STATE LICENSING COMPLIANCE REPORT

Report #: HL33260001C **Date Concluded: November 17, 2021**

Name, Address, and County of Facility Investigated:
Suite Living Senior Care of Vadnais Heights
580 Liberty Way
Vadnais Heights, MN 55127
Ramsey County

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

Evaluator's Name: Peggy Boeck, 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, 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
	33260	A. BUILDING: _____ B. WING _____	C 11/08/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUITE LIVING SENIOR CARE OF VA	580 LIBERTY WAY VADNAIS HEIGHTS, MN 55127

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0 000	Initial Comments Initial comments ******ATTENTION****** HOME CARE PROVIDER/ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER In accordance with Minnesota Statutes, 144G.10 to 144G.93, the Minnesota Department of Health issued a correction order pursuant to a survey. 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 November 8, 2021, the Minnesota Department of Health initiated an investigation of complaint #HL33260001C. At the time of the survey, there were # 25 residents receiving services under the assisted living license. The following immediate correction order is issued. Correction orders for #HL33260001C tag identification 0510. Other correction orders with a period to correct that are not immediate may be issued at a later date during the investigation.	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=I	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 document review, the facility 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. The facility failed to ensure staff performed hand hygiene, wore recommended personal protective equipment (PPE), and failed to ensure staff put on and took off PPE in a manner that effectively prevented further spread of COVID-19 on the memory care unit that had a current outbreak. The facility also denied essential caregivers' access to visitation. This had the potential to affect all 25 residents, staff, and visitors at the facility. 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).	0 510		

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0 510	Continued From page 2 Findings include: The Minnesota Department of Health COVID-19 Toolkit, Information for Long-Term Care Facilities dated March 8, 2021 indicated to prevent unseen spread of COVID-19 in a facility, staff should use eye protection (face shield or goggles) during all resident care encounters to reduce COVID-19 exposure risk to staff. The guidance recommended eye protection when staff were in resident care areas. The guidance also recommended that the facility conduct health screenings for essential health care personnel including therapy personnel, hospice, home care, dialysis, ombudsman, state surveyors, chaplain at end of life, mortician, etc. The guidance included assessment for fever and asking about symptoms of illness. The Centers for Disease Prevention and Control (CDC) Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes and Long -Term Care Facilities guidance dated September 10, 2021 indicated the facility should ensure staff have access to supplies, including alcohol-based hand sanitizer, PPE, and supplies for cleaning/disinfecting. The guidance recommended the facility educate and train health care workers on practices to prevent spread of SARS-CoV-2. MDH COVID-19 Guidance: Long-term Care Indoor Visitation for Nursing Facilities and Assisted Living-type Settings dated May 20, 2021 indicated compassionate care visits, essential caregivers, and visits required under state and federal disability rights laws, should be allowed at all times, regardless of resident's vaccination	0 510		

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0 510	Continued From page 3 status, the county's COVID-19 positivity rate or an outbreak. On November 8, 2021 at 11:30 a.m. the Minnesota Department of Health (MDH) investigator entered the facility. A staff member approached and requested to take the investigator's temperature and oxygen level. The staff member identified the investigator's temperature to be 96.7 degrees Fahrenheit and the oxygen level to be 96%. The staff member did not ask the investigator to sanitize their hands or ask about symptoms. The staff member circled "no" under COVID -19 symptoms and filled in the investigator's temperature and oxygen level. The staff member did not sanitize the thermometer, pulse oximeter, or entrance keypad as noted on posted instruction. The staff member did not have the investigator fill out a visitor screening form. During an observation on November 8, 2021, at 11:40 a.m., the investigator identified the facility housing director and the registered nurse, who were both in their offices near the front entrance of the facility. During an observation on November 8, 2021, at 12:13 p.m., the MDH investigator observed an undated notice to staff in the assisted living area of the facility that indicated "Staff, On the weekends YES, we do need to take all visitor's temp and O2 at the door!!!! No exceptions we need to be using the screening sheets that are available at the door!! If staff are telling visitors we no longer do this disciplinary (sic) action will be taken!!! All staff need to sign" There were nine sets of initials on the document. During an observation on November 8, 2021, at 12:30 p.m., unlicensed personnel (ULP)-D	0 510		

