

STATE LICENSING COMPLIANCE REPORT

Report #: HL999917896C Date Concluded: March 15, 2023

Name, Address, and County of Facility Investigated:

Unlicensed Facility
DBA The Country Place Apartments
23110 347th Street SE
Erskine, MN 56353

Facility Type: Unlicensed Facility Evaluator's Name: Barbara Axness, 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

` '		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED			
					С		
		99991	B. WING		03/14	/2023	
NAME O	F PROVIDER OR SUF	PPLIER STREET ADD	DRESS, CITY, S	STATE, ZIP			
		CODE					
	NSED FACILITY ALF/	20110-04	7th Street S	SE .			
The Cou	ntry Place Assisted L	LISKIIIC, IV	<u>1N 56535</u>				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	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	
0 000	Initial Comments		0 000				
	*****ATTENTION*	****		Minnesota Department of Health i documenting the State Licensing	is		
	ASSISTED LIVING CORRECTION OR	PROVIDER LICENSING DER		Correction Orders using federal so Tag numbers have been assigned			
	In accordance with	Minnesota Statutes, section		Minnesota State Statutes for Assistation Living License Providers. The ass	sted		
		5, these correction orders are		tag number appears in the far left			
	issued pursuant to	a complaint investigation.		entitled "ID Prefix Tag." The state			
	Determination of w	hathar a vialation is carrected		number and the corresponding tex			
		hether a violation is corrected e with all requirements		state Statute out of compliance is the "Summary Statement of Defic			
		ute number indicated below.		column. This column also includes			
	•	Statute contains several		findings which are in violation of the			
		nply with any of the items will		requirement after the statement, "			
	be considered lack	of compliance.		Minnesota requirement is not met	as		
				evidenced by." Following the surv			
	INITIAL COMMENT	rs:		findings is the Time Period for Co	rrection.		
	#HL999917896C			PLEASE DISREGARD THE HEAI THE FOURTH COLUMN WHICH			
	_	, the Minnesota Department of		STATES,"PROVIDER'S PLAN OF			
		complaint investigation at the		CORRECTION." THIS APPLIES 1			
	•	the following correction		FEDERAL DEFICIENCIES ONLY	. THIS		
		At the time of the complaint were 22 residents receiving		WILL APPEAR ON EACH PAGE.			
	services at the facil	•		THERE IS NO REQUIREMENT T	·o		
				SUBMIT A PLAN OF CORRECTION			
	The following corre	ction orders are issued for		VIOLATIONS OF MINNESOTA ST			
	#HL999917896C, ta	ag identification 0100.		STATUTES.			
	At the time of the in	vestigation, the entity "The		The letter in the left column is use	ed for		
		tments," located at 23110		tracking purposes and reflects the			
		skine, Minnesota 56535, did		and level issued pursuant to 1440	•		
	· ·	d Living Facility license. As a		subd. 1, 2, and 3.			
	,	l violations do not include a					
	-	ection. In the event that the					
		permitted to operate in the					
	· •	to immediately correct these					
	violations.						

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

Minnesota Department of Health

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					,
	99991	B. WING		03/1	4/2023
NAME OF PROVIDER OR SU	PPLIER STREET AD	DRESS, CITY, S	STATE, ZIP	-	
	CODE				
UNLICENSED FACILITY ALF	20110-0-	17th Street S	SE .		
The Country Place Assisted	LISKIIIC, I	MN 56535			
	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO		DATE
			DEFICIENCY)		
0 100 144G.10 Subdivision	on 1 License required	0 100			
SS=I					
	ugust 1, 2021, no assisted				
	perate in Minnesota unless it is				
licensed under this	•				
	uilding on a campus may ing services until obtaining the				
•	der paragraphs (c) to (e).?				
	legally responsible for the				
	rol, and operation of the				
	of the existence of a				
	ement or subcontract. Nothing				
	I in any way affect the rights				
	able under other law.?				
()	an application for an assisted				
	e, the commissioner shall				
	se for each building that is ensee as an assisted living				
.	ed at a separate address,				
	under paragraph (d) or (e).?				
	an application for an assisted				
()	e, the commissioner may issue				
	two or more buildings on a				
campus that are op	erated by the same licensee				
as an assisted livin	g facility. An assisted living				
	campus must identify the				
	ed resident capacity of each				
	the campus in which assisted				
living services are p	an application for an assisted				
`	e, the commissioner may:?				
	license for two or more				
, , , , , , , , , , , , , , , , , , ,	pus that are operated by the				
same licensee as an assisted living facility with					
dementia care, pro	vided the assisted living facility				
	cense for a campus identifies				
_	ting as assisted living facilities				
with dementia care					
	te assisted living facility with				
demenda care licer	nse for a building that is on a				
					J

