

STATE LICENSING COMPLIANCE REPORT

Report #: HL34746001C

Date Concluded: January 28, 2022

Name, Address, and County of Facility

Investigated:

Avalon Memory Care Operator
910 Horn Drive
Minnetonka, MN 55305
Hennepin County

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

Evaluator's Name: Lori Pokela R.N.
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.

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34746	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/28/2022
NAME OF PROVIDER OR SUPPLIER AVALON MEMORY CARE OPERATOR		STREET ADDRESS, CITY, STATE, ZIP CODE 910 HORN DRIVE MINNETONKA, MN 55305		
(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: # HL34746001C On January 20, 2022, through January 28,2022, the Minnesota Department of Health conducted a complaint investigation at the above provider, and the following correction order is issued. At the time of the complaint investigation, there were four clients receiving services under the provider's Assisted Living with Dementia Care license. The following correction order is issued for # HL34746001C, 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	0 510		

Minnesota Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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0 510	Continued From page 1 (a) All assisted living facilities must establish and 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 licensee failed to provide appropriate care, when the licensee practice for personal protective equipment (PPE) (eye protection) was not in compliance with accepted infection control standards for Centers for Disease Control (CDC) and Minnesota Department of Health (MDH) Guidelines. 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) 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 Center for Disease Control and Prevention (CDC) Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019	0 510			

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

AVALON MEMORY CARE OPERATOR

**910 HORN DRIVE
MINNETONKA, MN 55305**

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0 510	Continued From page 2 (COVID-19) Pandemic, updated September 10, 2021, source control masks and physical distancing are recommended for everyone in a health care setting. It also indicated that in facilities located in counties with substantial or high COVID-19 transmission, health care workers should wear eye protection that covers the front and sides of the face during all patient care encounters. The Minnesota Department of Health (MDH) COVID-19 Personal Protective Equipment (PPE) and Source Control Grids for Congregate Care Settings document dated December 7, 2021, indicated that in facilities located in counties with substantial or high COVID-19 transmission, health care workers should wear facemasks, as well as eye protection that covers the front and sides of the face. On January 20, 2022, according to the CDC County Transmission Level, the licensee was located in a high COVID-19 transmission area. On January 20, 2022, it was observed that staff were not wearing eye protection, when in contact with or a distance closer than six feet from residents. During an interview with the investigator on January 20, 2022 at 10:40 a.m., the licensed assisted living director (LALD-C) stated eyewear was only worn during personal cares and that the policy had changed when the last resident was removed from quarantine on January 12, 2022. During an interview with the investigator on January 20, 2022 at 12:05 p.m., an unlicensed personnel (ULP-F), stated he wore PPE eyewear when going into rooms designated with	0 510		

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0 510	Continued From page 3 precautions. During an interview with the investigator on January 20, 2022 at 12:40 p.m., an unlicensed personnel (ULP-E) stated she wore PPE eyewear only when assisting residents with personal cares. A policy provided by the licensee titled: Policy on Essential Caregivers, dated July 20, 2020, indicated that essential caregivers shall be wearing a minimum facemask and PPE eye protection (3). Time Period for Correction: Two days.	0 510			