, 2022* *September 16, 2022* *September 17, 2022* *September 18, 2022* *September 19, 2022* *September 19, 2022* *September 10, 2022* *September 20, 2	ne emergency call system. Tety checks every 30 to 60 sto report abuse or neglect. Staff were required to ed any signs of abuse or checklist dated August 30, r 14, 2021, indicated R3's swere above 300 mg/dL on at 5:26 p.m.: 326 mg/dL 1, at 4:39 p.m.: 339 mg/dL 1, at 7:53 a.m.: 388 mg/dL 1, at 7:53 a.m.: 388 mg/dL 1, at 12:42 p.m.: 386 mg/dL 1, at 12:42 p.m.: 386 mg/dL 21, at 12:45 p.m.: 326 mg/dL 21, at 12:08 p.m.: 363 mg/dL 21, at (unknown time): 413 at 10:42 a.m.: 519 mg/dL 21, at 10:42 a.m.: 519 mg/dL				
	1	igned insulin orders for R3's				

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	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l `´	E CONSTRUCTION	COMP	SURVEY
					c	
		38580	B. WING		02/0	9/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
VALLEY	VIEW OF LONG PRAI	RIE IN	AVENUE NO AIRIE, MN 5			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
0 620	Continued From pa		0 620			
	updated insulin cha	nge, dated August 27, 2021.				
	PCP-P on R3's elev	evidence RN-J updated ated blood glucose levels 2021, and September 13,				
	9:53 a.m., written by glucose level was 4	dated September 13, 2021, at y RN-D, indicated R3's blood 68 mg/dL. Insulin was dered. Staff would continue to				
	11:06 a.m., written l glucose level was 5 given as ordered. R RN-D placed a tele	dated September 14, 2021, at by RN-D, indicated R3's blood 19 mg/dL. R3's insulin was 3's progress note indicated phone call to R3's primary P)-P regarding R3's blood				
	1:10 p.m., written by	dated September 14, 2021, at y RN-D, indicated a faxed sent to R3's PCP with ose levels.				
	12:41 a.m., written found R3 was not a reported R3 was drand was difficult to R3's blood glucose reported R3's blood hypotensive after it reported to RN-D, R3 was transported emergency medical					
		ated September 15, 2021, cement arrived at the facility at				

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STATEMENT OF AND PLAN OF C		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	1 ` ′	E SURVEY PLETED
		38580	B. WING			C 09/2022
	IDER OR SUPPLIER	IRIE IN	ADDRESS, CITY, S H AVENUE NO PRAIRIE, MN 5	RTHEAST		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC)	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
12: enf me bre oxymir appraint res R3 202: Se am on R3 mir Se adri coll rep R3 nor ware who 202 arri 1:1 R3 2:2	orcement found mory care unit. athing. Law enforcement found athing. Law enforcement (LPM). ULF beared, "not to be beared to be slight indicated the floor. Law enforcement of the floor. Law enforcement floor. Law enforcement of the floor. Law enf	lice report indicated law R3 laying on the floor in the R3 appeared not to be orcement administered R3 face mask at 10 liters per P-Q reported at 11:00 p.m., R3 be herself." ULP-Q reported R whilly better after staff range juice. R3's police reported 911 after R3 no longer	3			
		r street clothes sitting in the mon area of the memory care				

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AND PLAN OF (F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY
		38580	B. WING) 9/2022
NAME OF PRO	VIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
\/ALLEV\/ E	W OF LONG PRAI	1104 4TH	AVENUE NO			
VALLET VIE	W OF LONG PRAI	LONG PR	AIRIE, MN 5	6347		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
un toi UL rei dri dri dri dri dri dri dri dri dri dr	leted at 5:00 p.m. P-Q wrote R3 refuel P-Q indicated should be cliner but R3 did reght." R3's progressioning, her lower langue appeared switched ULP-Q upondition. RN-D told the to "wake her upondition. RN-D told the to "wake her upondition. RN-D again was incontinent at the told RN-D again was at the told RN-D	note indicated R3 was last on September 14, 2021. fused dinner, but ate a cookie. the tried to get R3 up from the not wake up, and did not look as note indicated R3 was lip was drooping, and her wollen. R3's progress note odated RN-D on R3's d ULP-Q to administer orange up a bit." ULP-Q transferred R3 a3's room with assistance from g a brief change, ULP-Q ben wound on her left buttock, t of stool and urine. ULP-Q who advised ULP-Q to call edical technicians (EMT) red R3 to the hospital. R3's ated ULP-Q called R3's g unable to reach R3's d dated September 15, 2021, dmitted with diagnoses of us (AMS), hyponatremia, acute opathy, and acute kidney lucose was recorded at 345 al arrival. evidence the facility filed a				

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	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	LTIPLE CONSTR	UCTION	, , ,	ATE SURVEY MPLETED
			A. BUIL	JING.			С
		38580	B. WING		_	0	2/09/2022
NAME OF	PROVIDER OR SUPPLIER	STRE	ET ADDRESS, C	ITY, STATE, ZIP (CODE		
VALLEY	VIEW OF LONG PRA	IRIE IN	4TH AVENU G PRAIRIE, I	E NORTHEAS IN 56347	T		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX (EA	PROVIDER'S PLAN OF ACH CORRECTIVE ACT SS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
0 620	Continued From pa	ige 16	0 620				
	FAM-N arrived at the	sponsive when she and ne hospital. FAM-O stated s facility waited two hours to					
	stated the facility did because she felt it of a report. RN-D state	D22, at 12:25 p.m., RN-D d not file a MAARC report did not fit the category for fed, "I guess I felt it was more larger than a going by what the state of the sta	re				
	stated on September arrived to work and clothes. ULP-Q state urine and stool. ULI outgoing staff, R3 whours before she arrived in the ornarcotics, she attendathroom, but was ULP-Q stated she oradminister thickens "it worked in the parchecked R3's blood the results to RN-D the time of the incidence took were appropriated back and say this differently.	on 22, at 3:30 p.m., ULP-Q er 14, 2021, at 11:00 p.m., found R3 still in her street ted R3 was incontinent of P-Q stated she was told by was last toileted at 5:00 p.m. rrived to work. ULP-Q stated utgoing ULP counted mpted to assist R3 to the unable to get R3 to walk. called RN-D who told ULP-ed orange juice to R3, static st." ULP-Q stated she diglucose and vitals, and gaster the she thought the steps ate, stating you could alwayings could have been done of titled, Vulnerable Adult	Q to ng, ave at at she ys				
	Reporting and Investigated the 2019, indicated the suspected abuse, reas defined in Minne incident appeared to neglect, or financial	stigation, dated March 26, licensee reported any neglect, or financial exploitation be suspected abuse, I exploitation, the RN would an oral report to the CEP.	he				

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	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	COMP	
		20500	B. WING		00/0	
		38580	B. WIITO		02/0	9/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, ST	ATE, ZIP CODE		
VALLEY	VIEW OF LONG PRAI	RIE IN	AVENUE NOF AIRIE, MN 56			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION (INCOMPAGE OF THE APPROPERT	D BE	(X5) COMPLETE DATE
0 620	Continued From pa	ge 17	0 620			
	longer than 24 hour received initial know unsure maltreatmer coordination with the immediately investigated file a CEP report initial incident report initial initial incident report initial initial initial incident report initial	as soon as possible, but notes from the time the RN vledge the incident occurred. If not has occurred, the RN, in e home care director, would gate the incident. The RN was within 24 hours following the t if they were still unclear. CORRECT: Seven (7) days.	0 630			
	(b) The facility must individual abuse prevulnerable adult. The individualized review person's susceptibility individual, including person's risk of abuse and statements of the taken to minimize the individual including person's risk of abuse and statements of the taken to minimize the individual including person's risk of abuse and statements of the individual including person's risk of abuse and statements of the individual including person's risk of abuse and statements of the individual including person's risk of abuse previous adults. The individual including person's risk of abuse and statements of the individual including person's risk of abuse and statements of the individual including person's risk of abuse and statements of the individual including person's risk of abuse and statements of the individual including person's risk of abuse and statements of the individual including person's risk of abuse and statements of the individual including and an area.	t develop and implement an evention plan for each ne plan shall contain an w or assessment of the lity to abuse by another other vulnerable adults; the sing other vulnerable adults; he specific measures to be ne risk of abuse to that person e adults. For purposes of the lan, abuse includes				
	by: Based on interview licensee failed to ad potential abuse and interventions to redict of two residents (Rallicensee failed to up prevention plan (IAI bruise near his left of the control of two residents).	and record review, the ddress assessed areas of implement specific uce the risk of abuse for one of the risk of abuse of the risk of the				

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1 ` '	ER/SUPPLIER/CLIA ICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
38580)	B. WING		02/0	9/2022
NAME OF PROVIDER OR SUPPLIER VALLEY VIEW OF LONG PRAIRIE IN	1104 4TH	DRESS, CITY, S AVENUE NO AIRIE, MN 5			
(X4) ID PREFIX (EACH DEFICIENCY MUST BE PRE TAG REGULATORY OR LSC IDENTIFYING	ECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
violation that harmed a resident not including serious injury, impor a violation that has the potent serious injury, impairment, or dissued at an isolated scope (whick imited number of residents are a limited number of staff are insituation has occurred only occurred in the findings include: R1 R1's medical record was reviewed admitted to the facility on April comprehensive home care lice receiving assisted living service 2021. R1's diagnoses included limited to Down Syndrome, trans (TBI), and malnutrition. R1's undated service plan, indicassistance with personal cares catheter cares, medication materiansfers, repositioning, and hor R1 used a wheelchair for mobit total body mechanical lift with the two staff for all transfers. R1 who could make his needs known the expressions and body language R1's IAPP, dated September 2 R1 was vulnerable to abuse or difficulty communicating, with report interventions of daily safety cheinmediately report any signs on not oriented to time and place.	pairment, or death, ntial to lead to leath), and was hen one or a affected or one or volved or the easionally). wed. R1 was 3, 2021, under the eas on August 1, but were not umatic brain injury cated R1 received a feeding, Foley nagement, ourly safety checks. lity and required a he assistance of as non-verbal, but hrough facial e. 1, 2021, indicated neglect due to needed ecks. Staff were to f abuse. R1 was and was a fall risk.	0 630			

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Minnesota Department of Health

MANE OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 104 4TH AVENUE NORTHEAST LONG PRAIRE IN SUMMANY STATEMENT OF DEFIDENCES LONG PRAIRE, MN 56347 DELEGAR DEFIDENCE WILLS TO DEFIDENCES EACH DEFIDENCE WILLS THE RECORD BY PAUL EEGAL DEFIDENCE WILLS THE RECORD BY PAUL PRETIX TAG FROM THE REPORT THE APPROPRIATE O 630 O 630 O 630 The record of the APPROPRIATE O 630 R1's incident report dated November 19, 2021, at 4-56 p.m., written by registered nurse (RN)-D indicated she was unconcerned maltreatment occurred. Staff were verbally educated on removing R1's eyeglasses during repositioning and rolling him onto his side. R1's incident report indicated on November 24, 2021, R1's injuries healed. On January 13, 2022, 21 152 p.m., a late entry was entered by RN-D, indicating the incident date occurred on November 19, 2021. R1's progress notes dated November 20, 2021, indicated RN-D received a phone call from staff indicating they found a bruise near R1's left eye brow and eye. Staff described R1's injuries as having "red dots and alight shadow bruising" around his outer left eye. R1's hospital record dated November 20, 2021, R1 was evaluated at a local emergency department. R1's hospital record indicated R1's injuries as having "red dots and injuries of the record indicated R1's injuries included bruising on his left eyebrow, eye lid, and left am pain during movement or when touched. In addition, R1's two of his right upper teeth were broken off near his gum line. R1's hospital record indicated no acute fractures were found in his skull or body. R1 discharged back to the licensee the same day.	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		l ` ´	E CONSTRUCTION	(X3) DATE COMP	SURVEY	
VALLEY VIEW OF LONG PRAIRIE IN			38580	B. WING			
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) 0 630 Continued From page 19 R1's incident report dated November 19, 2021, at 4.56 p.m., written by registered nurse (RN)-D, indicated staff found reddish, purple spots (petechiae) and a small shadow bruise near R1's left eyebrow and eye. RN-D and administrator (A)-H, interviewed staff, but were unable to find out how R1's injuries occurred. RN-D indicated she was unconcerned maltreatment occurred. Staff were verbally educated on removing R1's eyeglasses during repositioning and rolling him onto his side. R1's incident report indicated on November 24, 2021, R1's injuries healed. On January 13, 2022, at 1:52 p.m., a late entry was entered by RN-D, indicating the incident date occurred on November 20, 2021, at 9.45 a.m., not on November 20, 2021, at 9.45 a.m., not on November 19, 2021. R1's progress notes dated November 20, 2021, indicated RN-D received a phone call from staff indicating they found a bruise near R1's left eye brow and eye. Staff described R1's injury as, "a few dots and a, "light shadow bruise." R1's family members (FM)-C and FM-G were notified. RN-D assessed R1's eye and described R1's injuries as having "red dots and light shadow bruising" around his outer left eye. R1's hospital record dated November 20, 2021, R1 was evaluated at a local emergency department. R1's hospital record indicated R1's injuries included bruising on his left eyebrow, eye lid, and left arm pain during movement or when touched. In addition, R1's two fibs right upper teeth were broken off near his gum line. R1's hospital record indicated were found in his skull or body. R1 discharged back to the licensee the same day.			RIE IN	AVENUE NO	RTHEAST		
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injuries included bruising on his left eyebrow, eye lid, and left arm pain during movement or when touched. In addition, R1's two of his right upper teeth were broken off near his gum line. R1's hospital record indicated no acute fractures were found in his skull or body. R1 discharged back to the licensee the same day.	0 630	R1's incident report 4:56 p.m., written by indicated staff found (petechiae) and a selft eyebrow and eye (A)-H, interviewed so out how R1's injuries she was unconcern Staff were verbally eyeglasses during ronto his side. R1's in November 24, 2021 January 13, 2022, a entered by RN-D, in occurred on Novemnot on November 1 R1's progress notes indicated RN-D receindicated RN-D receindicating they foun brow and eye. Staff few dots and a, "light members (FM)-C as assessed R1's eye having "red dots an around his outer left R1's hospital record R1 was evaluated as	dated November 19, 2021, at y registered nurse (RN)-D, d reddish, purple spots mall shadow bruise near R1's e. RN-D and administrator staff, but were unable to find es occurred. RN-D indicated ed maltreatment occurred. educated on removing R1's repositioning and rolling him incident report indicated on I, R1's injuries healed. On at 1:52 p.m., a late entry was adicating the incident date aber 20, 2021, at 9:45 a.m., 9, 2021. Is dated November 20, 2021, eived a phone call from staff d a bruise near R1's left eye described R1's injury as, "a ant shadow bruise." R1's family and FM-G were notified. RN-D and described R1's injuries as d light shadow bruising" it eye.	0 630			
bruise.		department. R1's he injuries included brulid, and left arm pair touched. In addition teeth were broken of hospital record indiction found in his skull or the licensee the san R1's IAPP was not	ospital record indicated R1's uising on his left eyebrow, eye in during movement or when it, R1's two of his right upper off near his gum line. R1's cated no acute fractures were body. R1 discharged back to me day.				

