STATE LICENSING COMPLIANCE REPORT

Report #: HL30835003C

Date Concluded: February 22, 2022

Name, Address, and County of Facility Investigated:
Valleyview of Jordan
4061 West 173rd Street
Jordan, MN 55352

Facility Type: Assisted Living Facility (ALF)

Evaluator's Name: Carrie Euerle MSN, 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
	30835	A. BUILDING: _____ B. WING _____	C 02/15/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEYVIEW OF JORDAN LLC	4061 WEST 173RD STREET JORDAN, MN 55352

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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: #HL30835003C On February 15, 2022, 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 43 clients receiving services under the provider's Assisted Living license. The following correction orders are issued for #HL30835003C, tag identification 0470, 0800, 1970, and 2290.	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.	
0 470 SS=D	144G.41 Subdivision 1 Minimum requirements	0 470		

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0 470	Continued From page 1 (11) develop and implement a staffing plan for determining its staffing level that: (i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility; (ii) ensures sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; and (iii) ensures that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility; (12) ensure that one or more persons are available 24 hours per day, seven days per week, who are responsible for responding to the requests of residents for assistance with health or safety needs. Such persons must be: (i) awake; (ii) located in the same building, in an attached building, or on a contiguous campus with the facility in order to respond within a reasonable amount of time; (iii) capable of communicating with residents; (iv) capable of providing or summoning the appropriate assistance; and (v) capable of following directions; This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to ensure the required staffing plan was developed and posted as required, potentially affecting the licensee's current 43 residents, staff and any visitors of the licensee. This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a	0 470		

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0 470	Continued From page 2 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: The licensee lacked a daily staffing schedule developed by the clinical nurse supervisor to: - include direct-care staff work schedules for each direct-care staff member showing all work shifts, including days and hours worked; - identify the direct-care staff member's resident assignments or work location; and - be posted after redacting direct-care staff member's resident assignments, at the beginning of each work shift in a central location in each building On February 15, 2022, at approximately 12:00 p.m. upon arriving at the establishment, an observation was made of the main entry area and ground floor area and lacked the required posting of the staff schedule. Interview with the Administrator (ADM)-A on February 15, 2022 at approximately 12:13 p.m. confirmed a staffing plan had not been developed or a schedule posted as required, as ADM-A was unaware of this requirement. The licensee lacked policies to include the new Assisted Living Licensure requirements, effective August 1, 2021. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 470		

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0 800 SS=D	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. This MN Requirement is not met as evidenced by: Based on observation and interview, the facility was not being maintained in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program.. This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). Findings include: On February 15, 2022 at 12:52 p.m. a facility tour was conducted with the Administrator (ADM)-A. During the facility tour, observations were made on the ground floor, third floor and fourth floor of the facility. - Observations made during the tour included that all common area, hallway and stairway windows of the facility had cobwebs, dirt and dust built up	0 800		

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0 800	Continued From page 4 in and around the windows and frames. - An observation of the walk-in tub room included gray linoleum that had bubbled in the area upon entry to the room. During an interview with a resident (R1) on 2/15/2022 at 2:15 p.m., R1 said that the facility had not cleaned the windows the whole time he has resided at the facility and that "you can hardly see out of the things." During am interview with ADM-A on 2/17/2022 at 10:50 a.m., ADM-A confirmed that she was aware of the windows being dirty and stated that she has asked management to have this completed but it has not been scheduled. In addition, ADM-A stated that cleaning of the facility is completed by maintenance, housekeeping and the night shift staff and she does believe that the inside of the windows is completed annually, however acknowledged that the last time she was aware of the windows of the facility being cleaned was four or five years ago as this requires additional equipment to complete the task. ADM-A was unaware of the bubbled up linoleum on the floor of the tub room and indicated she would report this problem to maintenance and have it repaired. A policy was requested however not provided by the facility. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 800		
01970 SS=F	144G.72 Subd. 6 Treatment and therapy orders There must be an up-to-date written or	01970		

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01970	Continued From page 5 electronically recorded order from an authorized prescriber for all treatments and therapies. The order must contain the name of the resident, a description of the treatment or therapy to be provided, and the frequency, duration, and other information needed to administer the treatment or therapy. Treatment and therapy orders must be renewed at least every 12 months. This MN Requirement is not met as evidenced by: Based on interview and document review the licensee failed to ensure there was an up-to-date written or electronically recorded order from an authorized prescriber for all treatments and therapies for 3 of 3 (R1, R2, R3) residents reviewed. The licensee administer over the counter drug tests to R1, R2, and R3 based on behavioral concerns, with no prescriber order for the tests. 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: R1 was admitted to the facility 1/16/2018 with diagnoses which included congestive heart failure (CHF), chronic kidney disease (CKD), hyperlipidemia (high cholesterol), and bipolar disorder. R1's care plan, dated 1/16/2018, indicated R1 was independent with all activities of daily living and was able to drive himself, independently use the telephone and was	01970	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.	

