STATE LICENSING COMPLIANCE REPORT

Report #: HL28513001C

Date Concluded: January 5, 2022

Name, Address, and County of Facility Investigated:
Oak Terrace Housing of Jordan
622 Aberdeen Avenue
Jordan, MN 55352
Scott County

Facility Type: Assisted Living Facility with Dementia Care (ALFDC)

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	28513	A. BUILDING: _____ B. WING _____	C 12/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK TERRACE HOUSING OF JORDAN	622 ABERDEEN AVENUE JORDAN, MN 55352

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments Initial comments ******ATTENTION****** HOME CARE PROVIDER/ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER In accordance with Minnesota Statutes, section 144A.43 to 144A.482/144G.08 to 144G.95, these correction orders are issued pursuant to a complaint investigation. Determination of whether a violation is corrected requires compliance with all requirements provided at the statute number indicated below. When a Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: #HL28513001C On December 30, 2021, 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 58 clients receiving services under the provider's Comprehensive Assisted Living with Dementia Care license. The following correction order is issued for #HL28513001C, tag identification 510.	0 000	Assisted Living Provider 144G. Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	

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0 510	Continued From page 1	0 510		
0 510 SS=F	144G.41 Subd. 3 Infection control program (a) All assisted living facilities must establish and maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control. (b)The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities. (c) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee 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 COVID-19. This had the potential to affect all 65 residents living in the facility. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). Findings Include: PERSONAL PROTECTIVE EQUIPMENT (PPE) The licensee failed to ensure staff wore the	0 510		

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0 510	Continued From page 2 required PPE while in resident care areas or when performing direct resident cares. The Minnesota Department of Health (MDH) guideline titled, Infection Prevention and Control: COVID-19, updated August 2, 2021, indicated all health care workers wore eye protection and a facemask when in resident areas and when providing resident cares regardless of vaccination status. The Centers for Disease Control (CDC) guideline titled, Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, updated September 10, 2021, indicated healthcare personnel working in facilities located in counties with substantial or high transmission should wear a face mask and eye protection. On December 30, 2021, at 9:55 a.m., the state surveyor entered the facility. On December 30, 2021, at 10:00 a.m., unlicensed personnel (ULP)-A was observed wearing her facemask below her nose and no protective eyewear while in a resident area of the facility. On December 30, 2021, at 11:17 a.m., activities director (AD)-E was observed not wearing protective eyewear while instructing an exercise class with six residents. On December 30, 2021, at 12:30 p.m., ULP-F was observed with her face shield off of her face while assisting a resident with eating. ULP-F was sitting less than six feet from the resident.	0 510		

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0 510	Continued From page 3 On December 30, 2021, at 2:15 p.m., activities coordinator (AC)-I was observed wearing side eye piece attachments with an open space between the eye piece and her face. On December 30, 2021, at 10:05 a.m., scheduling manager (SM)-B stated she thought protective eyewear was worn only during resident cares. The licensee policy titled, COVID-19 Preparedness Plan, dated June 29, 2020, indicated the licensee followed MDH and Centers for Disease Control (CDC) Guidelines. DISINFECTING REUSABLE EQUIPMENT The licensee failed to ensure a thermometer used for employee self-screening was disinfected after each use. The MDH guideline titled, COVID-19 Action Plan for Congregate Care Settings, updated December 21, 2021, indicated shared equipment should be cleaned and disinfected after each use. On December 30, 2021, at 2:05 p.m., ULP-H was observed entering the facility through the staff entrance door. ULP-F was observed taking her temperature, completing a symptom self-screening form, and performing a rapid antigen test before the start of her shift. ULP-H was observed not cleaning the thermometer after she used it. On December 30, 2021, at 2:10 p.m., licensed practical nurse (LPN)-J was observed entering the facility through the staff entrance. LPN-J was observed taking her temperature, completing a symptom self-screening form, and performing a rapid antigen test before the start of her shift.	0 510		

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0 510	Continued From page 4 LPN-J was observed not cleaning the thermometer after she used it. On December 30, 2021, at 2:00 p.m., housekeeping worker (HW)-G, stated she tried to clean the employee check-in table, including the pens and thermometer at least "daily," but stated she did not always get to clean the area due to being, "too busy." The licensee policy titled, Disinfecting Reusable Equipment and Environmental Surfaces, dated May 15, 2014, indicated reusable equipment and environmental surfaces would be properly disinfected after use. UNVACCINATED RESIDENTS NOT WEARING A FACE MASK IN COMMON AREAS The licensee failed to ensure unvaccinated residents wore a face mask when in common areas of the facility. The MDH guideline titled, COVID-19 Personal Protective Equipment and Source Control Grids, updated December 7, 2021, indicated face masks should be worn on unvaccinated residents and visitors. On December 30, 2021, at 10:45 a.m., SM-B stated unvaccinated residents were not required to wear facemasks in common areas of the facility. On December 30, 2021, at 1:10 p.m., licensed assisted living director (LALD)-C confirmed the facility never attempted to get unvaccinated residents to wear facemasks in common areas of the facility. The licensee policy titled, COVID-19	0 510		

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0 510	Continued From page 5 Preparedness Plan, dated June 29, 2020, indicated the licensee followed MDH and Centers for Disease Control (CDC) Guidelines. No further information was provided. TIME PERIOD TO CORRECT: Two (2) days.	0 510		