Minnesota Department of Health

Minnesota Department of Health

	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	COMP	
		38580	B. WING		02/0) 9/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
VALLEY	VIEW OF LONG PRAI	RIE IN	AVENUE NO AIRIE, MN 5			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
0 630	Continued From pa	ge 20	0 630			
	•	2, at 2:30 p.m., RN-D stated ded whenever a resident changes.				
	when he was notified 2021, of R1's injuried R1's bruise he need	22, at 3:30 p.m., A-H stated do by staff on November 20, es. A-H stated when he saw ded information from the do check incident reports.				
	Residents and Thei 26, 2019, indicated resident the RN work vulnerability the resident manadults and identify it issues. Any change documented in the	titled, "Monitoring of r Services," updated March during a reassessment of a uld identify any new ident may have or any new ay pose to other vulnerable nterventions to address these in the interventions were resident record and staff providing services to the				
	TIME PERIOD TO	CORRECT: Seven (7) days.				
01320 SS=I	· ·) Unlicensed personnel	01320			
	services must have (1) successfully concompetency evaluated by listed in section 144 paragraph (a); or (2) demonstrated completing a writter unlicensed personn topics listed in section	connel providing assisted living in the properties of the straining and the topics of the subdivision 2, competency by satisfactorily or oral test on the tasks the el will perform and on the on 144G.61, subdivision 2, successfully demonstrated				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E SURVEY PLETED	
		38580	B. WING			C 09/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	-	
VALLEY	VIEW OF LONG PRAI	RIE IN	AVENUE NO			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
01320	subdivision 2, parage (8), by a practical structured personn living services listed subdivision 9, claus delegated nursing of the services, the licenseed competency evaluated areas prior services for six of structured areas prior services for six of structured administrator (AThis had the potent who lived in the licenseed impacted one resident	ics in section 144G.61, graph (a), clauses (5), (7), and kills test. nel who only provide assisted d in section 144G.08, ses (1) to (5), shall not perform or therapy tasks. ent is not met as evidenced on, interview, and record a failed to ensure training and ations were completed in all the record to providing assisted living ix unlicensed personnel P-F, ULP-I, ULP-K, ULP-M), A)-H, with records reviewed. The providing and negatively ent (R1).				
	violation that harmed not including serious or a violation that has serious injury, impairs used at a widesprare pervasive or rephase affected or has portion or all of the Findings Include: On January 13, 202 investigator entered state investigator records and supervision of the state investigator records and supervision or all of the state investigator entered state investigator records and supervision or all of the state investigator entered state investigator records and supervision or all of the state investigator entered state investigator records and supervision or all of the state investigator entered state investigator records and supervision or all of the state investigator records and supervision or all of the state investigator records and supervision or all of the state investigator entered state investigator records and supervision or all of the state investigator entered state investigator records and supervision or all of the state i	22, at 10:15 a.m., the state If the facility. At 11:10 a.m., the equested employee training				

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	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	COMP	SURVEY
		20500	B WING		00/0	
		38580	D. WIITO		02/0	9/2022
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
VALLEY	VIEW OF LONG PRAI	RIE IN	AVENUE NO AIRIE, MN 5			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
01320	Continued From pa	ge 22	01320			
	to her walker using the resident's waist.	a resident from her wheelchair a gait belt wrapped around ULP-E was observed nt walk down the hall to the				
	sent to register nurs	22, at 9:45 a.m., an email was se (RN)-D and A-H, requesting ecords, including online, npetency training for the listed				
	1	22, at 5:28 p.m., an email was urse (RN)-D, requesting the or the ULP.				
	employee record la	February 1, 2021. A-H's cked evidence A-H received on use of the transfer and				
	ULP-F ULP-F's hire date w	as March 16, 2021.				
	was supervised on entered supervisory *Supervised: August vital signs. Docume RN-D.	y visit record indicated ULP-F the following tasks, with dates from the RN: st 24, 2021. Task: Obtaining ented: August 24, 2021, by				
	resident shower. Do	mber 17, 2021. Task: Giving ocumented: January 21, 2022,				
	resident with ambul 21, 2022, by RN-D. *Supervised: Nover	er 18, 2021. Task: Assist ation. Documented: January nber 17, 2021. Task: g. Documented: January 21,				
	2022, by RN-D.					

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AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		COMPLETED		
					С	
		38580	B. WING		02/09/	2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
VALLEY	VIEW OF LONG PRAI	RIE IN	AVENUE NO AIRIE, MN 5			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
01320	Continued From pa	ge 23	01320			
	wrap application. Do by RN-J. *Supervised: Janua and doffing gloves. 2022, by RN-D.	mber 29, 2021. Task: Ace ocumented: January 25, 2022, ary 17, 2022. Task: Donning Documented: January 21, employee record lacked				
	evidence ULP-F received competency training on use of the transfer and mobility lift.					
	ULP-K's hire date was July 12, 2021. On July 1, 2021, ULP-K was registered on the Minnesota Nurse Aide Registry, certificate number #10837427.					
		record lacked evidence ULP-K cy training on use of the y lift.				
	ULP-E's hire date w	vas July 19, 2021.				
	was supervised on entered supervisory *Supervised: Augus administration. Doc by RN-J. *Supervised: Augus Handwashing. Docuby RN-J. *Supervised: Augus using mechanical lift 2022, by RN-J. *Supervised: Augus transfer with gait be 2022, by RN-J.	y visit record indicated ULP-E the following tasks, with y dates from the RN: st 27, 2021. Task: Insulin tumented: January 25, 2022, st 30, 2021. Task: tumented: January 25, 2022, st 30, 2021. Task: Transfer ft. Documented: January 25, st 30, 2021. Task: Two-person elt. Documented: January 25, st 31, 2021. Task: Eye drop				

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Willingsola Departification fie	aitii			
AND PLAN OF CORRECTION INTERCATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED	
	38580	B. WING	C 02/09/2022	
NAME OF PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STATE, ZIP CODE		

NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE				
VALLEY	VIEW OF LONG PRAIRIE IN	1104 4TH AVEI				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY REGULATORY OR LSC IDENTIFYING INFORM	FULL PF	ID REFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
PRÉFIX	(EACH DEFICIENCY MUST BE PRECEDED BY REGULATORY OR LSC IDENTIFYING INFORM	TFULL PENTION) O13 O5, 2022, Medication O13, 2022, Cleaning O2, by acked training on ed ULP-B with O3, 2022, Sulin O5, 2022, CCICCONTRACTOR OF CONTRACTOR OF CONTRACT	ID REFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	COMPLETE	
	25, 2022, by RN-J. *Supervised: September 29, 2021. Task cares. Documented: January 25, 2022, *Supervised: October 20, 2021. Task: Fitransfers. Documented: January 23, 20 RN-D. *Supervised: November 17, 2021. Task Medication administration. Documented 25, 2022, by RN-D. In addition, ULP-B's employee record land.	k: Perineal by RN-J. Resident 22, by				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ´	E CONSTRUCTION	(X3) DATE	
71110 1 27111	OF CORRECTION	IDENTIFICATION NONDER.	A. Building: 			
		38580	B. WING		02/0	9/2022
NAME OF PROVIDER OR SUPPLIER STREET ADD		DRESS, CITY, S	STATE, ZIP CODE			
VALLEY	VIEW OF LONG PRAI	IRIE IN	AVENUE NO AIRIE, MN 5			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	COMPLETE DATE
01320	Continued From pa	ge 25	01320			
	evidence ULP-B red use of the transfer a	ceived competency training on and mobility lift.				
	ULP-I's hire date wa	as November 19, 2021.				
	ULP-I's supervisory visit record indicated ULP-I was supervised on the following tasks, with entered supervisory dates from the RN: *Supervised: December 13, 2021. Task: Handwashing. Documented: January 25, 2022, by RN-J. *Supervised: December 13, 2021. Task: Pericares. Documented: January 25, 2022, by RN-J. *Supervised: December 31, 2021. Task: Medication Administration. Documented: January 25, 2022, by RN-J. *Supervised: January 20, 2022. Task: Activities and Socializing in memory care. Documented: January 20, 2022, by RN-D. *Supervised: January 24, 2022. Task: One person transfer. Documented: January 24, 2022, by					
		ecord lacked evidence ULP-I cy training on use of the y lift.				
	ULP-M's employmed documentation the required training an listed in 144G.61, s	employee completed the did competency testing in topics subdivision 2.				
	In addition, ULP-M's employee record lacked evidence ULP-M received competency training on use of the transfer and mobility lift.					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		38580	B. WING			C 09/2022
	PROVIDER OR SUPPLIER	IRIE IN	DDRESS, CITY, S H AVENUE NO RAIRIE, MN 5	RTHEAST		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC)	ION SHOULD BE HE APPROPR I ATE	(X5) COMPLETE DATE
01320	admitted to the faci comprehensive hor receiving assisted I 2021. R1's diagnos limited to Down Syr (TBI), and malnutrit R1's undated service assistance with per catheter cares, meet transfers, reposition R1 used a wheelch total body mechanic two staff for all transcould make his need expressions and both R1's IAPP, dated SR1 was vulnerable difficulty communic interventions of dail immediately report not oriented to time R1's progress notes indicated RN-D recindicating they foun brow and eye. Staff few dots and a, "light members (FM)-C as assessed R1's eye having "red dots and around his outer left R1's hospital record R1 was evaluated as	d was reviewed. R1 was lity on April 3, 2021, under the me care license, and began iving services on August 1, es included but were not adrome, traumatic brain injurytion. De plan, indicated R1 received sonal cares, feeding, Foley dication management, ning, and hourly safety checks air for mobility and required a cal lift with the assistance of sfers. R1 was non-verbal, but eds known through facial ody language. Deptember 21, 2021, indicated to abuse or neglect due to ating, with needed ly safety checks. Staff were to any signs of abuse. R1 was and place and was a fall risk. It is dated November 20, 2021, eived a phone call from staff and a bruise near R1's left eyes of described R1's injury as, "a the shadow bruise." R1's family and FM-G were notified. RN-D and described R1's injuries as and light shadow bruising" of the control of				
	department. R1's he injuries included bro	ospital record indicated R1's uising on his left eyebrow, eye n during movement or when				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			D 14/11/0			C
		38580	B. WING		02/0	9/2022
NAME OF	PROVIDER OR SUPPLIER		,	TATE, ZIP CODE		
VALLEY	VIEW OF LONG PRAI	RIE IN	AVENUE NO AIRIE, MN 5			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUT CROSS-REFERENCED TO THE APPRODEFICIENCY)	LD BE	(X5) COMPLETE DATE
01320	Continued From pa	ge 27	01320			
	teeth were broken of hospital record indicates	R1's two of his right upper off near his gum line. R1's cated no acute fractures were body. R1 discharged back to me day.				
	a.m., physical thera nurse was out the vithe facial bruising to nurse assessed R1 stated the PT trainer mechanical lift in spusing the lift. PT-A stated family thought the bruising had occured during stated she did not the with repositioning. So from using the mediate injury. PT-A stated had to be even and resident could slide transfer. PT-A stated facility staff for doing	on January 19, 2022, at 10:00 pist (PT)-A stated the facility week that R1's family reported to her. PT-A stated the facility is injury the next week. PT-A and the licensee staff to use the oring of 2021 when R1 began stated there was long standing were not using the lift correctly. The reported to her the facility is and broken teeth injury must repositioning. However, PT-A whink that injury was possible she stated her suspicions was hanical lift incorrectly causing the leg straps of the lift in correct position or the or shift in the lift during and there was fear amongst the gethe wrong thing, so she new how the injury occured				
	were too afraid to re On January 13, 202	2 2				
	stated not all emplo	22, at 10:50 a.m., ULP-E yees used the transfer lift yees physically picked up ired a transfer lift.				
	although employees	22, at 12:45 p.m., RN-D stated swere trained on the use of bility lift, the facility did not				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		38580	B. WING		02/0) 9/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	•	
VALLEY	VIEW OF LONG PRAI	RIE IN	AVENUE NO			
(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 CROSS-REFERENCED TO THE APPRODEFICIENCY)	LD BE	(X5) COMPLETE DATE
01320	Continued From pa	ge 28	01320			
	have a record indicated competency training					
	A-H demonstrated t	22, at 1:30 p.m., ULP-B stated to her how to use the ing, "we watched him use it on				
	On January 24, 2022, at 10:15 a.m., ULP-F stated she received two days of training when she was hired. ULP-F stated she watched another ULP perform cares during her first day of training, stating, "on the second day I was on my own." ULP-F stated at first she felt uncomfortable performing resident cares, stating, "especially passing medications." ULP-F stated some ULP's did not understand the English written instructions for the transfer mobility lift so she translated the lift instructions from English to Spanish since she spoke and wrote fluent Spanish. ULP-F stated, "they understood better if they read it in Spanish." On January 25, 2022, at 3:30 p.m., A-H stated he realized documentation was a "huge" part of his job, stating, "we can be better at documenting everything all of the time."					
	she did not know w were documented r	2, at 2:00 p.m., RN-D stated hy the RN's supervisory dates nonths after supervisory visits N-D stated, "I'll have to look				
	Orientation and Traindicated the license with the following in title of the program	titled, Documentation of Staff ining, dated January 2014, ee kept employee training files formation: with the identification code; tions (RN, not the name of the				

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Minneso	ota Department of He	ealth				
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	E CONSTRUCTION	(X3) DATE COMP	
		38580	B. WING		02/0	; 9/2022
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE		
VALLEY	VIEW OF LONG PRA	IRIE IN	AVENUE NO			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	LD BE	(X5) COMPLETE DATE	
01320	Continued From pa	age 29	01320			
		for the training module; s and/or competencies;				

01440

6899

Minnesota Department of Health STATE FORM

SS=F

*duration of the program

presentation, role play)

with dates for each ULP.

delegated nurs

discussion;

*methodologies used for teaching (video, reading

*included examples or case studies used in

who taught it, length of time for training);

*method used to verify learning; (test or return

demonstration with criteria for a passing score;

*yearly education log of offerings (date of module,

*attendance list of session attendees, and if there

each employee's score and whether they passed;

*maintained summary of training/competencies

TIME PERIOD TO CORRECT: Seven (7) days.