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01970	Continued From page 6 cognitively intact. R1's signed service agreement, dated 1/2/2022, indicated R1 received services which included medication management, housekeeping, safety checks and occasional reminders with bathing and grooming. Review of R1's progress notes dated 12/20/2021 at 12:53 p.m. indicated a urinalysis screening was completed on R1 due to R1's complaints of "bugs crawling" and increased anxiety. The test indicated a positive result for THC and benzodiazepines. R1 became upset by this and was offered water and to take another urine test in case this was a false positive result. R1's progress note dated 12/20/2021 at 2:01 pm indicated R1 provided a second, larger urine sample which was again positive for THC and benzodiazepines. R1's physician orders were reviewed and did not include a physician order for urinalysis to be completed or any contact with R1's physician regarding the clinical reasoning for the drug screening or any request for a urinalysis to be completed R2 was admitted to the facility 6/26/2017 with diagnosis which included hypertension, depression, anxiety, post-traumatic stress disorder (PTSD) and fibromyalgia. R2's care plan indicated R2 had mild cognitive impairment however was independent with all activities of daily living and received services which included medication management. Review of R2's progress notes dated 12/20/2021 at 1:29 p.m. indicated R2 presented to the DON's office per request and a urine sample for drug	01970	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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01970	Continued From page 7 screen was obtained. The test result came up negative except for benzodiazepines. R2 stated she had taken no medications other than prescribed. R2's physician orders were reviewed and did not include a physician order for urinalysis to be completed or any contact with a prescriber regarding the clinical reasoning for the drug screening or any request for a urinalysis to be completed R3 was admitted to the facility 3/11/2021 with diagnoses which included depression, schizoaffective disorder, bipolar disorder, obsessive compulsive disorder and a history of drug and alcohol abuse. R3's undated care plan indicated R3 was independent with all activities of daily living and received medication management services and occasional staff assistance by request. In addition, staff was directed to monitor for signs and symptoms of drug and alcohol use. R3's progress notes were reviewed, and a progress note entry dated 12/20/2021 at 12:11 p.m. indicated a urinalysis screen was completed on R3 due to complaints of bugs crawling on him and increased anxiety. Results of the test were negative. R3's physician orders were reviewed and did not include a physician order for urinalysis to be completed or any contact with a prescriber regarding the clinical reasoning for the drug screening or any request for a urinalysis to be completed. The nurse who completed the urinalysis on R1, R2 and R3 was no longer employed at the time of	01970		

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01970	Continued From page 8 the onsite visit. The Administrator (ADM)-A was interviewed on 2/15/2022 at 12:13 pm and 2:41 p.m. in regard to urine tests being completed on R1, R2 and R3. ADM-A stated it was the facility policy to complete random screening of residents, as the facility was considered an alcohol and drug free facility. ADM-A stated the tests being utilized by the facility were obtained from an online vendor and were considered at-home test kits that were administered by the nurse. ADM-A stated she was aware of R1 being drug screened due to an increase in behaviors but was unaware of R2 being tested. ADM-A then pulled up R2's progress notes in the facility's electronic system and discovered R2 was tested on 12/20/2021. ADM-A was asked if any other residents were screened that day and she stated she was unaware of any, however suspected if R1 and R2 were screened that R3 may have been as well. ADM-A then pulled up R3's progress notes in the electronic system and discovered R3 was also screened on 12/20/2021. ADM-A stated she was not informed of these screenings and could not state why these were completed and was unaware if any additional residents were screened and unaware if any additional follow up was completed. ADM-A was asked if any physician orders were obtained for urinalysis to be completed and the administrator confirmed no physician orders were obtained and no physicians were contacted prior to these tests being completed. R1 was interviewed on 2/15/2022 at 2:21 p.m. and indicated he was upset by the random drug screening completed by the facility and felt it was disrespectful and degrading to be subject to	01970		

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01970	Continued From page 9 random testing at his age. R1 also indicated the facility had tried to evict him due to the results of his urinalysis although they had since rescinded the eviction notice. An undated facility admission document entitled Valleyview of Jordan LLC Policies and Procedures indicated the facility was an alcohol-free facility and illegal and mood altering substances were not allowed at the facility. In addition, the document included that the facility held the right to administer both drug and alcohol tests if at any point the facility felt a resident was under the influence. TIME PERIOD FOR CORRECTION: Seven (7) Days	01970		
02290 SS=F	144G.91 Subd. 2 Legislative intent The rights established under this section for the benefit of residents do not limit any other rights available under law. No facility may request or require that any resident waive any of these rights at any time for any reason, including as a condition of admission to the facility. This MN Requirement is not met as evidenced by: Based on interview and document review, the licensee requested three of three residents (R1, R2, R3) reviewed to waive their rights, when the licensee required R1, R2, and R3 to sign house rules which included random drug testing. 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	02290		

