STATE LICENSING COMPLIANCE REPORT

Report #: HL32681001C

Date Concluded: November 3, 2021

Name, Address, and County of Facility Investigated:
River Oaks at Shady Ridge Road LLC
225 Shady Ridge Road NW
Hutchinson, MN 55350
McLeod County

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
	32681	A. BUILDING: _____ B. WING _____	C 10/26/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER OAKS AT SHADY RIDGE LLC	225 SHADY RIDGE ROAD NW HUTCHINSON, MN 55350

(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 144A.43 to 144A.482/144G., the Minnesota Department of Health issued a correction order(s) pursuant to a evaluation. 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: On October 26, 2021, the Minnesota Department of Health initiated an investigation of complaint #HL32681001C. At the time of the evaluation, there were 34 residents receiving services under the assisted living license. The following correction order is issued/orders are issued for #HL32681001C, tag identification 0510.	0 000	The Minnesota Department of Health documents 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 are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors ' findings is the Time Period for Correction. Per Minnesota Statute §144G.30, Subd. 5 (c), the home care provider must document any action taken to comply with the correction order. A copy of the provider ' s records documenting those actions may be requested for follow-up surveys. The home care provider is not required to submit a plan of correction for approval; please disregard the heading of the fourth column, which states "Provider ' s Plan of Correction." The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to Minn. Stat. § 144G.31, Subd. 2 and 3.	
0 510 SS=F	144G.41 Subd. 3 Infection control program (a) All assisted living facilities must establish and	0 510		

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0 510	Continued From page 1 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 facility failed to establish and maintain an effective infection control program that complies with accepted health care standards for infection control related to COVID-19. The facility failed to ensure staff and visitors entering or re-entering the building were screened for COVID-19 with documented temperatures and symptom screening questions. This had the potential to affect all 34 residents, staff and visitors at 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: The Minnesota Department of Health's (MDH) electronic COVID-19 Toolkit: Information for Long	0 510		

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0 510	Continued From page 2 Term Care Facilities, dated March 8, 2021, indicated on page 7: Screen all staff for fever and symptoms of illness before starting each shift. In addition to staff, conduct health screening for other essential health care personnel including therapy personnel, hospice, home care, dialysis, ombudsman, state surveyors, chaplain at end of life, mortician, etc. Conduct assessment for fever and ask about new symptoms of illness (measured or subjective fever, cough, shortness of breath, chills, headache, muscle pain, sore throat, or new loss of taste or smell). The MDH investigator entered the facility on October 26, 2021, at 1:00 p.m. There were no COVID-19 screening signs at the facility's main entrance or instructions for visitors on the Covid-19 screening process near the entrance. The MDH investigator was not screened upon entrance. During the entrance conference with the Senior Director of Nursing and the current Director of Nursing on October 26, 2021 at 1:05 pm both confirmed that visitors should be screened upon entrance to the facility and confirmed that the MDH investigator was not screened. The Senior Director of Nursing indicated the building was recently taken out of quarantine regarding Covid-19 exposures and the signage was not placed back up due to recent Covid-19 outbreak and a strict no visitor policy. Both Directors of Nursing confirmed the signage should be clearly indicated on the entrance door and visible to all visitors. At the time of the entrance conference, the Director of Nursing replaced the signage at the entrance door to ensure visitors would be screened per facility policy. An interview with the Administrator on November	0 510		

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0 510	Continued From page 3 3, 2021 at 1:11 pm confirmed that the policy of the facility was to screen all visitors upon entrance and signage indicating this should be clearly visible upon entrance to the facility. The administrator acknowledged that it is the expectation of the facility that this is completed and acknowledged this practice was not completed when the MDH investigator was onsite. A facility policy entitiled Memorandum Re: Covid-19 Facility Precautionary Procedures dated March 17, 2020 indicated the facility will be implementing several changes immediately in accordance with recommendation by the Minnesota Department of Health and the Centers for Disease Control and Prevention. The document indicated the facility will begin to screen all individuals who enter the facility at any time. The screening would include every essential visitor/provider/staff to be screened upon entrance utilizing Covid 19 precaution sign-in sheets that included a series of questions and having their temperature taken. Following each screening it is expected that both the individual completing the screening and the individual screened would wash their hands immediately. Time period for correction: Two (2) Days	0 510		