In addition, employee's personnel files would

have copies of dated certificates of

competency successfully achieved.

training/competency for each module or

01440 144G.62 Subd. 4 Supervision of staff providing

(a) Staff who perform delegated nursing or

appropriate licensed health professional or a

facility's policy where the services are being

registered nurse according to the assisted living

performed competently and to identify problems

and solutions related to the staff person's ability

administration shall be provided by a registered

nurse or appropriate licensed health professional

therapy tasks must be supervised by an

provided to verify that the work is being

to perform the tasks. Supervision of staff

and must include observation of the staff

performing medication or treatment

were competency demonstrations or test with

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	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		38580	B. WING		02/0) 9/2022
	PROVIDER OR SUPPLIER VIEW OF LONG PRA	IRIE IN	ORESS, CITY, S AVENUE NO AIRIE, MN 5			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
01440	interaction with the (b) The direct super delegated tasks much calendar days after individual begins we performs the delegated thereafter as needed requirement also apperformed delegated. This MN Requirement by: Based on observation review, the licensed registered nurse (Resupervision of staff task within 30 days four of six unlicensed ULP-K, ULP-M) with the president's health or widespread scope (or represent a system or has the potential of the residents). The findings included On January 20, 202 sent to RN-D, requestivists for ULP. ULP-F ULP-F's hire date we first documented R	nedication or treatment and the resident. rvision of staff performing ast be provided within 30 the date on which the orking for the facility and first ated tasks for residents and ad based on performance. This oplies to staff who have not ad tasks for one year or longer. ent is not met as evidenced on, interview and record a failed to ensure the N) conducted direct performing delegated nursing of first providing services for ad personnel (ULP-E, ULP-F, the records reviewed. ed in a level two violation (a tharm a resident's health or potential to have harmed a safety) and was issued at a (when problems are pervasive temic failure that has affected to affect a large portion or all	01440			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		38580	B. WING		02/0) 9/2022
	PROVIDER OR SUPPLIER VIEW OF LONG PRAI	IRIE IN	AVENUE NO			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
01440	Continued From pa		01440			
	conducted direct su performing a delega	red evidence the RN opervision of ULP-F's ated task within 30 days ed the delegated task for				
		vas July 12, 2021. ULP-K's d not include any RN				
	conducted direct su performing a delega	ked evidence the RN upervision of ULP-K's ated task within 30 days and the delegated task for				
	first documented RI	vas July 19, 2021. ULP-E's N supervisory visit was dated n medication administration				
	conducted direct su performing a delega	ked evidence the RN upervision of ULP-E's ated task within 30 days ued the delegated task for				
		was January 17, 2022. record did not include any RN				
	conducted direct su performing a delega	ked evidence the RN upervision of ULP-M's ated task within 30 days ned the delegated task for				

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AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		COMPLETED		
		38580	B. WING		02/0) 9/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	•	
VALLEY	VIEW OF LONG PRAI	RIE IN	AVENUE NO AIRIE, MN 5			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF CORRECTION SHOUL CROSS-REFERENCED TO THE APPROPERTION (INCOMPAGE OF THE APPROPERTION (D BE	(X5) COMPLETE DATE
01440	Continued From pa	ge 32	01440			
	(A)-H stated he was kept better docume	22, at 3:30 p.m., administrator aware the facility could have ntation records, stating, "I his job documenting was going it."				
	she, RN-J, and A-H supervisory visits. b	22, at 1:30 p.m., RN-D stated conducted 30-day ut was unable to explain why visits were documented late.				
	Tasks, Treatments of March 26, 2019, incompete training and compete unlicensed staff were easily accessible to professional (LHP)	titled, Delegation of Nursing or Therapy Tasks, dated dicated the RN would assure tency records for all re kept up-to-date and were the RN or licensed health so the RN or LHP could aff was competent to perform asks.				
	TIME PERIOD TO	CORRECT: Seven (7) days				
01540 SS=D	` ,	ING IN DEMENTIA CARE	01540			
	direct-care employed least eight hours of the employed initial training is comprovide direct care employee on site wheight hours of training dementia care and and assist if issues	g facilities with dementia care, ees must have completed at initial training on topics agraph (b) within 80 working ment start date. Until this aplete, an employee must not unless there is another ho has completed the initial and on topics related to who can act as a resource arise. A trainer of the paragraph (b) or a supervisor				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		38580	B. WING		I	C 09/2022	
	PROVIDER OR SUPPLIER VIEW OF LONG PRAI	IRIE IN	DDRESS, CITY, STANDERSS, CITY, STANDERSS	RTHEAST			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
01540	available for consuluntil the training red Direct-care employer hours of training on each 12 months of This MN Requirements by: Based on interview licensee failed to end dementia care traes to hours of employ unlicensed personn reviewed. This practice results violation that did not safety but had the president's health or cause serious injury was issued at an iselimited number of realimited number of situation has occurred investigator entered an unlicensed personn unlicensed personn treviewed. ULP-K ULP-K's hire date we employee record laccompleted the requirements.	ge 33 ments in clause (1) must be tation with the new employee quirement is complete. Hees must have at least two topics related to dementia for employment thereafter; ent is not met as evidenced and record review, the asure the required eight hours aining was completed within ment start date for two of six are (ULP-K, ULP-M) records a safety, but was not likely to a safety here.					

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUP		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COIVIE	COMPLETED	
		38580	B. WING			C 02/09/2022	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DDRESS, CITY, S	STATE, ZIP CODE			
VALLEY	VIEW OF LONG PRA	IRIE IN	AVENUE NO				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOOL CROSS-REFERENCED TO THE APPORT DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
01540	Continued From pa	age 34	01540				
	ULP-M's hire date of ULP-M's record incompleted January 19, 2022. *Dementia problem aggression. Completed January 19, 2022. *The facility's staff stanuary 17, 2022, stanuary 17, stanuary 17, stanuary 17,	was January 17, 2022. dicated he completed the care courses: s-dressing and grooming. y 19, 2022. Credit hours w-overview. Completed Credit hours received: 1.00. n solving anger and eted January 19, 2022. Credit io. schedule indicated between and March 1, 2022, ULP-M ts on the following dates, worked.					

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AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
					С	
		38580	B. WING		02/0	9/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
VALLEY	VIEW OF LONG PRAI	RIE IN	AVENUE NO AIRIE, MN 5			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
01540	Continued From pa	ge 35	01540			
	March 1, 2022					
	ULP-M completed t	record lacked evidence the required eight hours of cified under Minnesota Statute				
	nurse (RN)-D state	22, at 3:00 p.m., registered d she and RN-J trained ULP. were trained in dementia				
	Orientation and Tra indicated copies of	titled, Documentation of Staff ining, dated January 2014, dated certificates of training ere stored in the employee's				
	TIME PERIOD TO	CORRECT: Seven (7) days.				
01640 SS=G	144G.70 Subd. 4 (a implementation and	,	01640			
	that services are first facility shall finalize (b) The service plan include a signature facility and by the reagreement on the service plan must be resident reassessmant facility must provide about changes to the and how to contact Long-Term Care.	calendar days after the date st provided, an assisted living a current written service plan. In and any revisions must or other authentication by the esident documenting services to be provided. The services to be provided. The services if needed, based on sent under subdivision 2. The experimental information to the resident services the Office of Ombudsman for timplement and provide all				

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	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		COMPLETED	
		38580	B. WING		02/0) 9/2022	
	PROVIDER OR SUPPLIER VIEW OF LONG PRAI	IRIE IN	DDRESS, CITY, S I AVENUE NO RAIRIE, MN &				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE	
01640	(d) The service plant must be entered intincluding notice of a when applicable. (e) Staff providing sthe current written states the current written states. This MN Requirement by: Based on interview licensee failed to en (ULP)-B accurately scheduled services with records review she performed safe time R1 was at the This practice results violation that harmen not including serious or a violation that has serious injury, impairs used at an isolate limited number of real limited number of situation has occurred in the control of the control	y the current service plan. In and the revised service plan to the resident record, a change in a resident's fees services must be informed of service plan. The provided and record review, the asure an unlicensed personnel documented and provided for one of four residents (R1) and ULP-B falsely documented the emergency department. The provided in a level three violation (and a resident's health or safety is injury, impairment, or death, as the potential to lead to dirment, or death), and was discope (when one or a residents are affected or one or a staff are involved or the red only occasionally).					
	UI P-B's employme	nt record lacked					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		38580	B. WING		02/0	9/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
VALLEY	VIEW OF LONG PRAI	RIE IN	AVENUE NO RAIRIE, MN 5			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	_D BE	(X5) COMPLETE DATE
01640	Continued From pa	ge 37	01640			
	documentation the and competency test 144G.61, subdivision R1 R1's medical record admitted to the faci comprehensive hor receiving assisted It 2021. R1's diagnost limited to, Down Sy (TBI), and malnutrite R1's undated service assistance with perceatheter cares, medical transfers, reposition R1 used a wheelch total body mechanic two staff for all transcould make his need.	employee completed training sting in topics listed in on 2. d was reviewed. R1 was lity on April 3, 2021, under the ne care license, and began iving services on August 1, es included, but were not ndrome, traumatic brain injury ion. de plan indicated R1 received sonal cares, feeding, Foley dication management, ning, and hourly safety checks. air for mobility and required a cal lift with the assistance of sfers. R1 was non-verbal, but eds known through facial				
	R1 was vulnerable difficulty communicated interventions of dail immediately report not oriented to time. R1's incident report 4:56 p.m., written be indicated staff found (petechiae) and a seleft eyebrow and eye (A)-H, interviewed sout how R1's injuries she was unconcern R1's incident report.	eptember 21, 2021, indicated to abuse or neglect due to				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		38580	B. WING		02/0) 9/2022
	PROVIDER OR SUPPLIER VIEW OF LONG PRAI	RIE IN	DRESS, CITY, S AVENUE NO RAIRIE, MN 5			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
01640	indicating the incided November 20, 2021 November 19, 2021 incident report. On November 20, 2 at the local emerged R1's hospital recordincluded bruising or left arm pain during In addition, R1's two broken off near his indicated no acute it skull or body. R1 ditthe same day. On November 20, 2 discharged back to R1's safety check reindicated on Novemdocumented she perchecks on R1: *November 20, *Incidented with the stated of the s	entry was entered by RN-D, ent date occurred on 1, at 9:45 a.m., not on 1 as was indicated in R1's 2021, at 2:19 p.m., R1 arrived ncy department. I indicated R1's injuries in his left eyebrow, eye lid, and movement or when touched. To of his right upper teeth were gum line. R1's hospital record fractures were found in his scharged back to the licensee				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		`	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			7 ti 201221110.		С	
		38580	B. WING		02/09/20	022
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
VALLEY	VALLEY VIEW OF LONG PRAIRIE IN LONG PRAIRIE IN			RTHEAST 6347		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE CO	(X5) OMPLETE DATE
01640	discovered multiple common areas, on bathroom. ULP-E s paid attention while told ULP-B he knew dropped medication ULP-E stated ULP-description to docur notify the RN. ULP-he talked to RN-D a something needed ULP-E stated A-H a would talk to ULP-E During an interview p.m., RN-D stated of talked to ULP-B after A-H. RN-D stated is previous incidents, and A-H's responsible competently trained if the residents were The licensee policy Job Description, das services must be deconsistent with licentage paperwork must be legible manner.	2, he had enough when he pills in the memory care resident floors, and in the staff tated he asked ULP-B is she she worked. ULP-E stated he she wished in the staff tated he asked ULP-E stated he she wished in the she and never notified the RN. B told him it was not in her job ment dropped medications or E stated on January 17, 2022, and A-H, telling them to be done immediately. and RN-D told ULP-E they B. on January 25, 2021, at 4:16 on January 17, 2022, she er ULP-E met with her and he knew about ULP-B's RN-D stated it was her, RN-J, bilities to ensure ULP were I. RN-D stated she wondered a getting their medications. titled Unlicensed Personnel ted January 2014, indicated ocumented accurately and insee policies. All required completed in a timely and	01640			
01650 SS=F	144G.70 Subd. 4 (f	CORRECT: Seven (7) days. Service plan, implementation	01650			
		must include: the services to be provided, s, and the frequency of each				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		38580	B. WING			C 09/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DDRESS, CITY, ST	TATE, ZIP CODE		
VALLEY	VIEW OF LONG PRAI	RIE IN	AVENUE NOF			
	CLINANA DV CTA		<u> </u>		ION	0.45
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
01650	Continued From pa	ge 40	01650			
	assessment and re (2) the identification who will provide the (3) the schedule an assessments of the (4) the schedule an providing services; (5) a contingency p (i) the action to be to cannot be provided (ii) information and facility; (iii) the names and the resident wishes emergency or if the change in the resident dentification of and authority to sign for and (iv) the circumstant medical services are consistent with change in the change in the resident with change in the resident dentification of and authority to sign for and (iv) the circumstant medical services are consistent with change in the change in the resident dentification of and authority to sign for and (iv) the circumstant dentification dentification of and authority to sign for and (iv) the circumstant dentification dentification dentification of and authority to sign for and (iv) the circumstant dentification dentific	of staff or categories of staff services; d methods of monitoring resident; d methods of monitoring staff and lan that includes: aken if the scheduled service				
	by: Based on interview licensee failed to er	and record review, the sure service plans included				
	R2, R3, R4) with resolved the property but had the president's health or widespread scope (t for four of four residents (R1, cords reviewed. ed in a level two violation (a t harm a resident's health or otential to have harmed a safety), and was issued at a (when problems are pervasive emic failure that has affected				
		to affect a large portion or all				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		38580	B. WING		02/0) 9/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE		
		1104 4TH	AVENUE NO	·		
VALLEY	VIEW OF LONG PRAI	LONG PF	RAIRIE, MN 5	56347		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
01650	Continued From pa	ge 41	01650			
	of the residents).					
	The findings include	e :				
	admitted to the faci comprehensive hor receiving assisted I 2021. R1's diagnos limited to Down Syr (TBI), and malnutrit R1's undated service assistance with per catheter cares, bow management, transhourly safety check	ce plan, indicated R1 received sonal cares, feeding, Foley el management, medication fers, repositioning, daily vitals, s, skin treatments, laundry, R1 required a total body				
	action to be taken in not be provided; information of person in an emergency or change in R1's con- of and information a sign for R1 in an en	hich emergency medical				
	and authentication	lso lacked a signature, date, by R1's family member, ee documenting agreement on provided.				
	R2 R2's medical record	d was reviewed. R2's				