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0 510	Continued From page 4 provided cares to several residents in their rooms. ULP-D wore two medical masks and no eye protection. During an observation on November 8, 2021, from 12:36 p.m. to 1:01 p.m., the MDH investigator observed the following rooms in the memory care unit: Room #24- a sign on the resident's door indicated "Contact Precautions. Everyone must: clean hands before entering and when leaving, put on gloves before entry and discard gloves before exit, put on a gown before entry and discard before exit.". A three drawer cart sat outside the room. The top drawer contained a package of medical grade masks, the second drawer contained a face shield, and the third drawer was empty. There was not a garbage can nearby. Room 27- a sign on the resident's door had the "Contact Precautions" information as noted above. A three-drawer cart sat outside the room. The top drawer contained a package of medical grade masks, the second and third drawers were empty. There was not a garbage can nearby. Room #28- a sign on the resident's door had the "Contact Precautions" information as noted above. A three-drawer cart sat outside the room. It had a bottle of hand sanitizer on top. The top drawer contained gloves, the second and third drawers were empty. There was not a garbage can nearby. Room #30- a sign on the resident's door had the "Contact Precautions" information as noted above. There was no cart or garbage can nearby. Room ##31- a sign on the resident's door had the "Contact Precautions" information as noted above. A three-drawer cart sat outside the room. The top drawer contained a package of medical grade masks, the second drawer contained a face shield, and the third drawer was empty.	0 510		

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0 510	Continued From page 5 There was not a garbage can nearby. Room #32-a sign on the resident's door had the "Contact Precautions" information as noted above. There was no cart or garbage can nearby. During an observation on November 8, 2021, at 3:00 p.m. the investigator observed two boxes of N-95 respirators in housing director (HD)-A's office. When asked about them, HD-A promptly removed the N95 respirators and brought them into the memory care unit. During an observation on November 8, 2021, at 3:03 p.m., the investigator observed ULP-F in the memory care unit. ULP-F wore two medical grade masks and no eye protection. ULP-F took the following steps to enter room #23 (at the time Identified with a Contact Precautions sign and a supply cart) ULP-F did not perform hand hygiene. ULP-F put on gloves, a gown, removed the two masks she had on, placed them upside down on a counter, put on an N95 respirator, and a face shield. ULP-F entered room #23 and engaged with the resident for several minutes with the room door open. ULP-F then shut the door to provide cares and came out with a garbage can. ULP-F removed her gloves and placed them in the garbage can, removed the gown and draped it over a handrail next to the room, took off her shield and went across the hall to perform hand hygiene. ULP-F walked around the memory care unit wearing the N95 respirator, and then went back to the gown hanging on the handrail, picked it up with bare hands and put it into the garbage can. ULP-F did not wash her hands or disinfect the handrail. During an observation on November 8, 2021, at 3:40 p.m., the investigator observed HD-A enter room #31 to provide care wearing a mask and no	0 510		

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0 510	Continued From page 6 eye protection. During an interview on November 8, 2021, at 12:15 p.m., activity director (AD)-B stated she screened people coming in the door of the facility due to her office being so close to the front door. AD-A stated she did not know if there were parameters for temperatures or oxygen levels, she took the measurements and wrote them down. AD-A stated she would probably ask the nurse if she had a question. During an interview on November 8, 2021, at 12:20 p.m., registered nurse (RN)-C stated the memory care unit currently had an outbreak of COVID-19 cases which included staff and residents. RN-C stated that she probably was identified as the infection preventionist for the building. RN-C stated she did not review the CDC or MDH websites because they were too hard to follow. RN-C stated the facility received updates from the director of nursing (who covered multiple buildings) or the "regional" (who was not a nurse) and she placed the updates in the COVID book. RN-C stated she did not review the COVID book but put the newest updates on the top. RN-C stated the "Contact Precautions" signs in the memory care were incorrect as several of the residents tested negative three days prior. RN-C stated that currently the only COVID-19 positive residents were in rooms #28 and #23. RN-C observed and confirmed that room #23 did not have a sign on the door or a supply cart. RN-C stated that staff were trained to remove PPE outside of room, and there should be a garbage can for them to throw PPE away outside the room with the exception of gowns. RN-C stated the facility policy was to place the gown on the inside of the room, and the staff used it over and over for that shift and then threw it away. RN-C stated	0 510		