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02290	Continued From page 10 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: R1 was admitted to the facility 1/16/2018 with diagnoses which included congestive heart failure (CHF), chronic kidney disease (CKD), hyperlipidemia (high cholesterol), and bipolar disorder. R1's care plan, dated 1/16/2018, indicated R1 was independent with all activities of daily living and was able to drive himself, independently use the telephone and was cognitively intact. R1's signed service agreement, dated 1/2/2022, indicated R1 received services which included medication management, housekeeping, safety checks and occasional reminders with bathing and grooming. R1 signed a Valleyview of Jordan LLC's Policies and Procedures document on 1/17/2018, which included that the licensee would administer random drug and alcohol testing if a resident suspected to be under the influence. R2 was admitted to the facility 6/26/2017 with diagnosis which included hypertension, depression, anxiety, post-traumatic stress disorder (PTSD) and fibromyalgia. R2's careplan indicated R2 had mild cognitive impairment however was independent with all activities of daily living and received services which included medication management. R2 signed a Valleyview of Jordan LLC's Policies and Procedures document on 6/27/2017, which	02290		

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02290	Continued From page 11 included that the licensee would administer random drug and alcohol testing if a resident suspected to be under the influence.\ R3 was admitted to the facility 3/11/2021 with diagnoses which included depression, schizoaffective disorder, bipolar disorder, obsessive compulsive disorder and a history of drug and alcohol abuse. R3's undated care plan indicated R3 was independent with all activities of daily living and received medication management services and occasional staff assistance by request. In addition, staff was directed to monitor for signs and symptoms of drug and alcohol use. R3 signed a Valleyview of Jordan LLC's Policies and Procedures document on 3/11/2021, which included that the licensee would administer random drug and alcohol testing if a resident suspected to be under the influence. Review of resident progress notes indicated R1, R2 and R3 were all randomly drug tested on 12/20/2021. Review of R1's progress notes dated 12/20/2021 at 12:53 p.m. indicated a urinalysis screening was completed on R1 due to R1's complaints of "bugs crawling" and increased anxiety. The test indicated a positive result for THC and benzodiazepines. R1 became upset by this and was offered water and to take another urine test in case this was a false positive result. R1's progress note dated 12/20/2021 at 2:01 pm indicated R1 provided a second, larger urine sample which was again positive for THC and benzodiazepines.	02290		

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02290	Continued From page 12 Review of R2's progress notes dated 12/20/2021 at 1:29 p.m. indicated R2 presented to the DON's office per request and a urine sample for drug screen was obtained. The test result came up negative except for benzodiazepines. R2 stated she had taken no medications other than prescribed. R3's progress notes were reviewed, and a progress note entry dated 12/20/2021 at 12:11 p.m. indicated a urinalysis screen was completed on R3 due to complaints of bugs crawling on him and increased anxiety. Results of the test were negative. R1 was interviewed on 2/15/2022 at 2:21 p.m. indicated he was upset by the random drug screening completed by the facility and felt it was disrespectful and degrading to be subject to random testing at his age. R1 also stated that he heard R2 was randomly tested on the same day as him since they were friends and that R2 was mad at him due to the R2 having to be tested. R1 also indicated the facility had tried to evict him due to the results of his urinalysis although they had since rescinded the eviction notice. The nurse who completed the testing was no longer employed at the facility at the time of the onsite visit. The Administrator (ADM)-A was interviewed on 2/15/2022 at 12:13 pm and 2:41 p.m. in regard to urine tests being completed on R1, R2 and R3. ADM-A stated it was the facility policy to complete random screening of residents, as the facility was considered an alcohol and drug free facility. ADM-A stated the tests being utilized by the facility were obtained from an online vendor and	02290		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30835	A. BUILDING: _____ B. WING _____	C 02/15/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEYVIEW OF JORDAN LLC	4061 WEST 173RD STREET JORDAN, MN 55352

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02290	Continued From page 13 were considered at-home test kits that were administered by the nurse. ADM-A stated she was aware of R1 being drug screened due to an increase in behaviors but was unaware of R2 being tested. ADM-A then pulled up R2's progress notes in the facility's electronic system and discovered R2 was tested on 12/20/2021. ADM-A was asked if any other residents were screened that day and she stated she was unaware of any, however suspected if R1 and R2 were screened that R3 may have been as well. ADM-A then pulled up R3's progress notes in the electronic system and discovered R3 was also screened on 12/20/2021. ADM-A stated she was not informed of these screenings and could not state why these were completed and was unaware if any additional residents were screened and unaware if any additional follow up was completed. An undated facility admission document entitled Valleyview of Jordan LLC Policies and Procedures indicated the facility was an alcohol-free facility and illegal and mood altering substances were not allowed at the facility. In addition, the document included that the facility held the right to administer both drug and alcohol tests if at any point the facility felt a resident was under the influence. An undated policy entitled Valleyview of Jordan, LLC Health Care Bill of Rights for Residents of Supervised Living Facilities indicated no facility may require a resident to waive these rights as a condition of admission to the facility. TIME PERIOD FOR CORRECTION: Seven (7) Days	02290		