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AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		COMPLETED		
		20500	B WING		00/0	
		38580	D. WIIVO		02/0	9/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
VALLEY	VIEW OF LONG PRAI	RIE IN	AVENUE NO AIRIE, MN 5			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
01650	Disease and sub-action with personal cares mobility, transfers, cirritability and wand drinking, meals, me escorts, daily vitals, treatments, and lau R2's service plan la action to be taken if not be provided; information of personal in an emergency or change in R2's condition of and information a sign for R2 in an entitle service plan la action to be taken if not be provided; information of personal information of personal information and information a sign for R2 in an entitle service plan, including the service plan la action to be taken if not be provided; information of personal information and information as sign for R2 in an entitle service plan, indicate the service plan la action to be taken if not be provided; information of personal information and information as sign for R2 in an entitle service plan, indicate plan la action to be taken if not be provided; information and information as sign for R2 in an entitle service plan la service plan la action to be taken if not be provided; information and information as sign for R2 in an entitle service plan la serv	late onset Alzheimer's cute stroke. R2's undated ted R2 received assistance and daily bedtime alarm checks, daily behavior monitoring for ering, hearing aid checks, edication management, hourly safety checks, skin andry. Incked a contingency plan; of the scheduled services could formation and method to the names and contact ons R2 wished to have notified if there was a significant dition, including identification as to who had the authority to nergency; and the hich emergency medical	01650			
	signature, date, and member, including agreement on the service admitted to the facility the comprehensive began receiving assaugust 1, 2021. R3 dementia, insulin de and diabetic retinoper R3's undated service assistance with per management include	Iso lacked a lacked a display authentication by R2's family the licensee documenting services to be provided. If was reviewed, R3 was lity on April 22, 2019, under home care license, and sisted living services on l's diagnoses included ependent diabetes mellitus, bathy of both eyes. It plan indicated R3 received sonal cares, medication ling insulin management, s, hourly safety checks,				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ´	CONSTRUCTION	` '	E SURVEY PLETED	
		38580	B. WING			C 09/2022
	PROVIDER OR SUPPLIER VIEW OF LONG PRAI	IRIE IN	DDRESS, CITY, S	RTHEAST		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	RAIRIE, MN 5 ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
01650	three times per day (TED) socks, house required assist of or and the assist of two weak or tired. R3's service plan la action to be taken it not be provided; information of person in an emergency or change in R3's conformation of and information asign for R3 in an encircumstances in wheelchair for long. R4 R4's medical record admitted to the facilibegan receiving as August 1, 2021. R4 dementia and anxiet R4's undated services with person safety checks, medical record admitted to the facilibegan receiving as August 1, 2021. R4 dementia and anxiet R4's undated services with person safety checks, medical record admitted to the facilibegan receiving as August 1, 2021. R4 dementia and anxiet R4's undated services with person safety checks, medical record admitted to the facilibegan receiving as August 1, 2021. R4 dementia and anxiet R4's undated services with person safety checks, medical record admitted to the facilibegan receiving as August 1, 2021. R4 dementia and anxiet R4's undated services with person safety checks, medical record admitted to the facilibegan receiving as August 1, 2021. R4 dementia and anxiet R4's undated services with person safety checks, medical record admitted to the facilibegan receiving as August 1, 2021. R4 dementia and anxiet R4's undated services with person safety checks, medical record admitted to the facilibegan receiving as August 1, 2021. R4 dementia and anxiet R4's undated services with person safety checks, medical record admitted to the facilibegan receiving as August 1, 2021. R4 dementia and anxiet R4's undated services anxiety and anxiety	oning, blood sugar checks thrombus-embolus deterrent ekeeping, and laundry. R3 ne staff person for all walking, to staff persons if R3 was acked a contingency plan; If the scheduled services could formation and method to the names and contact ons R3 wished to have notified if there was a significant dition, including identification as to who had the authority to nergency; and the hich emergency medical to be summoned. Iso lacked a lacked a diauthentication by R3's family the licensee documenting services to be provided. Iso was reviewed. R 4 was lity on April 01, 2012, and sisted living services on 's diagnoses included ety. The plan indicated R4 received sonal cares, behaviors, hourly lication management, toileting culation, motion, and laundry, housekeeping, and mobility escorts. R4 used a				

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	AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE COMP	LETED
		38580	B. WING		02/0	9/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
VALLEY	VIEW OF LONG PRAI	RIE IN	AVENUE NO			
		LONG PR	AIRIE, MN 5			I
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
01650	Continued From pa	ge 44	01650			
	not be provided; information of person in an emergency or change in R4's condition of and information a sign for R4 in an encircumstances in which services were not to R4's service plan all signature, date, and member, including agreement on the service plans were plans were plans were	hich emergency medical be summoned. so lacked a lacked a lauthentication by R4's family the licensee documenting ervices to be provided. on January 20, 2022, at 2:30 rse (RN)-D stated resident's developed off of their RN D stated she and another RN				
	Plans," dated Januares residents would have that identified service the RN assessment services. Resident services, treatments provided by the lice service, according to assessment and provided by the lice service, according to assessment and provided by the lice service according to assessment and provided by the lice service according to assessment and provided by the lice service according to assessment and provided by the lice service according to assessment and provided by the lice services identification of the provided by the lice service identification of the service pay by the lice p	titled, "Contents of Service ary 2014, indicated all ve an up-to-date service plantes to be provided based on the of each resident receiving service plans included the ption of home care services, and medication management is, and therapy services, to be insee; (b) frequency of each to the resident's current eferences; (c) the fees for the state licensee provided; (d) expected source of payment resident or resident's irance, and public programs); staff providing the services; (f) ods of monitoring reviews or				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		1 ' '	(X3) DATE SURVEY COMPLETED	
	38580	B. WING		02/0) 9/2022	
NAME OF PROVIDER OR SUPPLIER VALLEY VIEW OF LONG PRA	IRIE IN	DRESS, CITY, S AVENUE NO AIRIE, MN 5				
PREFIX (EACH DEFICIENC)	TEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE	
supervision of staff identification of the supervision; (h) cor (i) action to be take or resident's represservices were not presented for a resident to contact the licent information of pershave notified in an experienced a sign condition, including information as to withe resident in an experience in which emergence summoned pursual TIME PERIOD TO	he resident; (g) frequency of providing services and the supervisors who provided the ntingency plan that included: In by the licensee, the resident, sentative if the scheduled provided; (ii) information and ent or resident's representative see; (iii) names and contact ons the resident wished to emergency or if the resident ificant adverse change in their identification of and ho has the authority to sign for mergency; (iv) circumstances y medical services were not int to provider orders. CORRECT: Seven (7) days.					
The assisted living reassess the resident presents withat may be medical minimum, annually This MN Requirem by: Based on observative review, the licensed registered nurse (Right) when there was a contract of the second of the	facility must monitor and ent's medication management under subdivision 2 when the with symptoms or other issues ation-related and, at a	01710				

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AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		38580	B. WING		02/0) 9/2022
	PROVIDER OR SUPPLIER VIEW OF LONG PRAI	IRIE IN	DRESS, CITY, S AVENUE NO		•	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
01710	violation that harmed not including serious or a violation that has serious injury, impairs a limited number of real limited number of l	ed in a level three violation (a ed a resident's health or safety, is injury, impairment, or death, as the potential to lead to irment, or death), and was ed scope (when one or a esidents are affected or one or staff are involved or the red only occasionally).				
	admitted to the faci the comprehensive began receiving ass August 1, 2021. R3	d was reviewed. R3 was lity on April 22, 2019, under home care license, and sisted living services on 's diagnoses included mellitus and diabetic eyes.				
		ce plan indicated R3 received dication management anagement.				
	indicated R3 took d assessment indicated Humalog (short act and Lantus (long act and at bedtime. R3	nt dated July 30, 2021, iabetic medication. R3's ed R3 was prescribed ing) insulin with each meal cting) insulin in the morning 's blood glucose levels were to e each administration (five				
	care physician (PCI continue Lantus 20 a.m.); change morr (8:45 a.m.); continu	1, at 10:20 a.m., R3's primary P)-P, wrote a new order to Units SQ in the morning (7:30 ing Humalog to 12 Units SQ at discontinue 6:30 p.m. insulin				

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AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IIMBED: ` ´	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		COMPLETED	
	38580	B. WING _			C 09/2022	
NAME OF PROVIDER OR SUP		STREET ADDRESS, CIT 1104 4TH AVENUE LONG PRAIRIE, MI	NORTHEAST			
PREFIX (EACH DEFI	RY STATEMENT OF DEFICIENCIENCIENCY MUST BE PRECEDED BY OR LSC IDENTIFYING INFORM	Y FULL PREFIX	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	ACTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE	
glucoses throbreakfast. PC discussed, and the plan. R3's progress 1:05 p.m., ind during an office R3's medicati dated August RN-J transcril orders as con (7:30 a.m.); cla.m. and noor 6:30 p.m R3 meal insulin with than 75% of his was not indicated R3's record la after her chareffectiveness R3's blood sureffectiveness R3's progress 12:41 a.m., with personnel (UL normal self. Unormal self. U	Units) due to her having laughout the evening and a P-P indicated the plan ward facility nursing staff agrant note dated August 27, 20 icated R3's insulin was upon administration record and September 2021, included PCP-P's August 27, 20 insuling the progress note indicated and September 2021, included PCP-P's August 27, 20 insuling Humalog to 12 units; discontinue Humalog 1 is progress note indicated as withheld if R3 consurrer meal, although that insuling the insulin medication of the insulin medication gar record indicated on Signature of the insulin medication gar record indicated on Signature of the insulin medicated in PCP-P's orders. The progress of the insulin medicated on Signature of the insulin medication gar record indicated on Signature of the insulin medicated on Sign	eed with 221, at odated (MAR) dicated 2021 ne morning ts at 8:45 2 units at d R3's ned less struction eassessed change. eptember r was 519 5, 2021, at unlicensed acting her ressed in wake up. vel was d pressure ecked. oling and				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: (X3) DATE SUI COMPLET				
		20500	B WING		00/0	
		38580	B. WING		02/0	9/2022
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
VALLEY	VIEW OF LONG PRA	RIE IN	AVENUE NO AIRIE, MN 5			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
01710	Continued From pa	ge 48	01710			
	indicated law enforcement 12:51 a.m. R3's polenforcement found memory care unit. It breathing. Law enforcement oxygen via simple for minute. ULP-Q repeated, "not to be appeared to be slig administered her or	ated September 15, 2021, cement arrived at the facility at ice report indicated law R3 laying on the floor in the R3 appeared not to be orcement administered R3 ace mask at 10 liters per orted at 11:00 p.m., R3 e herself." ULP-Q reported R3 htly better after staff range juice. R3's police report d 911 after R3 no longer commands.				
	2021, indicated the 12:48 a.m EMS ar September 15, 202 ambulance report in on the floor. Law er R3 oxygen via simple minute. The ambulation September 15, 202 administered thicker cookie in an attempt ULP-Q reported R3 reported feeling ver R3's vital signs and normal range except was measured at 2 report indicated no medication (glucage while enroute to the 2021, at 1:11 a.m., arrived at the hospit 1:15 a.m.	facility contacted EMS at rived at the facility on 1, at 12:56 a.m. R3's adicated EMS found R3 laying aforcement was administering ple face mask at 10 liters per ance report indicated on 1, at 12:00 a.m., ULP-Q aned juice and gave R3 a at to assist R3 to the bathroom. If did not eat dinner and any tired all evening. EMS took reported all were within at R3's blood glucose, which 72 mg/dL. R3's ambulance blood glucose raising on) was administered to R3 and the hospital. On September 15, EMS left the facility and				
		dated September 15, 2021, at y ULP-Q, indicated when				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: (X3) DATE SUF				
		38580	B. WING			C 09/2022
	PROVIDER OR SUPPLIER VIEW OF LONG PRA	IRIE IN	DDRESS, CITY, ST I AVENUE NO RAIRIE, MN 50	RTHEAST		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOWN CROSS-REFERENCED TO THE APPROPRIES (CROSS-REFERENCE)	ULD BE	(X5) COMPLETE DATE
01710	found R3 still in her recliner in the communit. R3's progress toileted at 5:00 p.m ULP-Q wrote R3 re ULP-Q indicated shrecliner but R3 did in "right." R3's progress drooling, her lower tongue appeared swindicated ULP-Q up condition. RN-D tole juice to "wake her up in a wheelchair to Ranother ULP. During noted R3 had an open and was incontinent called RN-D again was incontinent called RN-D again was arrived and transport progress note indicated aughter after being husband.	ork the overnight shift she street clothes sitting in the mon area of the memory care note indicated R3 was last. on September 14, 2021. fused dinner, but ate a cookie. It is tried to get R3 up from the not wake up, and did not look as note indicated R3 was lip was drooping, and her wollen. R3's progress note odated RN-D on R3's did ULP-Q to administer orange up a bit." ULP-Q transferred R3 a brief change, ULP-Q ben wound on her left buttock, to f stool and urine. ULP-Q who advised ULP-Q to called call technicians (EMT) orted R3 to the hospital. R3's ated ULP-Q called R3's givenable to reach R3's	3			
	indicated R3 was a altered mental statumental metabolic encepha	dated September 15, 2021, dmitted with diagnoses of us, hyponatremia, acute lopathy, and acute kidney lucose was recorded at 345 al arrival.				
	•	22, at 2:30 p.m., RN-D stated oleted resident assessments, n reassessments.				
	stated the facility se stating she left it up	22, at 1:20 p.m., PCP-P et their own parameters, to the facility. PCP-P stated contacted by facility nursing				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		` '	(X3) DATE SURVEY COMPLETED	
		38580	B. WING		C 02/09/2022	
NAME OF I	PROVIDER OR SUPPLIER		<u>I</u>	STATE, ZIP CODE	UZIUSIZUZ	
VALLEY	VALLEY VIEW OF LONG PRAIRIE IN LONG PR			RTHEAST 6347		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COM	X5) IPLETE ATE
01710	Continued From pa	ge 50	01710			
	low and high. PCP- glucose level of 70	blood glucose levels were P stated if R3 had a blood milligrams per deciliter uld adjust R3's insulin.				
	The licensee policy titled Medication Assessment and Monitoring, updated July 1, 2021, indicated the licensee monitored and reassessed the resident's medication management services as needed when the resident presented with					
	related.	issues that were medication CORRECT: Seven (7) days.				
01720 SS=G	144G.71 Subd. 4 R	esident refusal	01720			
	resident's record and for medication man facility must discuss consequences of the	facility must document in the my refusal for an assessment agement by the resident. The with the resident the possible he resident's refusal and assion in the resident's record.				
	by: Based on interview licensee failed to do	ent is not met as evidenced and record review, the ocument the resident's refusal four residents (R3, R4) with				
	violation that harmed not including serious or a violation that has serious injury, impa- issued at an isolate	ed in a level three violation (a ed a resident's health or safety, s injury, impairment, or death, as the potential to lead to irment, or death), and was d scope (when one or a esidents are affected or one or				

