STATE LICENSING COMPLIANCE REPORT

Report #: HL30484001C

Date Concluded: March 2, 2022

Name, Address, and County of Facility Investigated:
Autumn Hill of Bemidji Inc.
2528 Park Avenue Northwest
Bemidji, MN 56601
Beltrami County

Facility Type: Assisted Living Facility (ALF)

Evaluator's Name: Jill Hagen, 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
	30484	A. BUILDING: _____ B. WING _____	C 02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN HILLS OF BEMIDJI INC	2528 PARK AVENUE NW BEMIDJI, MN 56601

(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 PROVIDER 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 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: #HL30484001C On February 25, 2022, the Minnesota Department of Health conducted a complaint investigation at the above provider, and the following correction order was issued. At the time of the complaint investigation, there were 29 clients receiving services under the provider's Assisted Living license. The following immediate correction order is issued for #HL30484001C, tag identification 0510.	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=I	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 document 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 29 residents, staff, and visitors. 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). Findings include: PPE The Minnesota Department of Health (MDH) COVID-19 Personal Protective Equipment (PPE) and Source Control Grids for Congregate Care	0 510		

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0 510	Continued From page 2 Settings document dated December 7, 2021, indicated health care workers should wear facemask's, and in facilities located in counties with substantial or high COVID-19 transmission, should also wear eye protection that covers the front and sides of the face. The Center for Disease Control and Prevention (CDC) Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, updated February 2, 2022, source control masks and physical distancing are recommended for everyone in a health care setting. It also indicated that in facilities located in counties with substantial or high COVID-19 transmission, health care workers should wear eye protection that covers the front and sides of the face during all patient care encounters. The Recommendations also stated, source control and physical distancing (when physical distancing is feasible and will not interfere with provision of care) are recommended for everyone in a healthcare setting. This is particularly important for individuals, regardless of their vaccination status, who live or work in counties with substantial to high community transmission or who are not up to date with all recommended COVID-19 vaccine doses. The Centers for Disease Control and Prevention, COVID Data Tracker, dated February 26, 2022, indicated the facility county transmission rate for COVID-19 was high. During the entrance conference on February 25, 2022, at 1:30 p.m. the owner/registered nurse (OW/RN)-A confirmed none of the staff wear eye	0 510		

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0 510	Continued From page 3 protection including goggles or eye shields while providing direct care or during resident care encounters for residents negative for COVID-19. At the time, two residents were in isolation for positive COVID-19. During a tour of the facility on February 25, 2022, at 2:30 p.m. OW/RN-A, unlicensed personnel (ULP)-B, ULP-C, ULP-D, ULP-E, ULP-F, and licensed practical nurse (LPN)-G were observed not wearing goggles or eye protection when serving food to eleven residents seated in the main dining room. In addition, none of the eleven resident wore source control masks or face coverings. Staff failed to encourage social distancing at the tables. The OW/RN-A indicated only one of the 28 vaccinated residents had received their COVID-19 booster shot, and one resident did not receive the COVID-19 vaccination. The licensee's policy and procedure titled Standard Precautions updated December 30, 2021, indicated all staff will wear surgical masks or fabric masks at all times. Staff will stay six feet apart from other staff and residents. Residents in the dining room would sit one resident per table. Residents would wear a face mask when they leave the building for an essential appointment. The policy and procedure failed to address the use of eye goggles or face shield during direct contact or other encounters with residents, social distancing of residents, and the use of face coverings for residents when out of their rooms. Resident Screening The Center for Disease Control and Prevention (CDC) Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019	0 510		

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0 510	Continued From page 4 (COVID-19) Pandemic, updated February 2, 2022, directed staff to actively monitor all residents upon admission and at least daily for fever (temperature =100.0°F) and symptoms consistent with COVID-19. Ideally, include an assessment of oxygen saturation via pulse oximeter. Older adults with SARS-CoV-2 infection may not show common symptoms such as fever or respiratory symptoms. Other COVID-19 symptoms can include fatigue, muscle or body aches, headache, sore throat, loss of taste and/or smell, or new dizziness, nausea, vomiting, or diarrhea. Additionally, more than two temperatures >99.0°F might also be a sign of fever in this population. Identification of these symptoms should prompt isolation and further evaluation for SARS-CoV-2 infection. During the entrance conference on February 25, 2022, at 1:30 p.m. OW/RN-A stated the licensee did not monitor the residents in the facility on a daily basis for signs and symptoms of COVID-19 including a temperature and oxygen saturations. The only symptoms monitored were shortness of breath, cough, and loss of taste or smell. During an interview on March 2, 2022, at 11:06 a.m. OW/RN-A stated although they ask each resident about COVID-19 symptoms of cough, shortness of breath, and loss of taste or smell daily, the staff do not check the resident's temperature or oxygen saturations. Review of the licensee's undated COVID-19 Screening (Residents) form indicated staff checked for symptoms of cough, shortness of breath, and loss of taste or smell. Visitor Screening The CDC Interim Infection Prevention and Control	0 510		

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0 510	Continued From page 5 Recommendation to Prevent SARS-CoV-2 Spread in Nursing Homes updated February 2, 2022, stated visitors should not visit if they have any of the following: A positive viral test for SARS-CoV-2, symptoms of COVID-19, or close contact with someone with SARS-CoV-2 infection. Upon entering the facility, on a small table to the left of the entry way was a thermometer, surgical masks, and alcohol based hand sanitizer. There were no signs directing visitors to self-monitor for signs and symptoms of COVID-19. During the entrance conference on February 25, 2022, at 1:30 p.m. OW/RN-A stated the facility had no formal system in place to ensure compliance with the visitor self-monitoring of symptoms of COVID-19 or a consistent means to monitor the visitor screening. Review of the licensee's undated Visitors Screening log indicated the visitor was to provide a temperature, the resident they were visiting, and whether they had a cough, shortness of breath, or loss of taste or smell. Review of the licensee's Visitation Policy dated January 1, 2022, indicated a family member would report to the main door and self-screen for temperature and questions. If a guest developed symptoms within three days after the visit and required COVID-19 testing they should contact the licensee. Signage The CDC Interim Infection Prevention and Control Recommendation to Prevent SARS-CoV-2 Spread in Nursing Homes updated February 2, 2022, directed facilities to ensure everyone was	0 510		

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0 510	Continued From page 6 aware of recommended infection control practices in the facility by posting visual alerts such as signs, posters at the entrance and in strategic places in the facility with instructions about current infection control recommendations such as when to use source control and perform hand hygiene. Dating these alerts can help ensure people know that they reflect current recommendations. During the tour of the facility with the OW/RN-A on February 25, 2022, there were no posters or signs observed at the facility entrance or throughout the facility regarding the licensee's current infection control recommendations. No additional information was provided by the licensee. Time Period for Correction: Immediate.	0 510		