STATE LICENSING COMPLIANCE REPORT

Report #: HL36902007C

Date Concluded: February 16, 2022

Name, Address, and County of Facility Investigated:
A Daughter's Love Inc.
25184 Thunder Road
Staples, MN 56479
Wadena County

Facility Type: Assisted Living Facility (ALF)

Evaluator's Name: Jill Hagen, 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
	36902	A. BUILDING: _____ B. WING _____	C 01/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A DAUGHTERS LOVE INC	**25184 THUNDER ROAD STAPLES, MN 56479**

(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 were 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. **********REVISED********** INITIAL COMMENTS: #HL36902005C/#HL36902004M and #HL36902007C On January 28, 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 16 residents receiving services under the provider's Assisted Living license. The following immediate correction orders are issued. The following immediate correction orders are issued for #HL36902005C/#HL36902004M, tag identification 0110 and correction order issued for #HL36902007C, 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.	

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0 110	Continued From page 1	0 110		
0 110 SS=F	144G.10 Subdivision 1a Assisted living director license required Each assisted living facility must employ an assisted living director licensed or permitted by the Board of Executives for Long Term Services and Supports. This MN Requirement is not met as evidenced by: Based on interview and document review, the licensee failed to ensure the owner (OW)-A and/or registered nurse (RN)-B held a current assisted living director license (LALD). This had the potential to affect all of the licensee's sixteen (16) residents receiving assisted living services. 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). This resulted in an immediate correction order identified on February 1, 2022, at 11:09 a.m. Findings include: During interview on January 28, 2022, at 2:00 p.m. the OW-A stated she sent in the application, fee, and completed the required fingerprints for a background study for the LALD course for herself and RN-B but neither OW-A or RN-B completed the required course work. During a follow up interview on February 1, 2022,	0 110		

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0 110	Continued From page 2 at 11:09 a.m., the OW-A stated she planned to contact BELTSS to obtain instruction on attending the course for LALD. On February 1, 2022, at 10:30 a.m. the Minnesota Board of Executives for Long-Term Services and Support website (BELTSS) was reviewed, and OW-A and RN-A were not listed as a LALD. No further information was provided. TIME PERIOD FOR CORRECTION: Immediate	0 110		
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 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 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, when they did not comply with MDH guidance for COVID-19 related to wearing	0 510		

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0 510	Continued From page 3 protective eyewear while working in the facility. This had the potential to affect all sixteen (16) residents, staff, and visitors. 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). This resulted in an immediate correction order identified on February 1, 2022, at 11:09 a.m. Findings include: The Minnesota Department of Health (MDH) guidance titled, COVID-19 Personal Protective Equipment (PPE) and Source Control Grids, dated December 7, 2021, indicated health care workers working with residents with or without suspected or confirmed SARS-CoV-2 (Covid-19) wear eye protection in communities with high community transmission levels. The Centers for Disease Control and Prevention (CDC) guidance titled, Strategies for Optimizing the Supply of Eye Protection, updated September 13, 2021, indicated healthcare personnel working in areas of high substantial transmission should use eye protection during all resident encounters. On January 28, 2022, at 1:15 p.m., the investigator entered the facility and observed the owner (OW)-A wearing her eye glasses and not protective eyewear. The OW-A stated she was providing direct resident care that day and interacting with a residents in their rooms and	0 510		

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0 510	Continued From page 4 common areas. On January 28, 2022, at 1:15 p.m., unlicensed personnel (ULP)-C was observed not wearing protective eyewear when providing direct resident care in the common areas. When interviewed on January 28, 2022, at 1:20 p.m., the OW-A was not aware facility staff should be wearing protective eyewear. Observation of the facility on January 28, 2022, at 1:30 p.m. indicated upon entering the main entrance, there was a common area for staff with an adjacent common area for residents. Two residents were seated in the recliners in the common area. In the opposite direction from the staff common area, there was second common area with three residents seated. Staff interacted with the residents without protective eyewear. On January 28, 2022, at 2:05 p.m., ULP-D was observed providing direct resident care in the common area without protective eyewear. On January 28, 2022, at 3:00 p.m., ULP-E was observed not wearing protective eyewear with residents present in the common area. On January 28, 2022, at 3:02 p.m., ULP-F was observed providing direct resident care in the common area without protective eyewear. Although OW-A was aware staff should be wearing protective eyewear, no direct care staff were observed to apply eyewear during the remainder of the onsite visit. On January 28, 2022, at 6:58 p.m. a voice message received by OW-A stated, today, two	0 510		

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0 510	Continued From page 5 residents at the facility tested positive for Covid-19. Review of the licensee's policy and procedure titled Covid-19 Resident and Employee Screening and Safety with a revision date of January 27, 2022, stated, staff caring for possible Covid-19 residents must wear proper PPE, gown, gloves, goggles, and mask. Staff must wear face shields or goggles when having contact with a resident whether they are negative, positive, even when delivering water. TIME PERIOD TO CORRECT: Immediate.	0 510		