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AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		COMP	SURVEY	
		38580	B. WING		02/0	9/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
VALLEY	VIEW OF LONG PRAI	RIE IN	AVENUE NO AIRIE, MN 5			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
01720	Continued From pa	ge 51	01720			
		staff are involved or the ed only occasionally).				
	Findings Include:					
	the licensee on Aproprehensive hone receiving assisted licensee on Aproprehensive hone receiving assisted licensee 2021. R3's diagnose	viewed. R3 was admitted to ril 22, 2019, under the ne care license, and began ving services on August 1, es included dementia, insuling, and diabetic retinopathy of				
		Summary dated June 1, 2021, receive blood glucose checks				
	July 30, 2021, indication glucose checks five primary care provide November 20, 2019 insulin administration taking her medication administration	se (RN) assessment dated ated R3 received blood times per day per R3's er's (PCP)-P orders dated R3 required assistance with and occasionally resisted ons. Staff were to attempt tration three times before efusal and notifying the RN.				
	assistance with med	e plan indicated R3 received dication management n administration and blood times a day.				
	R3's service plan fa blood sugar checks	iled to be updated to include of five times daily.				
	Therapy Plan, indicated PCP blood glucose	dualized Treatment and ated the facility changed R3's monitoring orders from five ee times per day, R3's				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY	
		38580	B. WING		02/0) 9/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE		
		1104 4TH	AVENUE NO	_		
VALLEY	VIEW OF LONG PRAI	RIE IN	AIRIE, MN 5			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	LD BE	(X5) COMPLETE DATE
01720	Continued From pa	ge 52	01720			
	treatment and there notified whenever F 70 mg/dL, or above On August 27, 2027 wrote a new order to SQ in the morning (Humalog to 12 Units discontinue 6:30 p. due to her having lovening and at bread plan was discussed agreed with the plan	apy plan indicated the RN was R3's blood glucose was below 300 mg/dL. I, at 10:20 a.m., R3's PCP-P, o continue Lantus 20 Units (7:30 a.m.); change morning is SQ (8:45 a.m.); continue SQ at noon (11:45 a.m.); in. insulin (Humalog 12 Units) aw glucoses throughout the akfast. PCP-P indicated the l, and facility nursing staff in.				
		dated August 27, 2021, at R3's insulin was updated twith PCP-P.				
	dated August and S RN-J transcribed Porders as continue (7:30 a.m.); change a.m. and noon; disc 6:30 p.m R3's progression meal insulin was withan 75% of her me was not indicated in R3's MAR aslo indicated before staff administ bottom of R3's MAR what the symbols re- circle around a unlice initials on correspon- resident refused or indicated a medicate	ministration record (MAR) september 2021, indicated CP-P's August 27, 2021 Lantus 20 units in the morning Humalog to 12 units at 8:45 continue Humalog 12 units at gress note indicated R3's thheld if R3 consumed less eal, although that instruction PCP-P's orders. cated to only administer od glucose over 90 mg/dL. I the on-call RN was notified stered R3's insulin. At the R's was a legend indicating epresented on the MAR's. A censed personnel (ULP)'s inding dates indicated the skipped her medication; "H" ion was held; * symbol in to review a note the ULP				

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	ota Department of He		<u> </u>		<u> </u>
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
					l c
		38580	B. WING		02/09/2022
			•		
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	
VALLEY	VIEW OF LONG PRA	IRIF IN 1104 4TH	AVENUE NO	RTHEAST	
LONG PR		LONG PR	AIRIE, MN 5	6347	
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON (X5)
PRÉFIX	,	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI	
TAG	REGULATORTORE	SC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	NATE
01720	Continued From pa	ge 53	01720		
	entered.				
	R3's MARs dated A	ugust and September 2021,			
		d her insulin on the following			
	dates:				
	*August 12, 2021, a	at 6:30 p.m. Refused			
	Humalog. No reaso	n documented.			
	, ,	at 6:30 p.m. Refused			
	Humalog. No reaso				
	, ,	at 8:05 a.m. Refused Lantus.			
	No reason docume				
		at 8:05 a.m. Refused			
	Humalog. No reaso				
	, , , , , , , , , , , , , , , , , , , ,	at 12:45 p.m. Refused			
	Humalog. No reaso				
	Humalog. No reaso	1, at 8:45 a.m. Refused			
		21, at 11:44 a.m. Refused			
	Humalog. No reaso	•			
	Trainialog. No rodoc	iii docamontoa.			
	R3's MAR dated Au	igust and September 2021,			
		ed oral medications on the			
	following dates:				
	*August 3, 2021. Re	efused oral medications. No			
	reason documented	d.			
	,	efused oral medications. No			
	reason documented				
		Refused oral medications. No			
	reason documented				
		Refused gabapentin. No			
	*September 4, 202				
	No reason docume	Refused oral medications. nted			
		1. Refused melatonin, Senna			
	•	apentin, Preservision AREDS.			
	No reason docume	•			
	110 IOGOON GOOGINO				
	R3's record lacked	evidence the facility discussed			
		uences of refusing her insulin			
	·	e discussion in R3's record.			

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	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		38580	B. WING		02/0) 9/2022
NAME OF	PROVIDER OR SUPPLIER		DDESS CITY S	STATE, ZIP CODE	1 02/0	0/2022
		1104 4TH	AVENUE NO			
VALLEY	VIEW OF LONG PRAI	RIE IN	AIRIE, MN 5			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
01720	Continued From pa	ge 54	01720			
		evidence of reattempts after a to R3's PCP-P for repeated				
	p.m., PCP-P, stated to take her insulin o	on February 17, 2022, at 1:20 d she questioned R3's refusal or receive blood glucose sed R3 had been taking insulin				
	p.m., family member insulin for years. FN insulin when she liv	on February 17, 2022, at 2:00 or (FM)-N, stated R3 took of the stated R3 always took her ed at home. FM-N stated if R3 then retried. FM-N stated it ached R3.				
	stated she never had for R3. ULP-Q stated redirection with R3 medications or care to have her insulin a checked stating it was stated, if R3 refused ULP-Q stated she obtained by other staff who page 1.	22, at 3:30 p.m., ULP-Q ad problems performing cares ed she was taught to use if she initially refused her es. ULP-Q stated R3 needed and get her blood glucose as for R3's health. ULP-Q ed, staff need to attempt again. Id not think that was followed performed cares for R3. Fas always smiling and				
	admitted to the faci	d was reviewed. R4 was lity on April 1, 2012. R4's , but were not limited to sion, and anxiety.				
		e plan indicated R4 received dication management				

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AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	COMPI	
	38580	B. WING		02/0	; 9/2022
	30300	<u> </u>		0210	312022
NAME OF PROVIDER OR SUPPLIE		, ,	STATE, ZIP CODE		
VALLEY VIEW OF LONG PR	AIRIE IN	AVENUE NO AIRIE, MN 5			
PREFIX (EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION DEFICIENCY)	D BE	(X5) COMPLETE DATE
01720 Continued From	page 55	01720			
R4's MAR dated prescribed the fol acetaminophen, 6 mg) tablets PO e am); famotidine, 2 am); metoprolol s daily (9:00 am); ritransdermal patcing, one tablet POR4's record indicadministered her dates: *January 1, 2022 reason document *January 2, 2022 reason document *January 16, 202 reason document *January 24, 202 acetaminophen. It *January 24, 202 succinate. No reason daminister three R4's refusal. On February 16, staff were not abligations administered if it frame. RN-D staff document the reason document the reason daminister three R4's refusal.	January 2022, indicated R4 was lowing medications: 350 mg, take two 325 mg (650 yery 4 hours while awake (9:00 20 mg, one tablet PO daily (9:00 uccinate, 25 mg, one tablet PO vastigmine, 13.3 mg, 1 n daily (9:00 am); melatonin, 3 of (8:00 pm); ated R4 refused or was not medications on the following Refused rivastigmine. No ed. 2. Refused rivastigmine. No ed. 2. Refused rivastigmine. No ed. 2. Refused famotidine and No reason documented. 2. Refused metoprolol son documented. 3. Refused metoprolol son documented. 4. devidence why the medications sered as prescribed by R4's evidence staff attempted to be times before documenting 2022, at 3:00 p.m., RN-D stated to document a medication was was given within a certain time ed she would like staff to son resident's refused their D stated, we don't have a of times for refusing. We don't o you want this and then have				

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Minnesota D	Department of He	ealth						
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	E CONSTRUCTION	(X3) DATE COMP			
		38580	B. WING		02/0	; 9/2022		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
VALLEY VIE	VALLEY VIEW OF LONG PRAIRIE IN LONG PRAIRIE, MN 56347							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE		

VALLET	VIEW OF LONG PRAIRIE IN LONG PRA	AIRIE, MN 5	56347	
(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
01720	Continued From page 56	01720		
	The licensee policy titled, Insulin, updated July 1, 2021, indicated insulin medications must be administered according to the prescriber's orders.			
	TIME PERIOD TO CORRECT: Seven (7) days.			
01730 SS=D		01730		
	(a) For each resident receiving medication management services, the assisted living facility must prepare and include in the service plan a written statement of the medication management services that will be provided to the resident. The facility must develop and maintain a current individualized medication management record for each resident based on the resident's assessment that must contain the following: (1) a statement describing the medication management services that will be provided; (2) a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; (3) documentation of specific resident instructions relating to the administration of medications; (4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis; (5) identification of medication management tasks that may be delegated to unlicensed personnel; (6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and (7) any resident-specific requirements relating to documenting medication administration,			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ` '		(X3) DATE COMP	SURVEY	
		38580	B. WING		02/0) 9/2022
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE		
VALLEY	VIEW OF LONG PRA	IRIE IN	AVENUE NO AIRIE, MN 5			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
01730	as prescribed, and to prevent possible reactions. (b) The medication current and update changes. (c) Medication recowhen a licensed nuprofessional, or automedication manage. This MN Requirement by: Based on interview licensee failed to upmanagement plant reviewed after R3's insulin. This practice result violation that did not safety but had the policient's health or saccuse serious injury was issued at an is limited number of colimited number of situation has occurred. The findings include R3's medical record admitted to the facility the comprehensive began receiving as August 1, 2021. R3 dementia, insulin deand diabetic retinoper.	medications are administered monitoring of medication use complications or adverse management record must be d when there are any nciliation must be completed rse, licensed health horized prescriber is providing ement. ent is not met as evidenced and record review, the odate the medication for one of four residents (R3) provider changed R3's daily ed in a level two violation (and tharm a client's health or cotential to have harmed and fety, but was not likely to y, impairment, or death), and colated scope (when one or a lients are affected or one or a staff are involved or the red only occasionally).	01730			

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	PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ` ′	CONSTRUCTION	(X3) DATE	E SURVEY PLETED
		38580	B. WING			C 09/2022
	PROVIDER OR SUPPLIER VIEW OF LONG PRA	RIE IN	DDRESS, CITY, STANDING NO. 100 P. 100	RTHEAST		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
01730	management. R3's registered nury July 30, 2021, indice medication. R3's as prescribed Humaloge each meal and Land morning and at bed levels were to be madministration (five R3's progress note 1:05 p.m., indicated during an office visit physician (PCP)-P. transcribed by RN-Continue Lantus 20 a.m.); change Humand noon; disconting p.m R3's progress insulin was withheld 75% of her meal. R3's record lacked management plan of the p.m., RN-D stated management plan of the p.m., RN-D stated management individual prepare and a written statement.	ement including insulin se (RN) assessment dated ated R3 took diabetic sessment indicated R3 was g (short acting) insulin with tus (long acting) insulin in the time. R3's blood glucose onitored before each times per day). dated August 27, 2021, at I R3's insulin was updated t with her primary care Updated verbal orders Updated verbal orders Uncluded the following: units in the morning (7:30 alog to 12 units at 8:45 a.m. are Humalog 12 units at 6:30 anote indicated R3's meal d if R3 consumed less than evidence R3's medication was updated to reflect R3's nge. on February 7, 2022, at 1:53 resident records were always there was a change to the titled, "Medication dualized Plan," dated July 1, the resident receiving ement services, the licensee include in their service plans,	01730			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING: (X3) DATE S COMPL			
		38580	B. WING		02/0) 9/2022
NAME OF	PROVIDER OR SUPPLIER		·	STATE, ZIP CODE	1 02/0	7072022
		1104 4TH	AVENUE NO			
VALLEY	VIEW OF LONG PRAI	LONG PR	AIRIE, MN 5	6347		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
01730	Continued From pa	ge 59	01730			
	medication manage whenever there we medications.	indicated the resident's ement plan would be updated re changes to the resident's				
01760 SS=G	144G.71 Subd. 8 D administration of m		01760			
	living facility staff management of the resident's record. This MN Requirement by: This MN Requirement by: Based on interview licensee failed to enadministered per proparameters one refusion (R3) with records resident that has serious injury, imparameters one a violation that has serious injury, imparameters one refusions injur	esciber's orders and usal for one of four residents				

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	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		38580	B. WING		02/0) 9/2022
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
VALLEY	VIEW OF LONG PRAI	RIE IN	AVENUE NO AIRIE, MN 5			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
01760	Continued From pa	ge 60	01760			
	a limited number of	esidents are affected or one or staff are involved or the ed only occasionally).				
	The findings include	e:				
	the licensee on Appropriate the licensee on Appropriate Comprehensive hor receiving assisted licensee 12021. R3's diagnos	viewed. R3 was admitted to ril 22, 2019, under the ne care license, and began iving services on August 1, es included dementia, insuling, and diabetic retinopathy of				
		ce plan indicated R3 received dication management				
	dated July 30, 2021 assistance with meanagement. The monitored and train (ULP) on oral medicasessed as occas medications. Staff vertusal. If unsuccess attempt to administ	medication management plan, indicated R3 required dication administration and registered nurse (RN) ed unlicensed personnel cation administration. R3 was ionally resisted taking were to try again after R3's first sful, another staff would er her medications. After three amented R3's refusal and				
	care physician (PCI continue Lantus 20 a.m.); change morn (8:45 a.m.); continu noon (11:45 a.m.); (Humalog 12 Units)	I, at 10:20 a.m., R3's primary P)-P, wrote a new order to Units SQ in the morning (7:30 ing Humalog to 12 Units SQ e Humalog 12 Units SQ at discontinue 6:30 p.m. insuling the due to her having low at the evening and at				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ´	E CONSTRUCTION	(X3) DATE S COMPLI	
					С	
		38580	B. WING		02/09	/2022
	PROVIDER OR SUPPLIER	1104 4TH	DRESS, CITY, S	STATE, ZIP CODE PRTHEAST		
VALLEY	VIEW OF LONG PRAI	LONG PR	AIRIE, MN 5	6347		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
01760	Continued From pa	ge 61	01760			
		ndicated the plan was lity nursing staff agreed with				
	1:05 p.m., indicated during an office visi note indicated R3's	dated August 27, 2021, at R3's insulin was updated twith PCP-P. R3's progress meal insulin was withheld if than 75% of her meal.				
	dated August and S RN-J transcribed P orders as continue (7:30 a.m.); change a.m. and noon; disc 6:30 p.m R3's pro- meal insulin was wi	ministration record (MAR) September 2021, indicated CP-P's August 27, 2021 Lantus 20 units in the morning Humalog to 12 units at 8:45 continue Humalog 12 units at gress note indicated R3's thheld if R3 consumed less eal, although that instruction of PCP-P's orders.				
	indicated R3's insulated following dates and 75% of her meal: *August 7, 2021, at withheld per RN. BI *August 13, 2021, a per RN. No reason carbonate not admit busy to administer I *August 16, 2021, a withheld; R3 did not mg/dL. *August 16, 2021, a withheld. R3 consulated glucose: 182 *August 18, 2021, a administered. No reason carbonate not administered. No reason carbonate not administer.	at 8:30 a.m. Lantus 20 Units t eat. Blood glucose: 183 at 8:45 a.m. Humalog 14 Units med less than 25% of meal. mg/dL. at 1:33 p.m. Humalog not				

