



STATE LICENSING COMPLIANCE REPORT

Report #: HL999914301C

Date Concluded: March 29, 2023

Name, Address, and County of Facility

Investigated:

Elder Haven Residential Care Inc.

367 4th street SW

Forest Lake, MN 55025

Washington County

Facility Type: Unlicensed Facility

Evaluator's Name: Erin Johnson-Crosby, RN
Special Investigator

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

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

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

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 03/28/2023
NAME OF PROVIDER OR SUPPLIER UNLICENSED FACILITY ALF Elder Haven Residential Care			STREET ADDRESS, CITY, STATE, ZIP CODE 367 Southwest 4th Street Forst Lake, MN 55025		
(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, these correction orders are 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>HL999914301C</p> <p>On March 28, 2023, the Minnesota Department of Health conducted a complaint investigation at the above provider, and the following correction orders are issued. At the time of the complaint investigation, there were 8 residents receiving services at the facility.</p> <p>The following correction orders are issued for #HL999914301C, tag identification 0100.</p> <p>At the time of the investigation, the entity Elder Haven Residential Care Inc. located at 367 4th street SW Forest Lake, MN, did not hold an Assisted Living Facility license. As a result, the enclosed violations do not include a time period for correction. In the event that the entity is licensed or permitted to operate in the future, it is required to immediately correct these violations.</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 Facilities. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators ' findings is the Time Period for Correction.</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</p>		

Minnesota Department of Health

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

TITLE

(X6) DATE

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0 000	Continued From page 1	0 000	ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.		
0 100 SS=I	144G.10 Subdivision 1 License required (a)(1)?Beginning August 1, 2021, no assisted living facility may operate in Minnesota unless it is 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	0 100			

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0 100	<p>Continued From page 2</p> <p>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.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the owner failed to obtain licensure to provide assisted living services to all eight residents. The facility provided assistance with all activities of daily living including medication management,. The facilities failure to obtain a current assisted living license had the potential to affect eight out of eight residents.</p> <p>This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>Findings include:</p> <p>A hand written resident list indicated eight residents resided at the facility and were admitted prior to a year ago.</p> <p>On March 28, 2023, the Minnesota Department of Health (MDH) initiated an investigation to address allegations Elder Haven Residential Care was operating without an assisted living license. MDH records indicated Elder Haven Residential Care comprehensive home care license expired June</p>	0 100			

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0 100	<p>Continued From page 3</p> <p>19, 2015. An internet search for Elder Haven identified an Elder Haven Facebook page, which advertised as an assisted living community for seniors.</p> <p>On March 28, 2023, at 10:30 a.m., the investigator entered the facility and did not observe a license. Owner-A stated the facility did not have a current license and the license expired over a year ago. Owner-A stated she had not filled out the application for an assisted living license. Owner-A stated there was no nurse or assessments completed at the time but was looking to hire a nurse. Owner-A verified the residents residing in the home required assistance with activities of daily living including medication administration. Owner-A stated she had three staff but she was the only one that administered medications. Owner-A stated she was not a nurse but had been trained to administer medications a few years ago. Owner-A also verified staff were able to sleep at night since they were not an assisted living.</p> <p>On March 28, 2023, at 10:35 a.m., the investigator observed four elderly females sitting in the living room.</p> <p>On March 28, 2023, at 11:15 a.m., Owner-A stated the residents and/or residents representatives were not aware the facility did not have a current license.</p> <p>No further information provided.</p>	0 100			