

STATE LICENSING COMPLIANCE REPORT

Report #: HL999914255C

Date Concluded: March 27, 2023

Name, Address, and County of Facility

Investigated:

Breck Homes

312 West 95th Street

Bloomington, MN 55420

Hennepin County

Facility Type: Unlicensed Facility

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

The Minnesota Department of Health conducted a complaint investigation to determine compliance with state laws and rules governing the provision of care under Minnesota Statutes, Chapter 144G. The purpose of this complaint investigation was to review if facility policies and practices comply with applicable laws and rules. No maltreatment under Minnesota Statutes, Chapter 626 was alleged.

To view a copy of the correction orders, if any, please visit:

<https://www.health.state.mn.us/facilities/regulation/directory/provcompselect.html>, or call 651-201-4201 to be provided a copy via mail or email. If you are viewing this report on the MDH website, please see the attached state form.

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 99991	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/27/2023
NAME OF PROVIDER OR SUPPLIER UNLICENSED FACILITY / BRECK HOME RESIDENTIAL CARE CENTER, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 312 WEST 95TH STREET BLOOMINGTON, MN 55420		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
0 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, this correction order is issued pursuant to a complaint investigation.</p> <p>Determination of whether a violation is corrected requires compliance with all requirements provided at the statute number indicated below. When a Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p>INITIAL COMMENTS:</p> <p>#HL999914255C</p> <p>On March 27, 2023, the Minnesota Department of Health conducted a complaint investigation at the above provider, and the following correction order is issued. At the time of the complaint investigation, there were 12 residents receiving services.</p> <p>The following correction order is issued for #HL999914255C, tag identification 100.</p> <p>At the time of the investigation, the entity "Breck Homes" did not hold an Assisted Living Facility license.</p>	0 000	<p>Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3.</p>		
0 100 SS=F	<p>144G.10 Subdivision 1 License required</p> <p>(a)(1)?Beginning August 1, 2021, no assisted living facility may operate in Minnesota unless it is</p>	0 100			

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

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NAME OF PROVIDER OR SUPPLIER UNLICENSED FACILITY ALF		STREET ADDRESS, CITY, STATE, ZIP CODE 123 MAIN STREET SAINT PAUL, MN 55101			
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0 100	Continued From page 1 licensed under this chapter.? (2) No facility or building on a campus may provide assisted living services until obtaining the required license under paragraphs (c) to (e).? (b)?The licensee is legally responsible for the management, control, and operation of the facility, regardless of the existence of a management agreement or subcontract. Nothing in this chapter shall in any way affect the rights and remedies available under other law.? (c) Upon approving an application for an assisted living facility license, the commissioner shall issue a single license for each building that is operated by the licensee as an assisted living facility and is located at a separate address, except as provided under paragraph (d) or (e).? (d) Upon approving an application for an assisted living facility license, the commissioner may issue a single license for two or more buildings on a campus that are operated by the same licensee as an assisted living facility. An assisted living facility license for a campus must identify the address and licensed resident capacity of each building located on the campus in which assisted living services are provided.? (e) Upon approving an application for an assisted living facility license, the commissioner may:? (1) issue a single license for two or more buildings on a campus that are operated by the same licensee as an assisted living facility with dementia care, provided the assisted living facility for dementia care license for a campus identifies the buildings operating as assisted living facilities with dementia care; or? (2) issue a separate assisted living facility with dementia care license for a building that is on a campus and that is operating as an assisted living facility with dementia care.	0 100			

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0 100	<p>Continued From page 2</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and document review, owner (OW)-A failed to obtain assisted living licensure to provide assisted living services for 12 residents who resided in the licensee's two facility buildings located on its campus. OW-A operated under a Comprehensive Home Care license even though the residents resided in the two facility's owned by OW-A.</p> <p>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).</p> <p>Findings include:</p> <p>On March 27, 2023, the Minnesota Department of Health (MDH) initiated an investigation to address allegations Breck Homes located in Bloomington, Minnesota, operated without an assisted living license. MDH records indicated Breck Homes had a current Comprehensive Home Care license but did not hold an Assisted Living Facility (ALF) license. Breck Homes website indicated the two homes were licensed by MDH as a Comprehensive Home Care Provider and were registered with the state as a Housing with Services (HWS) establishment. Services the two facilities provided included but was not limited to the following: assistance with bowel and bladder care, memory care, including those with dementia/Alzheimer's disease, 24-on-call RN, 24-hour awake staff, 24-hour alarm system for residents who may wander, and skilled nursing</p>	0 100			

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0 100	<p>Continued From page 3</p> <p>services.</p> <p>Minnesota Statute 157.17 Subd. 5. indicates services that may not be provided in a boarding and lodging establishment or lodging establishment. Except those facilities registered under chapter 144D, a boarding and lodging establishment or lodging establishment may not admit or retain individuals who:</p> <p>(1) would require assistance from establishment staff because of the following needs: bowel incontinence, catheter care, use of injectable or parenteral medications, wound care, or dressing changes or irrigations of any kind; or</p> <p>(2) require a level of care and supervision beyond supportive services or health supervision services.</p> <p>Minnesota Statute chapter 144D had been repealed due to the 144G Assisted Living laws effective August 1, 2021. Therefore, comprehensive home care providers who had a housing with services establishment under 144D was required to obtain either an assisted living or assisted living with dementia care license.</p> <p>On March 27, 2023, at 10:20 a.m., the investigator arrived at the licensee's facility. The investigator observed there were two buildings located side-by-side that shared a driveway. A sidewalk connected the two buildings. The investigator entered the facility and was met by OW-A. The investigator observed a Comprehensive Home Care license posted on a bulletin board on the wall next to OW-A's desk. The license was effective April 6, 2022, and would expire April 5, 2023. An expired Boarding and Lodging Establishment Providing Special</p>	0 100			

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0 100	<p>Continued From page 4</p> <p>Services (BLSS) license that expired December 21, 2022, was posted next to the Comprehensive Home Care license</p> <p>On March 27, 2023, at 10:40 a.m., OW-A stated there were a total of 12 residents, six in each building, and five staff per shift for the two buildings. OW-A stated the front doors for the two facilities were not locked, stating there were no residents who wandered. OW-A confirmed the facility operated under two different licenses, a Comprehensive Home Care and BLSS licenses. OW-A stated having a BLSS and Comprehensive Home Care Provider license enabled her to provide services to the residents inside the two buildings she owned.</p> <p>On March 27, 2023, at 11:00 am., OW-A confirmed she was aware HWS no longer existed. The MDH investigator advised OW-A she was required to obtain an ALF license since staff provided services to the 12 residents who resided in the two facilities she owned. OW-A stated she would never obtain an ALF license, stating she would rather close the two facilities than apply for ALF licensure.</p> <p>TIME PERIOD OF CORRECTION: Twenty-one (21) Days</p>	0 100			