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	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	E CONSTRUCTION	COMP	
		38580	B. WING		02/0) 9/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
VALLEY	VIEW OF LONG PRAI	RIE IN	AVENUE NO AIRIE, MN 5			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
01760	*August 23, 2021, a withheld. R3 consul glucose: 317 mg/dL *August 24, 2021, a withheld. Blood gluc *August 25, 2021, a per RN. No reason *September 8, 2020 Units withheld per F 75% of her meal. B *September 11, 2020 Units withheld. R3 r 239 mg/dL. *September 14, 2020 insulin not administer PCP. On February 16, 2020 staff were not administered if it was frame. RN-D stated document the reason medications. RN-D specific number of want to just say do her meds not given. The licensee policy Treatment-Administrupdated July 1, 2020 ULP in the proper meach resident to adperform treatment and perform treatment and performance and perform treatment and perform	RN. Blood glucose: 132 mg/dL. at 6:30 p.m. Humalog 7 Units med 25 % of meal. Blood at 8:05 a.m. Humalog 14 Units cose: 142 mg/dL. at 11:58 a.m. Humalog Held documented. 1, at 7:42 a.m. Humalog 12 RN-J. R3 consumed less than lood glucose: 255 mg/dL. 21, at 11:46 a.m. Humalog 12 refused to eat. Blood glucose: 21. Morning and afternoon ered. No reason documented. Period as prescribed by R3's as given within a certain time she would like staff to on resident's refused their stated, "we don't have a times for refusing. We don't you want this and then have	01760			

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	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	COMP	SURVEY
			7. BOILDING.			_
		38580	B. WING			9/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		1104 4TH	AVENUE NO	,		
VALLEY	VIEW OF LONG PRAI	RIE IN LONG PR	AIRIE, MN 5	66347		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
01760	Continued From pa	ge 63	01760			
	TIME PERIOD TO	CORRECT: Seven (7) days.				
01940 SS=G		dividualized treatment or n	01940			
	ordered or prescribe services, the assiste and include in the statement of the treatment will be provided must also develop a individualized treatment record contain at least the (1) a statement of the provided;	d for each resident which must following: he type of services that will be of specific resident instructions				
	will be delegated to (4) procedures for rappropriate license problem arises with	treatment or therapy tasks that unlicensed personnel; notifying a registered nurse or d health professional when a treatments or therapy				
	documentation of traceived, verification therapy was administration monitoring of treatment or therapy treatment or therapy	ecific requirements relating to eatment and therapy in that all treatment and stered as prescribed, and nent or therapy to prevent ons or adverse reactions. The y management record must ated when there are any				
	by:	ent is not met as evidenced and record review, the				

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	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	CONSTRUCTION	.	E SURVEY PLETED
		38580	B. WING	_	02/	C 09/2022
	PROVIDER OR SUPPLIER VIEW OF LONG PRA	IRIE IN	DRESS, CITY, ST AVENUE NOF RAIRIE, MN 56	RTHEAST		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
01940	monitored per physical was notified for out of four resident's (Founcontrolled blood change. R3 had an high blood sugar are to limited number of realimited number of situation has occurred.	nsure blood sugars were ician orders and the physician of range blood sugars for one (3) reviewed. R3 had sugars following an insulin unresponsive episode with a nd was hospitalized. ed in a level three violation (a ed a resident's health or safety, is injury, impairment, or death, as the potential to lead to hirment, or death), and was ed scope (when one or a esidents are affected or one or is staff are involved or the red only occasionally).				
	admitted to the faci the comprehensive began receiving as August 1, 2021. R3 dementia, insulin de and diabetic retinopour R3 clinic After Visit indicated R3 was to five times per day. R3's undated Individual Therapy Plan, indicated PCP blood glucose times per day to the treatment and there would be notified would be notified would be notified.	d was reviewed. R3 was lity on April 22, 2019, under home care license, and sisted living services on 's diagnoses included ependent diabetes mellitus,				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		` ′	(X3) DATE SURVEY COMPLETED	
		38580	B. WING			C 09/2022	
NAME OF PROVIDER OR SUPPLIER VALLEY VIEW OF LONG PRAIRIE IN STREET ADDRESS, CITY, STATE, ZIP CODE 1104 4TH AVENUE NORTHEAST LONG PRAIRIE, MN 56347							
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CON		(X5) COMPLETE DATE	
01940	Continued From page 65		01940				
	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)						

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		l ` ′	(X3) DATE SURVEY COMPLETED	
			, a boilbillo.		1	С
		38580	B. WING			09/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
VALLEY	VIEW OF LONG PRAI	IRIE IN	AVENUE NO RAIRIE, MN 4			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
01940	Continued From pa	ige 66	01940			
	breakfast. PCP-P ir	nt the evening and at adicated the plan was lity nursing staff agreed with				
	1:05 p.m., indicated during an office visi note indicated R3's R3 consumed less	dated August 27, 2021, at R3's insulin was updated it with PCP-P. R3's progress meal insulin was withheld if than 75% of her meal, ction was not indicated in				
	2021 through Septe had over blood sug the following days: *August 30, 2021, a *September 3, 202 *September 5, 202 *September 7, 202 *September 7, 202 *September 8, 202 *September 9, 202 *September 10, 202 *September 12, 202 *September 14, 202	checklist dated August 27, ember 14, 2021, indicated R3 ar readings over 300 mg/dL on at 5:26 p.m.: 326 mg/dL 1, at 4:39 p.m.: 339 mg/dL 1, 11:43 a.m.: 367 mg/dL 1, at 7:53 a.m.: 388 mg/dL 1, at 4:45 p.m.: 300 mg/dL 1, at 12:42 p.m.: 386 mg/dL 1, at 12:42 p.m.: 386 mg/dL 21, at 12:08 p.m.: 363 mg/dL 21, at 12:08 p.m.: 363 mg/dL 21, at (unknown time): 413 21, at 10:42 a.m.: 519 mg/dL 21, at				
	indicated the facility prescriptions for R3	on dated September 7, 2021, contacted PCP-P for written 3's insulin changes, but did not folled blood sugars following a				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		38580	B. WING			C 09/2022
	PROVIDER OR SUPPLIER VIEW OF LONG PRA	IRIE IN 1104 4T	ADDRESS, CITY, S' H AVENUE NO	RTHEAST		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TO DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
01940	Continued From pa	ge 67	01940			
	Blood sugars betwee September 14, 202 R3's progress note 12:41 a.m., written found R3 was not a reported R3 was drand was difficult to R3's blood glucose reported R3's blood hypotensive after it reported to RN-D,	PCP-P regarding R3's high en August 27, 2021 and 1. dated September 15, 2021, a by RN-D, indicated ULP-Q essed in her daytime clothes wake up. ULP-Q indicated level was 175 mg/dL. ULP-Q pressure remained was rechecked. ULP-Q R3 was drooling and letharging to the local hospital via				
	indicated law enforcement 12:51 a.m. R3's polenforcement found memory care unit. It breathing. Law enforcement found memory care unit. It breathing. Law enforcement in the LPM. ULP-Cappeared, "not to be appeared to be slighted administered her or indicated staff called responded to their called the 12:48 a.m EMS are September 15, 202 ambulance report in the floor. Law en R3 oxygen via simple for the R3 oxygen via simple for the floor. Law en R3 oxygen via simple for the floor. Law en R3 oxygen via simple for the floor. Law en R3 oxygen via simple for the floor. Law en R3 oxygen via simple for the floor. Law en R3 oxygen via simple for the floor. Law en R3 oxygen via simple for the floor. Law en R3 oxygen via simple for the floor. Law en R3 oxygen via simple for the floor. Law en R3 oxygen via simple for the floor. Law en R3 oxygen via simple for the floor. Law en R3 oxygen via simple for the floor. Law en R3 oxygen via simple for the floor. Law en R3 oxygen via simple for the floor. Law en R3 oxygen via simple for the floor. Law en R3 oxygen via simple for the floor. Law en R3 oxygen via simple for the floor. Law en R3 oxygen via simple for the floor.	lated September 15, 2021, cement arrived at the facility a lice report indicated law R3 laying on the floor in the R3 appeared not to be preement administered R3 face mask at 10 liters per Q reported at 11:00 p.m., R3 e herself." ULP-Q reported R htly better after staff range juice. R3's police report d 911 after R3 no longer commands. Doort dated September 15, facility contacted EMS at rived at the facility on 1, at 12:56 a.m. R3's ndicated EMS found R3 laying a forcement was administering ole face mask at 10 liters per ambulance report indicated of	3 t			

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38580 B. WING 02/09/2022	AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED	
		38580	B. WING			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	NAME OF PROVIDER OR SUPPLIER	PPLIER STREET AI	DDRESS, CITY, S	STATE, ZIP CODE		
VALLEY VIEW OF LONG PRAIRIE IN LONG PRAIRIE, MN 56347	VALLEY VIEW OF LONG PRA	G PRAIRIE IN				
PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPI	PREFIX (EACH DEFICIENC)	ICIENCY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI	D BE	(X5) COMPLETE DATE
Ontinued From page 68 September 15, 2021, at 12:00 a.m., ULP-Q administered thickened juice and gave R3 a cookie in an attempt to assist R3 to the bathroom. ULP-Q reported R3 did not eat dinner and reported feeling very tired all evening. EMS took R3's vital signs and reported all were within normal range except R3's blood glucose, which was measured at 272 mg/dL. R3's ambulance report indicated no blood glucose raising medication (glucagon) was administered to R3 while enroute to the hospital. On September 15, 2021, at 1:11 a.m., EMS left the facility and arrived at the hospital on September 15, 2021, at 1:15 a.m. R3's hospital record dated September 15, 2021, indicated R3 was admitted with diagnoses of altered mental status (AMS), hyponatremia, acute metabolic encephalopathy, and acute kidney injury. R3's blood glucose was recorded at 345 mg/dL upon hospital arrival. R3's progress note dated September 15, 2021, at 2:24 a.m., written by ULP-Q, indicated when ULP-Q arrived to work the overnight shift she found R3 still in her street clothes sitting in the recliner but R3 did not wake up, and did not look "right" R3's progress note indicated R3 was drooling, her lower lip was drooping, and her tongue appeared swollen. ULP-Q called RN-D who told ULP-Q to administer orange juice to "wake her up a bit." During an interview on February 16, 2022, at 3:00 p.m., RN-D stated R3 received daily blood glucose checks at 7:30 a.m., 11:40 a.m., and 4:45 p.m., or whenever there were additional	September 15, 202 administered thicker cookie in an attempt ULP-Q reported R3 reported feeling versus with signs and normal range excess was measured at 2 report indicated normal range excess was measured at 2 report indicated normal range excess while enroute to the 2021, at 1:11 a.m., arrived at the hosp 1:15 a.m. R3's hospital recombinated R3 was an altered mental statemetabolic encephasinjury. R3's blood grang/dL upon hospital recliner in the combinated R3 with the recliner in the combinated R3 still in hear recliner in the combinated R3 still in hear recliner in the combinated R3 look "right." R3's progress note 2:24 a.m., written by ULP-Q indicated R3 look "right." R3's progress note 2:24 a.m., written by ULP-Q indicated R3 look "right." R3's progress note 2:24 a.m., written by ULP-Q indicated R3 look "right." R3's progress note 2:24 a.m., written by ULP-Q indicated R3 look "right." R3's progress note 2:24 a.m., written by ULP-Q indicated R3 look "right." R3's progress note 2:24 a.m., written by ULP-Q indicated R3 look "right." R3's progress note 2:24 a.m., written by ULP-Q indicated R3 look "right." R3's progress note 2:24 a.m., written by ULP-Q indicated R3 look "right." R3's progress note 2:24 a.m., written by ULP-Q indicated R3 look "right." R3's progress note 2:24 a.m., written by ULP-Q indicated R3 look "right." R3's progress note 2:24 a.m., written by ULP-Q indicated R3 look "right." R3's progress note 2:24 a.m., written by ULP-Q indicated R3 look "right." R3's progress note 2:24 a.m., written by ULP-Q indicated R3 look "right." R3's progress note 2:24 a.m., written by ULP-Q indicated R3 look "right." R3's progress note 2:24 a.m., written by ULP-Q indicated R3 look "right." R3's progress note 2:24 a.m., written by ULP-Q indicated R3 look "right." R3's progress note 2:24 a.m., written by ULP-Q indicated R3 look "right." R3's progress note 2:24 a.m., written by ULP-Q indicated R3 look "right." R3's progress note 2:24 a.m., written by ULP-Q indicated R3 look "right." R3's progress note 2:24 a.m., wri	thickened juice and gave R3 a attempt to assist R3 to the bathroom ted R3 did not eat dinner and ng very tired all evening. EMS took as and reported all were within except R3's blood glucose, which ed at 272 mg/dL. R3's ambulance ed no blood glucose raising glucagon) was administered to R3 to the hospital. On September 15, a.m., EMS left the facility and hospital on September 15, 2021, at record dated September 15, 2021, at record dated September 15, 2021, was admitted with diagnoses of al status (AMS), hyponatremia, acute cephalopathy, and acute kidney lood glucose was recorded at 345 hospital arrival. Is note dated September 15, 2021, at itten by ULP-Q, indicated when d to work the overnight shift she in her street clothes sitting in the ecommon area of the memory care indicated she tried to get R3 up from ut R3 did not wake up, and did not R3's progress note indicated R3 was lower lip was drooping, and her ared swollen. ULP-Q called RN-D P-Q to administer orange juice to a bit." Perview on February 16, 2022, at 3:00 tated R3 received daily blood ks at 7:30 a.m., 11:40 a.m., and				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			A. BOILDING.)
		38580	B. WING		1	9/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
VALLEY	VIEW OF LONG PRAI	IRIE IN	AVENUE NO AIRIE, MN 5			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUT CROSS-REFERENCED TO THE APPRODEFICIENCY)	LD BE	(X5) COMPLETE DATE
01940	Continued From pa	ge 69	01940			
01940	glucose levels were either through fax or documented in R3's R3 was receiving machecks, but stated, be changed." During an interview p.m., PCP-P stated checked before me blood glucose checked before me blood glucose checked before me blood glucose checked p.m. and 7:30 a.m. should have notified glucose levels were adjust R3's insulin. if the facility only not blood glucose reading glucose levels 70 m refused her insulin. R3's refusal to take glucose checks. PC	communicated to PCP-P				
		tuations of her glucose."				
		reatment and Therapy Plan was requested but not				
	2021, indicated insu	titled, Insulin, updated July 1, ulin medications must be ding to the prescriber's orders.				
	TIME PERIOD TO	CORRECT: Seven (7) days.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		` ′	(X3) DATE SURVEY COMPLETED	
		38580	B. WING			C 09/2022
	PROVIDER OR SUPPLIER VIEW OF LONG PRAI	IRIE IN	DRESS, CITY, S AVENUE NO RAIRIE, MN 5			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOOD CROSS-REFERENCED TO THE APPLICATION OF CORRECTIVE ACTION SHOOD CROSS-REFERENCED TO THE APPLICATION OF CORRECTION	OULD BE	(X5) COMPLETE DATE
02350	Continued From pa	ge 70	02350			
02350 SS=D	144G.91 Subd. 7 C	ourteous treatment	02350			
00-0	Residents have the	right to be treated with ct, and to have the resident's h respect.				
	Based on interview licensee failed to en (ULP)-B, treated on courtesy, respect, a administration, with attempted to admin after she dropped hathroom floor in from the procession of the president's health or	and record review, the nsure an unlicensed personnel e of four residents (R1), with and dignity during medication records reviewed. ULP-B ister R1's medications to him his medications on the ont of R1's family members. ed in a level two violation (and tharm a resident's health or potential to have harmed a safety, but was not likely to by, impairment, or death), and				
	was issued at an isolation limited number of a limited number of	olated scope (when one or a esidents are affected or one or staff are involved or the red only occasionally).				
	The findings include	ə :				
	hire date was Augustraining transcript de ULP-B completed 9	record was reviewed. ULP-B's st 7, 2021. ULP-B's online ated August 2021, indicated 0.5 hours of online training ministration and treatments.				
		employee completed training sting in topics listed in				

