STATE LICENSING COMPLIANCE REPORT

Report #: HL32151001C

Date Concluded: February 17, 2022

Name, Address, and County of Facility Investigated:
The Rosemount Senior Living
14344 Cameo Avenue
Rosemount, MN 55068
Dakota County

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

Evaluator's Name: Lissa Lin, 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
	32151	A. BUILDING: _____ B. WING _____	C 02/17/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ROSEMOUNT	14344 CAMEO AVENUE WEST ROSEMOUNT, MN 55068

(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: #HL32151001C On February 17, 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 99 residents services under the provider's Assisted Living with Dementia Care license. The following correction order is issued for #HL32151001C, 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=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	0 510		

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0 510	Continued From page 1 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 infection control program that complied with accepted health care, medical, and nursing standards for infection control and was 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. This affected 99 of 99 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) 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: Environmental Cleaning The licensee failed to ensure staff cleaned and	0 510		

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0 510	Continued From page 2	0 510		

documented regularly scheduled cleaning of the fitness center and the fitness center equipment.

An electronic document from the Centers for Disease Control (CDC), titled Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes and Long Term Care Facilities, dated February 2, 2022, indicated health care providers have access to all necessary supplies, including alcohol-based hand sanitizer 60-95% alcohol, personal protective equipment (PPE) and supplies for cleaning and disinfection.

During a tour of the licensee on February 17, 2022, at 9:34 a.m., a Minnesota Department of Health (MDH) surveyor observed the resident second floor fitness center. The room contained stationary equipment and hand weights/free weights. There was one spray bottle of cleaner and a roll of paper towels in the fitness center next to stationary bikes. The director of nursing (DON)-A said their former activity director was responsible for the fitness center equipment cleaning and had a log to track cleaning, but DON-A did not think staff was regularly cleaning the fitness center equipment or documenting any cleaning currently. DON-A said there was no log of who used and cleaned the equipment.

On February 17, 2022, at 10:40 a.m., the MDH surveyor observed a sign in the fitness center that read "please be sure to spray and disinfect bikes with Virex before/after use", "chemical needs to stay on surface for at least 5 minutes to work".

During an interview on February 17, 2022, at 11:10 a.m., environmental services staff (ES)-C said she works in the entire building and cleans the resident rooms and common areas. She was

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0 510	Continued From page 3 unsure about who cleaned the fitness center. During an observation at 11:15 a.m., 15 residents participated in an exercise class in the fitness center. A licensee policy titled, "Disinfecting Reusable Equipment and Environmental Surfaces," dated October 4, 2021, indicated reusable equipment and environmental surfaces will be properly disinfected after use; equipment and environmental surfaces are also disinfected routinely per COVID-19 guidelines. A blank document titled, "Building Cleaning Responsibility by Manager," dated December 15, 2021, indicated all high touch surfaces should be cleaned and sanitized a minimum of two times daily. If staff are responsible for a "room" or "area" that means all light switches, door knobs, hand rails, drawer pulls, counter tops, furniture, knick knacks, hand sanitizer display and catch shelve. etc. Anywhere a person can touch. TIME PERIOD TO CORRECT: Two (2) Days	0 510		