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0 510	Continued From page 7 the facility was not short of gowns as they had a supply of reusable gowns that could be washed every day. During an interview on November 8, 2021, at 12:30 p.m., unlicensed personnel (ULP)-D stated that she had some goggles somewhere but forgot to put them on. ULP-D offered that she did not get vaccinated for COVID-19 but did not state why. ULP-D stated she wore two masks to "protect myself better." During an interview of November 8, 2021, at 1:30 p.m., housekeeping aide (HA)-E stated she normally worked in housekeeping but today was sent to the memory care unit to help out because they did not have a second staff. HA-E stated she wore two masks to keep from getting COVID. During an interview on November 8, 2021, at 3:03 p.m., ULP-F stated she did not wear goggles of a face shield, but did wear two masks, because it made her "feel better." During an interview of November 8, 2021, at 3:45 p.m., ULP-G stated she did not wear eye protection unless she went into a resident room. During an interview on November 10, 2021, at 2:40 p.m., family member (FM)- H stated that the facility prohibited essential caregiver visits in the memory care unit beginning on November 1, 2021, due to an outbreak. FM-H stated the facility blamed the outbreak on visiting family members. FM-H stated that the facility regional director of operations sent an e-mail out on October 27, 2021, indicating that the memory care closed to visits by essential caregivers. FM-H stated the facility gave no parameters for re-opening to essential caregivers, but FM-H was not allowed to	0 510		

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0 510	Continued From page 8 visit as an essential caregiver again on November 10, 2021. During an interview on November 10, 2021, at 3:28 p.m., director of nursing (DON)-I stated that the facility did close the memory care unit to essential caregivers because most of the time the caregivers were "just visiting and not helping our staff provide cares." DON-I stated that the definition of essential care giver is "to give cares." An e-mail dated November 1, 2021, at 9:55 a.m. from the facility regional director of operations to FM-H stated "MDH guidance is not law, merely guidance." The e-mail indicated the facility expectation of an essential caregiver was "to assist us in providing cares to your loved ones." The Competency form for Donning/Doffing for Suspected or COVID Positive Residents dated April 10, 2020, indicated HD-A was deemed competent. The Competency form for Donning/Doffing for Suspected or COVID Positive Residents dated July 10, 2020, indicated ULP-F was deemed competent. The Competency form for Donning/Doffing for Suspected or COVID Positive Residents dated October 18, 2021, indicated ULP-D was deemed competent. Progress notes dated November 1, 2021, indicated the resident in room #28 tested positive for COVID-9 that day. Progress notes dated November 8, 2021, indicated the resident in room #23 tested positive for COVID-19 on November 5, 2021.	0 510		

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0 510	Continued From page 9 The facility COVID Screening Staff and Visitors document indicated that one staff/visitor was screened on November 6, 2021, one staff was screened on November 7, 2021, and on November 8, 2021, indicated six staff/visitors were screened prior to the investigator screening at 11:30 a.m., but did not include a screening for HD-A or RN-C. The facility schedule for Saturday November 6, 2021 indicated 11 staff were scheduled to work on Sunday November 7, 2021, indicated 11 staff were scheduled to work. The facility COVID Cleaning Checklist dated November 8, 2021, indicated cleaning completed on AM, PM, and NOC shift to the following areas: handrails, tables, chair arms, light switches/plates, doorknobs, desks/countertops, common bathrooms (sink, toilet, counter, etc.), phones, Ipods, and computers/keyboards. The document did not indicate if the cleaning of these high touch areas was completed more than once or what time completed. It had a checkmark under a column labeled "done". A scrap of paper titled "COVID +" provided by RN-C to the investigator on November 8, 2021, at 4:30 p.m. contained the first names of seven residents, the date they were first identified as having a positive COVID-19 test, and the day/date ten days later. RN-C stated she did not use a line list, would document if the resident had symptoms in their progress notes, but this was how she tracked when a resident should be "off precautions." The Infection Prevention and Control COVID-19 policy dated March 2021 indicated the facility	0 510		

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0 510	Continued From page 10 would post visual alerts, signs, posters to provide instructions for visiting and restrictions. The policy indicated the facility would screen all employees and essential visitors and anyone entering the facility, and that all staff would pass screening and temperature check daily before being allowed to start the shift. The policy indicated that all staff should perform hand hygiene before and after all resident contact, before putting on and removing PPE, including gloves. The policy indicated all staff would receive training and demonstrate understanding of when to use PPE, what PPE is necessary, how to put on, take off, dispose of, or disinfect PPE. The policy indicated the facility enforced rigorous cleaning of high touch areas, such as doors, computer terminals, nursing stations, iPods, medication carts, phones, cell phones, etc. TIME PERIOD FOR CORRECTION: Two (2) Days	0 510		