STATE LICENSING COMPLIANCE REPORT

Report #: HL30300002C

Date Concluded: December 16, 2021

Name, Address, and County of Facility Investigated:
Brookside
2729 State 371 SW
Pine River, MN 5474

Facility Type: Assisted Living Facility (ALF)

Evaluator's Name: Willette Shafer, 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
	30300	A. BUILDING: _____ B. WING _____	C 12/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKSIDE	2729 STATE 371 SW PINE RIVER, MN 56474

(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****** ASSISTED LIVING LICENSING CORRECTION ORDER In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a complaint investigation. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: On December 16, 2021, the Minnesota Department of Health conducted an investigation at the above provider, and the following correction order is issued. At the time of the investigation, there were 8 residents receiving services under the provider's Assisted Living license. The following correction order is issued for #HL30300002C, tag identification 510.	0 000	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.	
0 510 SS=F	144G.41 Subd. 3 Infection control program	0 510		

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0 510	Continued From page 1 (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 an effective infection control program that complied with accepted health care, medical, and nursing standards for infection control related to COVID-19. The deficient practice had the potential to affect eight out of eight 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, but was not likely to cause 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). The findings include: PERSONAL PROTECTIVE EQUIPMENT (PPE) The licensee failed to ensure staff wore personal protective equipment (PPE) per Center for	0 510		

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0 510	Continued From page 2 Disease Control (CDC) and Minnesota Department of Health (MDH) guidelines. The Minnesota Department of Health (MDH) electronic COVID-19 Toolkit, Information for Long-Term Care Facilities, dated March 8, 2021, indicated staff must wear a well-fitted facemask at all times, and institute use of eye protection when in resident care areas. The Minnesota Department of Health Infection Prevention and Control: COVID-19 electronic guidance for infection prevention and control in health care settings, dated August 2, 2021, indicated MDH recommends eye protection for all health care workers (HCW) in all resident care areas and when providing direct care. During an observation on December 16, 2021, at 12:30 p.m., unlicensed personnel (ULP)-A was not wearing protective eyewear when he appeared at the facility's entrance. ULP-A was observed not wearing protective eyewear while assisting residents with cares throughout the shift. During an observation on December 16, 2021, at 12:35 p.m., executive director (ED)-B was observed not wearing protective eyewear while in resident care areas. ED-B was observed wearing a medical-grade facemask below her nose while in resident care areas throughout her shift. During an interview on December 16, 2021, at 1:30 p.m., ED-B stated several residents and staff tested positive for COVID-19 in the past three months. When asked why the staff were not wearing eye protection the ED-B stated, "we don't follow that."	0 510		

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0 510	Continued From page 3 During an interview on December 16, 2021, at 2:15 p.m., registered nurse (RN)-C stated staff have been instructed to wear goggles and masks according to the CDC and MDH guidance. RN-C acknowledged ULP-A and ED-B were not wearing goggles while providing care for the residents. The licensee's policy titled, Epidemic and Pandemic, dated March 11, 2020, indicated the licensee implemented CDC infection control regulatory guidelines. STAFFING PLAN The licensee failed to develop a staffing emergency plan. The Minnesota Department of Health (MDH) electronic COVID-19 Toolkit, Information for Long-Term Care Facilities, dated March 8, 2021, indicated the licensee must have staffing redundancies so that if staff become ill on a shift or receive a positive test result (particularly when multiple staff are tested and could be pulled off shift on short notice) contingencies are in place. During an interview on December 16, 2021, at 1:30 p.m., ED-B stated several staff have tested positive for COVID-19 since the start of the pandemic. ULP-B stated the licensee does not have a contract with a staffing agency in case of a staffing crisis. When asked what the licensee would they do if the licensee had a staffing shortage, ED-B stated, "work harder." ED-B stated she works every day and was currently working a 12-hour shift because the scheduled staff was unable to report to work. During an interview on December 16, 2021, at 2:00 p.m., ULP-A stated several residents and	0 510		

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0 510	Continued From page 4 staff at the facility have tested positive for COVID-19 throughout the pandemic. The licensee's policy titled, Epidemic and Pandemic, dated March 11, 2020, indicated the licensee implemented CDC infection control regulatory guidelines. TIME PERIOD OF CORRECTION: Two (2) Day	0 510		