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	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		20500	B. WING		02/0	
		38580	D. W		02/0	9/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
VALLEY	VIEW OF LONG PRAI	RIE IN	AVENUE NO AIRIE, MN 5			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	_D BE	(X5) COMPLETE DATE
02350	Continued From pa	ge 71	02350			
	admitted to the faci comprehensive hor receiving assisted if 2021. R1 was disch January 10, 2022. were not limited to brain injury (TBI), c R1 used a wheelch transfer mobility deresided in the facility R1's undated service medication manager R1's medication and dated November 20 prescribed he follow acetaminophen, 50 p.m.); levetiracetamitwice daily (9:00 p.m.); be cleanser to face one clindamycin 1%, appearance to face one clindamycin 1%, appearance to so the polyto both sides with cares, apply to Vicks vapor rub, appearance (ED), and bedtime,	ministration record (MAR), 021, indicated R1 was ving nighttime medications: 0 milligrams (mg) daily (9:00 n, 1,000 mg, by mouth (PO) n.); melatonin 3 mg, (9:00 e, 5 mg, one table PO, twice enzoyl peroxide 5%, apply ce daily at bedtime; ply lotion to face after zole 2%, apply to skin oth feet twice daily; vanicream, of legs and feet twice daily other dry areas if needed; ply to toenails every morning				
	During an interview	on January 19, 2022, at 1:30				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:			•
		38580	B. WING		02/0	<i>9</i> /2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
VALLEY	VIEW OF LONG PRA	IRIE IN	AVENUE NO RAIRIE, MN 5			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
02350	her when she was a trained me to give a supposed to do." It dropped R1's medicated stated she "flushed FAM-C and FAM-G dropped medication wasn't going to give a.m., family member returned from the ER1's medications. It is medications were sher gloves and crawknees trying to find stated ULP-B annoully pill in the medication medications and stated ULP-B she work medications. ULP-Ewas wearing gloves ULP-B if this "happed" was wearing gloves ULP-B if this "happed" was wearing gloves ULP-B if this "happed" was wearing gloves ULP-B if this "happed" of the told ULP-Ewas wearing gloves ULP-B if this "happed" of the told ULP-B if this "happed" of the told ULP-Ewas wearing gloves ULP-B if this "happed" of the told ULP-Ewas wearing gloves ULP-B if this "happed" of the told ULP-Ewas wearing gloves ULP-B if this "happed" of the told ULP-B if this "happed" of this "happed" of the told ULP-B if this "happed" of this "happed" o	I, she did not know who trained first hired. ULP-B stated, "they meds, basically what you're JLP-B admitted she has cations on the floor. ULP-B I' R1's medications after told her not to administer the ns, but stated, "but either way I				

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	AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		l ` ′	E CONSTRUCTION	COMPLETED	
			D WINC		C	
		38580	B. WING		02/0	9/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
VALLEY	VIEW OF LONG PRAI	RIE IN	AVENUE NO AIRIE, MN 5			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION DEFICIENCY)	D BE	(X5) COMPLETE DATE
02350	November 20, 2021 arrived, the lights in "completely black," sconces. FM-G stated due to it being a satisting in the dark, a in the dark. FM-G soff again. FM-G stated leave the lights on obstinate with me." ULP-B for R1's med meal. FM-G stated plopped the medical leave. FM-G asked told ULP-B she was medications. FM-G FM-G stated that we picking up dropped FM-G stated she voadministrator (A)-H competency in med stated A-H stated to	discharged from the ED on . FM-G stated when they the memeory care unit were, except for a few dimly lit wall red she turned the lights on fety hazard to have residents and R1 could nott eat his meal tated ULP-B turned the lights ted she told ULP-B to please FM-G stated ULP-B was "very FM-G stated she then asked dications to have with his ULP-B came back and tion on the table and began to she observed his Colace and is missing his other stated ULP-B, "stomped" off. as when FM-C found ULP-B pills from the bathroom floor. Sinced her concerns to regarding ULP-B's ication administration. FM-G other, "we need to do better."	02350			
	Job Description, up indicated ULP dealt with residents, their and exhibited good times.	titled, Unlicensed Personnel dated October 27, 2014, tactfully and compassionately family members, and staff, customer service skills at all CORRECT: Seven (7) days.				
02360		reedom from maltreatment	02360			
	sexual, and emotion exploitation; and all	right to be free from physical, nal abuse; neglect; financial forms of maltreatment /ulnerable Adults Act.				

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			7. BOILDING.		C	
		38580	B. WING		02/09/2022	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
VALLEY	VIEW OF LONG PRAI	RIE IN	AVENUE NO AIRIE, MN 5			
(X4) ID PREFIX TAG	/= 4 O L D == 1 O = 1 L O C D = D = D = D = D = D D C D L L L L L L L L L		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	LD BE COMPLETE	
02360	Continued From pa	ge 74	02360			
	by: Based on interviews facility failed to ensity (R1) was free from neglected. Findings include: On March 2, 2022, Health (MDH) issue and abuse occurred responsible for the with incident which MDH concluded the	ent is not met as evidenced s, and document review, the ure one resident reviewed maltreatment. R1 was the Minnesota Department of ed a determination that neglect d, and that the facility was maltreatment, in connection occurred at the facility. The ere was a preponderance of		No Plan of Correction (PoC) required Please refer to the public maltreat report (report sent separately) for of this tag.	ment	
03000 SS=D	(a) A mandated repletieve that a vulnerable adult has which is not reason immediately report common entry poin vulnerable adult soladmitted to a facility required to report sindividual that occurring unless: (1) the individual was another facility and believe the vulneral previous facility; or (2) the reporter know that the individual is		03000			

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AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		COMPLETED		
					С	
		38580	B. WING		02/0	9/2022
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
VALLEY	VIEW OF LONG PRAI	RIE IN	AVENUE NO AIRIE, MN 5			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION DEFICIENCY)	D BE	(X5) COMPLETE DATE
03000	provisions of this se described above. (c) Nothing in this se known or suspected knows or has reason been made to the condition of the critical of the cr	quired to report under the ection may voluntarily report as ection requires a report of dimaltreatment, if the reporter on to know that a report has common entry point. ection shall preclude a eporting to a law enforcement orter who knows or has eat an error under section on 17, paragraph (c), clause make a report under this eporter or a facility, at any time estigation by a lead y will determine or should reported error was not neglect teria under section 626.5572, agraph (c), clause (5), the nay provide to the common ly to the lead investigative explaining how the event of the section 626.5572, agraph (c), clause (5). The gency shall consider this eaking an initial disposition of	03000			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		` '	(X3) DATE SURVEY COMPLETED	
		38580	B. WING			C 09/2022
	PROVIDER OR SUPPLIER VIEW OF LONG PRA	IRIE IN	DDRESS, CITY, STANDER NO SERVICE	RTHEAST		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
03000	This practice result violation that did not safety but had the president's health or cause serious injury was issued at an is limited number of realimited number of situation has occur. The findings include R3 R3's record was retained to the licensee on Appropriate to the licensee on Appropriate to the licensee on Appropriate to the license of the l	erglycemia and severe ed in a level two violation (a ot harm a resident's health or cotential to have harmed a safety, but was not likely to y, impairment, or death), and colated scope (when one or a esidents are affected or one or staff are involved or the red only occasionally).				
	assistance with permanagement included transfers, hourly satisfied blood sugar checks walked using a four the use of a gait be	ce plan indicated R3 received sonal cares, medication ding insulin management, fety checks, repositioning, and three times per day. R3 r-wheeled walker and required It and the assist of one staffing, and the assist of two staffinest or tired.				
	July 30, 2021, indication glucose checks five primary care provide November 20, 2019	se (RN) assessment dated ated R3 received blood times per day per R3's er's (PCP) orders dated R3 required assistance with and occasionally resisted				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (DENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		l \ '	(X3) DATE SURVEY COMPLETED	
				t	С	
	38580	B. WING		l	09/2022	
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
VALLEY VIEW OF LONG PRAIR	RIE IN	AVENUE NO AIRIE, MN 5				
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
medication administ documenting R3's reactions before a Specific instructions Humalog (short acting the RN when R3's below 70 mg/dL and required Humalog in Lantus (long acting) bedtime. R3's blood monitored before ear PCP orders. Staff we administration record and guidelines. R3's required frequent do her blood glucose telements and guidelines. R3's required frequent do her blood glucose telements per day to threapy Plan, indicated and prescribed the follow Lantus-administer 20 the morning (8:30 a.mg/dL; Humalog 100 Units was administed ate over 75% of her resident consumed languages over 120 mg lucose over 120 mg	ons. Staff were to attempt ration three times before efusal and notifying the RN. opt to administer R3's disposing her medications. were given with R3's ong) insulin and when to notify plood glucose results were above 300 mg/dL. R3 onsulin with each meal and insulin in the morning and sugars (glucose) were not administration per R3's ere to review R3's medication of (MAR) for specific orders assessment indicated R3 onsage changes or review of ests. Itualized Treatment and atted the facility changed R3's monitoring orders from five the times per day without CP. R3's treatment and add the RN was notified a glucose was below 70 ong/dL. Gust 2021, indicated R3 was					