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STATE FORM 07L411 If continuation sheet 2 of 7

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STATEMENT OF DEFICIENC	\ /	PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN OF CORRECTION	1 1	DENTIFICATION NUMBER:	A. BUILDING:		COMF	PLETED
					(C
		99991	B. WING			14/2023
NAME OF PROVIDER OR SU	PPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP	<u> </u>	_
		CODE				
UNLICENSED FACILITY		23110 - 34	17th Street S	SE .		
The Country Place Ass		Erskine, N	/N 56535	<u> </u>		
		IT OF DEFICIENCIES BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO		(X5) COMPLETE
		NTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE		DATE
				DEFICIENCY)		
0 100 Continued F	rom page 2		0 100			
	•	ating as an assisted				
living facility	with dement	ia care.				
Thic MNI Doc	auiromont ic	not mot as avidanced				
	quirement is	not met as evidenced				
by: Based on ob	servation in	terview, and record				
	•	o obtain licensure to				
		ervices to 22 of 22				
-	•	vided assistance with all				
activities of o	daily living, m	nedication management,				
	•	meals, assistance with				
		s, and toileting. The				
		a current assisted living				
	he potential	to affect 22 of the 22				
residents.						
This practice	roculted in	a level three violation (a				
-		esident's health or safety,				
		ry, impairment, or death,				
	•	potential to lead to				
		nt, or death) and was				
	• •	cope (when problems				
are pervasiv	e or represei	nt a systemic failure that				
has affected	or has poter	ntial to affect a large				
portion or all	of the reside	ents).				
Findings incl	ude:					
On March 14	1 2022 tha 1	Minnesota Department of				
		investigation to address				
	,	Place in Erskine,				
	•	g without an assisted				
	•	ds indicated the Country				
		prehensive Home Care				
		an assisted living license.				
An internet s	earch for Th	e Country Place				
		ebsite, which advertised				
		assisted living				
•	•	seniors that offers				
security, serv	vice and soci	ialization. Services				

Minnesota Department of Health

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE		
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	COMPLETED	
				(С	
	99991	B. WING		03/	14/2023	
NAME OF PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP			
UNLICENSED FACILITY ALF	CODE	174b 04m4 0	_			
The Country Place Assisted	Living 23110 - 34	I7th Street S				
	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COR	RECTION	(X5)	
PREFIX (EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	COMPLETE DATE	
0 100 Continued From p	age 3	0 100				
•	nedication administration, 24 RN supervision, and personal					
entered the facility Comprehensive H on October 4, 202 Unlicensed persor investigator and st assisted living. UL	3, at 9:05 a.m., the investigator and observed a photocopy of a ome Care license that expired 2, posted in the entryway. Inel (ULP)-C greeted the ated the facility was an P-C stated the facility provided stration, meals, and other					
director (ED)-A cooperating under a license but he had assisted living lice the facility. ED-A september 2022, living license application coursely has an authey can be submit the facility has 20 residents. ED-A standard and they've licensed and were ED-A stated he was management did reduced to the facility that converse the facility had been seen and were ED-A stated he was management did reducing the converse	and an executive of the facility was comprehensive Home Care been trying to obtain an onse since he began working at tated since he started in the has submitted an assisted cation two or three times, but it ed. ED-A stated he later found out review was needed before all be approved and he rehitect reviewing blueprints so ted to the state. ED-A stated apartments with 22 current ated services provided included a period and meals. ED-A stated are no perating as an assisted been trying to get the facility doing the best they could. It is not sure why prior not get an assisted living license and sign and meals. ED-A stated are not sure why prior not get an assisted living license sign in August 2021.					
	3, at 9:35 a.m., ULP-C was g medications at the facility					

