STATE LICENSING COMPLIANCE REPORT

Report #: HL33023001C

Date Concluded: January 26, 2022

Name, Address, and County of Facility Investigated:
Virginia CareFree Living
421 Tenth Street South
Virginia, MN 55792
Saint Louis County

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

Evaluator's Name: Angela Vatalaro, 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
	33023	A. BUILDING: _____ B. WING _____	C 01/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIRGINIA CAREFREE LIVING	**421 10TH STREET SOUTH VIRGINIA, MN 55792**

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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: #HL33023001C, #HL33023003C/#HL33023002M On January 26, 2022 through January 27, 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 35 residents receiving services under the provider's Assisted Living with Dementia Care license. The following correction order is issued for #HL33023001C, tag identification 0510. The following correction orders are issued for #HL33023003C/#HL33023002M, tag identification 0630, 1620.	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 License Providers. 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 surveyors' 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 colunn is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 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 and interview the licensee failed to establish and maintain an effective infection control program that complies with accepted health care, medical and nursing standards for infection control related to COVID-19. The deficient practice had the potential to affect 35 of 35 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: Resident Screening The licensee failed to screen resident for COVID-19 symptoms, temperature and oxygen saturation at least daily. The Centers for Disease Control and Prevention	0 510		

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0 510	Continued From page 2 (CDC) COVID-19, Interim Infection Prevention and Control Recommendations to prevent SARS-CoV-2 Spread in Nursing Homes and Long-Term Care Facilities, dated September 10, 2021, indicated to actively monitor residents at least daily for fever, symptoms consistent with COVID-19, and oxygen saturation via pulse oximetry. R2's diagnoses included type II diabetes. R2's service plan dated March 18, 2021, indicated R2 required assistance with bathing, medication management and administration, behavior interventions, tubi-grip application (compression bandage), meals, housekeeping, laundry, and safety checks. R2's Daily Temp and COVID Symptom Check document reviewed on January 26, 2022, indicated staff did not screen R2 on January 24, or 25, 2022. The document indicated "Missed." R3's diagnoses included failure to thrive. R3's service plan dated August 14, 2020, indicated R3 required assistance with bathing, medication management, ted stocking application (compression stockings), meals, housekeeping, laundry, and safety checks. R3's Daily Temp and COVID Symptom Check document reviewed on January 26, 2022, indicated staff did not screen R3 on January 24, or 25, 2022. The document indicated "Missed." R4's diagnoses included type II diabetes. R4's service plan dated September 17, 2020, indicated R4 required assistance with medication management and administration, meals, housekeeping, laundry, and safety checks.	0 510		

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0 510	Continued From page 3 R4's Daily Temp and COVID Symptom Check document reviewed on January 26, 2022, indicated staff did not screen R4 on January 24, or 25, 2022. The document indicated "Missed." On January 26, 2022, at 10:42 a.m., registered nurse (RN)-K stated residents screened for COVID-19 at least once daily. If a resident in the facility tested positive for COVID-19, screening increased to three times daily. Resident screening included temperature measurement, oxygen saturation measurement, and symptom screening. RN-K verified staff did not screen R2, R3, or R4 on January 24, or 25, 2022. The licensee-provided policy titled Resident Screening, updated May 20, 2021, residents screened for symptoms of COVID-19 at least daily. TIME PERIOD TO CORRECT- Two (2) days	0 510		
0 630 SS=D	144G.42 Subd. 6 Compliance with requirements for reporting ma (b) The facility must develop and implement an individual abuse prevention plan for each vulnerable adult. The plan shall contain an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults; the person's risk of abusing other vulnerable adults; and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. For purposes of the abuse prevention plan, abuse includes self-abuse. This MN Requirement is not met as evidenced	0 630		

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0 630	Continued From page 4 by:]Based on interview and record review, the licensee failed to develop and implement individual abuse prevention plan (IAPP) that included individualized assessment of the resident's susceptibility to abuse by another individual, including other vulnerable adults and self-abuse; the resident's risk of abusing other vulnerable adults; and statements of the specific measures to be taken to minimize the risk of abuse for one of one resident (R1) with records reviewed. 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 an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). Findings include: R1's diagnoses included Parkinson's disease and dementia. R1 started receiving services June 11, 2021. R1's service plan dated July 23, 2021, indicated R1 received services which included medication administration, assistance with bathing, dressing, housekeeping, laundry, meals, escorts within the building, fall risk interventions, and safety checks. R1's Mini Mental Exam (screening for cognitive function) dated June 11, 2021, left blank. R1's IAPP effective June 11, 2021, indicated R1 was at risk for falls and included interventions.	0 630		