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	AND DIAN OF CORRECTION INTERPRETATION NUMBERS		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
ACALIEY VIEW OF LONG PRAIRIE IN			38580	B. WING		1	
REGULATORY OR LSC IDENTIFYING INFORMATION) O3000 Continued From page 78 RN contacted if resident consumed less than 75% of lunch; lispre-7 Units SQ (6:30 p.m.) if resident consumed 2/30 grams (gm) of carbohydrates and ate 75% of her dinner. RN was notified if resident's blood glucose-was under 120 mg/dL, and resident ate sets than 75% of her dinner. RN was notified if resident's blood glucose-was under 120 mg/dL, and resident ate less than 75% of her meal. R3's MAR indicated the on-call RN was notified before staff administered R3's insulin. R3's progress note dated August 27, 2021, at 1.05 p.m., indicated R3 sinsulin was updated during an office visit with PCP-P. Updated verbal orders transcribed by RN-J included the following: Continue Lantus 20 Units SQ in the morning (7:30 a.m.); change morning Humalog to 12 Units SQ (8:45 a.m.); continue Humalog 12 Units SQ at noon (11:45 a.m.); discontinue 6:30 p.m. insulin (Humalog 12 Units). R3's progress note indicated R3's meal insulin was withheld if R3 consumed less than 75% of her meal. R3's record indicated R3 refused or was not administered her insulin on the following dates: "August 1, 202, at 8:02 a.m. R3 sleeping. Blood glucose-129 mg/dL. *August 1, 202, at 12:35 p.m. Not administered. R3 eating. Blood glucose-138 mg/dL. *August 1, 2021, at 17:54 a.m. Held per RN, No reason documented. Blood glucose-230 mg/dL. *August 18, 2021, at 17:36 a.m. Held per RN, No reason documented. Blood glucose-240 mg/dL. *August 18, 2021, at 17:36 a.m. Held per RN, No reason documented. Blood glucose-240 mg/dL. *August 18, 2021, at 17:36 a.m. Held per RN, No reason documented. Blood glucose-240 mg/dL. *August 18, 2021, at 17:36 a.m. Held per RN, No reason documented. Blood glucose-240 mg/dL. *August 18, 2021, at 17:30 a.m. Held per RN, No reason documented. Blood glucose-240 mg/dL. *August 18, 2021, at 17:30 a.m. Hold per RN, No reason documented. Blood glucose-240 mg/dL. *August 18, 2021, at 17:30 a.m. Not administered. No reason documented.	VALLEY VIEW OF LONG PRAIRIE IN			AVENUE NO	PRTHEAST		
RN contacted if resident consumed less than 75% of lunch, lispro-7 Units SQ (6.30 p.m.) if resident consumed 2/30 grams (gm) of carbohydrates and ate 75% of her dinner. RN was notified if resident's blood glucose was under 120 mg/dL, and resident ate less than 75% of her meal. R3's MAR indicated the on-call RN was notified before staff administered R3's insulin. R3's progress note dated August 27, 2021, at 1:05 p.m., indicated R3's insulin was updated during an office visit with PCP-P. Updated verbal orders transcribed by RN-J included the following: Continue Lantus 20 Units SQ in the morning (7:30 a.m.); change morning Humalog to 12 Units SQ (8.45 a.m.); continue Humalog 12 Units SQ at noon (11:45 a.m.); discontinue 6:30 p.m. insulin (Humalog 12 Units, R3's progress note indicated R3's meal insulin was withheld if R3 consumed less than 75% of her meal. R3's record indicated R3 refused or was not administered her insulin on the following dates: "August 1, 202, at 8:02 a.m. R3 sleeping. Blood glucose-129 mg/dL. "August 8, 2021, at 17:54 a.m. Held per RN; R3 did not eat. Blood glucose-147 mg/dL. "August 8, 2021, at 17:54 a.m. Held per RN, R3 eating. Blood glucose-136 mg/dL. "August 12, 2021, at 17:54 a.m. Held per RN, No reason documented. Blood glucose-136 mg/dL. "August 12, 2021, at 17:65 a.m. Held per RN, No reason documented. Blood glucose-136 mg/dL. "August 12, 2021, at 17:36 a.m. Held per RN, No reason documented. Blood glucose-196 mg/dL. "August 18, 2021, at 17:36 a.m. Held per RN, No reason documented. Blood glucose-210 No reason documented. Blood glucose-210	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUNDS CROSS-REFERENCED TO THE APPROXIMATION OF	JLD BE	COMPLETE
mg/dL.	03000	RN contacted if res 75% of lunch; lisproresident consumed carbohydrates and was notified if resid 120 mg/dL, and resmeal. R3's MAR incontified before staff R3's progress note 1:05 p.m., indicated during an office visiorders transcribed Continue Lantus 20 (7:30 a.m.); change SQ (8:45 a.m.); connoon (11:45 a.m.); (Humalog 12 Units) R3's meal insulin where the standard standard in the standard stand	ident consumed less than p-7 Units SQ (6:30 p.m.) if 2/30 grams (gm) of ate 75% of her dinner. RN ent's blood glucose was under ident ate less than 75% of her dicated the on-call RN was administered R3's insulin. dated August 27, 2021, at R3's insulin was updated to with PCP-P. Updated verbal by RN-J included the following: Units SQ in the morning morning Humalog to 12 Units attinue Humalog 12 Units SQ at discontinue 6:30 p.m. insuling. R3's progress note indicated as withheld if R3 consumed er meal. and R3 refused or was not suling on the following dates: 8:02 a.m. R3 sleeping. Blood as withheld if R3 consumed er meal. T:54 a.m. Held per RN; R3 lucose-147 mg/dL. 12:35 p.m. Not administered. at 4:49 p.m. R3 refused. No die Blood glucose-136 mg/dL. at 4:49 p.m. R3 refused. No die Blood glucose-249 mg/dL. at 1:06 a.m. Held per RN. No die Blood glucose-249 mg/dL. at 7:36 a.m. Held. R3 for her meal. Blood in the following stream.				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		38580	B. WING			9/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
VALLEY	VIEW OF LONG PRA	IRIE IN	AVENUE NO RAIRIE, MN 5			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
03000	Continued From pa	ge 79	03000			
	R3 consumed only glucose-317 mg/dL *August 24, 2021, a glucose-142 mg/dL *August 25, 2021, a reason documented *September 8, 202 R3 consumed less glucose-255 mg/dL *September 9, 202 administered. R3 e mg/dL. *September 11, 202 administered. R3 re glucose-239 mg/dL *September 12, 202 No reason docume mg/dL. *September 14, 202 afternoon insulin no glucose-519 mg/dL R3's Individual Abu dated, September 14 ated, September 15 staff performed sate minutes. R3 unable The IAPP indicated immediately reported to a consumer mg/dL. R3's blood glucose	25% of her meal. Blood .at 8:05 a.m. R3 refused. Blood .at 11:58 a.m. Held per RN. No d. Blood glucose-243 mg/dL. 1, at 7:42 a.m. Held per RN. than 75% of meal. Blood . 1, at 11:35 a.m. Not ating. Blood glucose-216 21, at 11:46 a.m. Not efused to eat. Blood . 21, at 11:44 a.m. R3 refused. nted. Blood glucose-235 21, at 10:42 a.m. Morning and ot administered. Blood				

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the following days:

blood glucose levels were above 300 mg/dL on

*August 30, 2021, at 5:26 p.m.: 326 mg/dL

*September 3, 2021, at 4:39 p.m.: 339 mg/dL

*September 5, 2021, 11:43 a.m.: 367 mg/dL.

*September 7, 2021, at 7:53 a.m.: 388 mg/dL

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		` '	(X3) DATE SURVEY COMPLETED	
		38580	B. WING		02/09/2022	
	PROVIDER OR SUPPLIER VIEW OF LONG PRAI	RIE IN 1104 4TH	DDRESS, CITY, STANDER NO SERVICE	RTHEAST		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE
03000	*September 8, 2022 *September 10, 202 *September 10, 202 *September 12, 202 mg/dL *September 13, 202 *September 13, 202 *September 14, 202 R3's record lacked updated on R3's elebetween August 30 2021, or updated at R3's progress note 6:07 p.m., written by glucose level was 4 (mg/dL). Insulin was Staff would continue R3's faxed communation R3's record lacked PCP-P on R3's elevel between August 27 2021. R3's progress note 9:53 a.m., written by glucose level was 4 administered as ord monitor R3. R3's progress note 11:06 a.m., written by glucose level was 4 administered as ord monitor R3.	1, at 4:45 p.m.: 300 mg/dL 1, at 12:42 p.m.: 386 mg/dL 1, 6:05 p.m.: 475 mg/dL 21, at 7:46 a.m.: 326 mg/dL 21, at 12:08 p.m.: 363 mg/dL 21, at (unknown time): 413 21, at 12:20 p.m.: 341 mg/dL 21, at 10:42 a.m.: 519 mg/dL 22, at 10:42 a.m.: 519 mg/dL 23, at 10:42 a.m.: 519 mg/dL 24, at 10:42 a.m.: 519 mg/dL 25, at 10:42 a.m.: 519 mg/dL 26, at 10:42 a.m.: 519 mg/dL 27, at 10:42 a.m.: 519 mg/dL 28, at 10:42 a.m.: 519 mg/dL 29, at 10:42 a.m.: 519 mg/dL 201, at 10:42 a.m.: 519 mg/dL 201, at 10:42 a.m.: 519 mg/dL 201, at 10:42 a.m.: 519 mg/dL 21, at 10:42 a.m.: 519 mg/dL 22, at 10:42 a.m.: 519 mg/dL 23, at 10:42 a.m.: 519 mg/dL 24, at 10:42 a.m.: 519 mg/dL 25, at 10:42 a.m.: 519 mg/dL 26, at 10:42 a.m.: 519 mg/dL 27, at 10:42 a.m.: 519 mg/dL 28, at 10:42 a.m.: 519 mg/dL 29, at 10:42 a.m.: 519 mg/dL 201, at 10:42 a.m.: 519 mg/dL 2021, at 10:42 a.m.: 519 mg/dL 2021, at 10:42 a.m.: 519 mg/dL 21, at 10:42 a.m.: 519 mg/dL 22, at 10:42 a.m.: 519 mg/dL 23, at 10:42 a.m.: 519 mg/dL 24, at 10:42 a.m.: 519 mg/dL 25, at 10:42 a.m.: 519 mg/dL 26, at 10:42 a.m.: 519 mg/dL 27, at 10:42 a.m.: 519 mg/dL 29, at 10:42 a.m.: 519 mg/dL 201, at 10:42 a.m.: 519 mg/dL 2021, at 10:42 a.m.: 519 mg/dL 2021, at 10:42 a.m.: 519 mg/dL 21, at 10:43 a.m.: 519 mg/dL 22, at 10:43 a.m.: 519 mg/dL 23, at 10:43 a.m.: 519 mg/dL 24, at 10:43 a.m.: 519 mg/dL 25, at 10:43 a.m.: 519 mg/dL 26, at 10:43 a.m.: 519 mg/dL 27, at 10:43 a.m.: 519 mg/dL 29, at 10:43 a.m.: 519 mg/dL 2021, at 10:43 a.m.: 519 mg/dL 21, at				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		38580	B. WING		02/0) 9/2022
	PROVIDER OR SUPPLIER VIEW OF LONG PRAI	RIE IN	DRESS, CITY, S AVENUE NO			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
03000	RN-D placed a telescare provider's (PC glucose levels. R3's progress note 1:10 p.m., written be communication was updated blood glucose 12:41 a.m., written found R3 was not a reported R3 was drand was difficult to R3's blood glucose reported R3's blood hypotensive after it reported to RN-D, R3 was transported emergency medica. R3's police report dindicated law enforcement found memory care unit. If breathing. Law enforcement found memory care unit. If breathing. Law enforcement found memory care unit. If breathing. Law enforcement found memory care unit. If breathing administered her or indicated staff calle responded to their or R3's ambulance reported to their R3's ambulance reported to R3's ambulance reported	dated September 14, 2021, at y RN-D, indicated up. P-Q with ose levels. dated September 15, 2021, at by RN-D, indicated ULP-Q cting her normal self. ULP-Q essed in her daytime clothes wake up. ULP-Q indicated level was 175 mg/dL. ULP-Q pressure remained was rechecked. ULP-Q ressure remained was rechecked. ULP-Q as was drooling and lethargic. It to the local hospital via services (EMS). ated September 15, 2021, cement arrived at the facility at ice report indicated law R3 laying on the floor in the R3 appeared not to be orcement administered R3 ace mask at 10 liters per -Q reported at 11:00 p.m., R3 e herself." ULP-Q reported R3 htly better after staff range juice. R3's police report d 911 after R3 no longer commands.				
	12:48 a.m EMS ar	facility contacted EMS at rived at the facility on 1, at 12:56 a.m. R3's				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	` '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	38580	B. WING 02		02/0) 9/2022
NAME OF PROVIDER OR SUPPLIER VALLEY VIEW OF LONG PRA	AIRIE IN	DRESS, CITY, STAVENUE NOI			
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
on the floor. Law e R3 oxygen via sim minute (LPM). The September 15, 20 administered thick cookie in an attem ULP-Q reported R reported feeling ve R3's vital signs an normal range exce was measured at a report indicated no medication (glucay while enroute to the 2021, at 1:11 a.m. arrived at the hosp 1:15 a.m. R3's progress note 2:24 a.m., written ULP-Q arrived to ve found R3 still in he recliner in the com- unit. R3's progress toileted at 5:00 p.m. ULP-Q wrote R3 m ULP-Q indicated se recliner but R3 did "right." R3's progress drooling, her lowed tongue appeared se indicated ULP-Q un condition. RN-D to juice to "wake her in a wheelchair to	indicated EMS found R3 laying inforcement was administering ple face mask at 10 liters per ambulance report indicated on 21, at 12:00 a.m., ULP-Q ened juice and gave R3 a pt to assist R3 to the bathroom. 3 did not eat dinner and ery tired all evening. EMS took did reported all were within ept R3's blood glucose, which 272 mg/dL. R3's ambulance oblood glucose raising gon) was administered to R3 e hospital. On September 15, EMS left the facility and object the overnight shift she are street clothes sitting in the mon area of the memory care is note indicated R3 was last an on September 14, 2021, at end of the memory care is note indicated R3 was last an on September 14, 2021. The fused dinner, but ate a cookie, the tried to get R3 up from the not wake up, and did not look ess note indicated R3 was alip was drooping, and her swollen. R3's progress note polated RN-D on R3's ld ULP-Q to administer orange up a bit." ULP-Q transferred R3 R3's room with assistance from ng a brief change, ULP-Q				
noted R3 had an cand was incontine	pen wound on her left buttock, nt of stool and urine. ULP-Q who advised ULP-Q to call				

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AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		COMPLETED		
		38580	B. WING		02/0) 9/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	•	
VALLEY	VIEW OF LONG PRAI	RIE IN	AVENUE NO RAIRIE, MN 5			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
03000	Continued From pa	ge 83	03000			
	arrived and transpo progress note indica	edical technicians (EMT) rted R3 to the hospital. R3's ated ULP-Q called R3's g unable to reach R3's				
	indicated R3 was ad altered mental statu metabolic encephal	dated September 15, 2021, dmitted with diagnoses of us (AMS), hyponatremia, acute opathy, and acute kidney lucose was recorded at 345 al arrival.				
	R3's record lacked MAARC (CEP) repo	evidence the facility filed a ort.				
		2, at 12:15 p.m., RN-D y did not file a MAARC report.				
	member (FAM)-O, s 2021, at 1:00 a.m., from the facility stat unresponsive in a c breathing, but unres FAM-N arrived at th	22, at 10:00 a.m., family stated on September 15, she received a phone calling a ULP found R3 hair. FAM-O stated R3 was sponsive when she and he hospital. FAM-O stated she facility waited two hours to call				
	stated the facility did because she felt it of a report. RN-D state	22, at 12:25 p.m., RN-D d not file a MAARC report did not fit the category for filing ed, "I guess I felt it was more was going by what the staff				
	stated on Septembers arrived to work and	22, at 3:30 p.m., ULP-Q er 14, 2021, at 11:00 p.m., she found R3 still in her street ed R3 was incontinent of				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		38580	B. WING		02/0) 9/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
VALLEY	VIEW OF LONG PRAI	RIE IN	AVENUE NO AIRIE, MN 5			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
03000	outgoing staff, R3 whours before she arafter she and the ornarcotics, she attendathroom, but was ULP-Q stated she cadminister thickened it worked in the passistent of the results to RN-D the time of the incident ook were appropriated back and say this differently. The licensee policy Reporting and Investigation Minned incident appeared to the suspected abuse, massistent appeared to the suspected in Minned incident appeared to the suspected in Minned i	ge 84 P-Q stated she was told by vas last toileted at 5:00 p.m., rrived to work. ULP-Q stated atgoing ULP counted upted to assist R3 to the unable to get R3 to walk. called RN-D who told ULP-Q to do orange juice to R3, stating, st." ULP-Q stated she I glucose and vitals, and gave. ULP-Q stated she thought at lent she thought the steps she ate, stating you could always ngs could have been done titled, Vulnerable Adult stigation, dated March 26, licensee reported any neglect, or financial exploitation asota Statute 626.5572. If the obe suspected abuse, exploitation, the RN would an oral report to the CEP. It is as soon as possible, but notes from the time the RN wiedge the incident occurred. If not has occurred, the RN, in the home care director, would gate the incident. The RN was within 24 hours following the trif they were still unclear. CORRECT: Seven (7) days.				

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