Minnesota Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION	IDENTIFICATION NOIMBER.	A. BUILDING:		COIVIE	LETED
		B WING		C	
	99991			03/1	4/2023
NAME OF PROVIDER OR SUPPLIER	STREET AD CODE	DRESS, CITY, S	STATE, ZIP		
UNLICENSED FACILITY ALF/	23110 - 34	47th Street S	SE		
The Country Place Assisted L			· -		
(X4) ID SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	ON	(X5)
PRÉFIX (EACH DEFICIENC	Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)		COMPLETE DATE
0 100 Continued From pa	age 4	0 100			
medication cart to showed the investigations and wadministering medinvestigator the medications to the facility's residence of the facility's	administer to R1. ULP-C gator her process of preparing hat steps she follows when cations. ULP-C showed the dication cart, which contained ed with various medications for its. On March 14, 2023, at vas observed administering 8, at 11:35 a.m., registered d she and a facility board ed for an assisted living license got rejected. RN-B stated she ails trying to figure out what application but was never RN-B confirmed the facility in management services and				
between her and Mathe initial application Licensure was operapplication online and application on issue conversion application approvisional license Country Place had email corresponde indicated there was the two assisted living facility were considered approvided from June 2021 as well as January application applica	pies of email correspondence IDH from May 25, 2021, when in period for Assisted Living in. RN-B was filling out the and emailed MDH with its she was having getting the ation submitted. On June 12, id RN-B to inform her the June is a conversion license had easility would need to apply for a last he application for The into been submitted. Further ince between MDH and RN-B is confusion on whether or not ling buildings owned by the ered a campus. Additional ons between MDH and RN-B is July, August, and November in a still experiencing				

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STATEMENT OF		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN OF C	ORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPI	LETED
			D WING		С	
		99991			03/1	4/2023
NAME OF PROV	IDER OR SUPPLIER	STREET ADI CODE	DRESS, CITY, S	STATE, ZIP		
UNLICENSE	D FACILITY ALF/	23110 - 34	7th Street S	SE		
The Country	Place Assisted L					
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI	ON	(X5)
PRÉFIX TAG	•	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)		COMPLETE DATE
0 100 Co	ntinued From pag	ge 5	0 100			
	ues with submitti olication.	ng the Assisted Living License				
bet Dec 202 que it su ser with sub	ween him and Mocember 2022, and 23. The communestions on finalizing the appoint ted. During the appoint ted.	DH from November and January and February ication was regarding ing the application and getting this time, ED-A engaged the and an architect to assist lication completed and				
ind Livi incl insi inje car	icated The Counting Facility Licentiuded medication ulin pen dosing, ections. Other se	SA, dated June 15, 2022, try Place had an Assisted se. Services provided management including nebulizers, eye drops, and rvices included basic wound with activities of daily living hing, bathing.				
Cor inve Cor Ser Min Pla can Der can	ntract & Lease Agestigator. The agentry Place Apartments is agency license partments of Heal partment of Heal	y's Housing with Services greement was provided to the greement indicated "The tments is a Housing with nent registered with the ent of Health. The Country also a Comprehensive home od by the Minnesota th to provide certain home ants of the Country Place				
cur ma	rent residents re nagement servic	nt roster indicated 16 of the 22 ceived medication es, including one resident management services.				
The	e facility's resider	nt roster indicated seven of				

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STATEMENT OF DEFICIENCIE AND PLAN OF CORRECTION	S (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	E CONSTRUCTION	(X3) DATE	SURVEY
AND I LAN OF CONNECTION	IDENTIFICATION NOIVIDEN.	A. BUILDING:		COIVII	
		B WING			
NAME OF DOOM DED OF OUR	99991 STREET AD	DRESS, CITY, S		03/1	4/2023
NAME OF PROVIDER OR SUF	CODE	DINESS, CITT, S	DIAIE, ZIP		
UNLICENSED FACILITY	20110	47th Street S	E		
The Country Place Assi	sted Living Erskine,	MN 56535			
PREFIX (EACH DEFI	RY STATEMENT OF DEFICIENCIES CIENCY MUST BE PRECEDED BY FULL Y OR LSC 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
0 100 Continued Fro	m page 6	0 100			
the 22 current management who received residents who one resident was C-Pap or Bi-Pap	residents received treatment services, including five residents blood glucose monitoring, two received oxygen management, and tho received assistance with a ap. esident roster indicated 12 ed in to the facility after the g Licensure regulations went in to				