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0 630	Continued From page 5 R1's assessment dated June 25, 2021, indicated R1 had a diagnosis of cognitive impairment of dementia associated with Parkinson's disease, with poor decision making skill. R1 had an elopement risk and history of statements about wanting to leave the facility. R1's IAPP effective June 11, 2021, updated June 30, 2021, indicated facility staff provided safety checks, and the facility had policy and procedures in place to minimize the diversion of controlled substances. The IAPP did not include susceptibility of abuse by others, susceptibility of self-abuse, and lacked statements of specific measures to be taken to minimize risk of abuse to R1. During an January 27, 2022, at 11:00 a.m., registered nurse (RN)-C verified R1's IAPP effective June 11, 2021, last updated June 30, 2021, was the current plan in use. She stated the IAPP developed after a RN completed an assessment. She said the assessment included the resident's vulnerabilities and specific measures to minimize risk of abuse. RN-C stated the RN used an assessment tool that included 55 different assessment questions. She verified the assessment tool used for R1's assessments conducted on June 25, 2021, and September 23, 2021, went to question 33 not question 55, and was incomplete. She said assessment questions beyond question 33 included other areas of vulnerability, these were not assessed, which in turn R1's IAPP did not update. She verified R1's assessment dated December 16, 2021, included identified areas of vulnerability and verified the IAPP did not update to reflect the assessment. The licensee-provided policy titled, Pre-Admission, Initial and On-Going Nursing	0 630		

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0 630	Continued From page 6 Assessments of Clients updated February 4, 2021, indicated an assessment conducted of the resident's areas of vulnerabilities and susceptibility to maltreatment and whether the resident poses a risk to other vulnerable adults. The RN used this assessment as basis for the resident's individual abuse prevention plan. Based on the vulnerability assessment specific measures to minimize risk of maltreatment will be placed on the service check off list available to caregivers. The vulnerability assessment will be completed at initial assessment, ongoing monitoring and assessment and upon significant change of condition. TIME PERIOD FOR CORRECTION: Seven (7) days	0 630		
01620 SS=D	144G.70 Subd. 2 Initial reviews, assessments, and monitoring (c) Resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services. Ongoing resident reassessment and monitoring must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the last date of the assessment. (d) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review. (e) A facility must inform the prospective resident	01620		

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01620	Continued From page 7 of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the registered nurse (RN) completed a comprehensive nursing assessment to include all areas identified on the uniform assessment tool for one of two resident's (R1) with records reviewed. 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 an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). Findings include: R1's diagnoses included Parkinson's disease, and dementia. R1 started receiving services June 11, 2021. R1's service plan dated July 23, 2021, indicated R1 received services which included medication administration, assistance with bathing, dressing, housekeeping, laundry, meals, escorts within the building, fall risk interventions, and safety checks. R1's Mini Mental Exam (screening for cognitive function) dated June 11, 2021, left blank.	01620		

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01620	Continued From page 8 R1's assessment dated June 25, 2021, indicated R1 had a diagnosis of cognitive impairment of dementia associated with Parkinson's disease, with poor decision making skill. R1 had an elopement risk and history of statements about wanting to leave the facility. The assessment did not specifically include R1's orientation and assessed ability to understand and be understood. R1's assessment dated September 23, 2021, indicated the same as the previous assessment, R1 had a diagnosis of cognitive impairment of dementia associated with Parkinson's disease, with poor decision making skill. R1 had an elopement risk and history of statements about wanting to leave the facility. The assessment did not specifically include R1's orientation and assessed ability to understand and be understood. The assessment did not identify if R1 had symptoms of emotional and mental health conditions or behavior expressions of concern. R1's assessment dated December 16, 2021, indicated the same as the previous assessment, R1 had a diagnosis of cognitive impairment of dementia associated with Parkinson's disease, with poor decision making skill. R1 had an elopement risk and history of statements about wanting to leave the facility. Interventions on this assessment included, R1 required reassurance, redirection and support throughout the due to cognitive impairment, repeated behavior, and emotion instability. R1 was vulnerable to depression and isolation. R1 was vulnerable due to physical deficits, had impaired mobility, and impaired skin integrity. The assessment did not include R1's orientation and assessed ability to understand and be understood.	01620		

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01620	Continued From page 9 During an interview on January 27, 2022, at 11:00 a.m., registered nurse (RN)-C stated the RN used an assessment tool that included 55 different assessment questions and assessments were conducted every 90 days or with change of condition. When asked how R1's cognitive status assessed and where this was noted in R1's assessments, she said the RN used a Mini Mental Exam to assess cognition. RN-C verified R1's assessment indicated a diagnosis of cognitive impairment of dementia associated with Parkinson's disease. RN-C verified R1's Mini Mental Exam left blank on June 11, 2021, and she said this was the only Mini Mental Exam in R1's record. RN-C verified R1's current orientation and assessed ability to understand and be understood was not assessed on September 23, or December 16, 2021. RN-C verified R1's assessment on September 23, 2021, did not identify if R1 had symptoms of emotional and mental health conditions or behavior expressions of concern. She also said the assessment tool used for assessments conducted on September 23, 2021, conducted to question 33, was incomplete, and elements beyond that were not assessed. The licensee-provided policy titled, Pre-Admission, Initial and On-Going Nursing Assessments of Clients updated February 4, 2021, indicated Mini Mental Assessments, are completed as best practice to obtain a cognitive baseline and to monitor for changes. The same policy included assessment schedule with appropriate timing, but lacked identification for completing uniform assessment tool content with assessment or reassessment. TIME PERIOD FOR CORRECTION: Seven (7) days	01620		

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