STATE LICENSING COMPLIANCE REPORT

Report #: HL99997015C

Date Concluded: December 13, 2021

Name, Address, and County of Facility Investigated:
Assurant Care Homes LLC
11410 Crooked Lake Blvd NW
Coon Rapids, MN 55433
Anoka County

Facility Type: Unlicensed Facility

Evaluator's Name: Laura duCharme, 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
	99997	A. BUILDING: _____ B. WING _____	C 12/13/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNLICENSED FACILITY	**123 MAIN ST SAINT PAUL, MN 55101**

(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****** HOME CARE PROVIDER/ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER In accordance with Minnesota Statutes, section 144A.43 to 144A.482/144G.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: #HL99997015C On December 13, 2021, 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 two clients receiving services. The following correction order is issued/orders are issued that were not issued at the time of immediate correction orders. The following correction order is issued/orders are issued for #HL99997015C, tag identification 0100.	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.	
0 100 SS=F	144G.10 Subdivision 1 License required 144G.10 Subdivision 1. License required.	0 100		

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0 100	Continued From page 1 (a)(1)?Beginning August 1, 2021, no assisted living facility may operate in Minnesota unless it is licensed under this chapter.? (2) No facility or building on a campus may provide assisted living services until obtaining the required license under paragraphs (c) to (e).? (b)?The licensee is legally responsible for the management, control, and operation of the facility, regardless of the existence of a management agreement or subcontract. Nothing in this chapter shall in any way affect the rights and remedies available under other law.? (c) Upon approving an application for an assisted living facility license, the commissioner shall issue a single license for each building that is operated by the licensee as an assisted living facility and is located at a separate address, except as provided under paragraph (d) or (e).? (d) Upon approving an application for an assisted living facility license, the commissioner may issue a single license for two or more buildings on a campus that are operated by the same licensee as an assisted living facility. An assisted living facility license for a campus must identify the address and licensed resident capacity of each building located on the campus in which assisted living services are provided.? (e) Upon approving an application for an assisted living facility license, the commissioner may:? (1) issue a single license for two or more buildings on a campus that are operated by the same licensee as an assisted living facility with dementia care, provided the assisted living facility for dementia care license for a campus identifies the buildings operating as assisted living facilities with dementia care; or? (2) issue a separate assisted living facility with dementia care license for a building that is on a campus and that is operating as an assisted	0 100		

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0 100	Continued From page 2 living facility with dementia care. This MN Requirement is not met as evidenced by: Based on observation, interview, and document review, the facility failed to obtain licensure while providing services to two residents (R1 and R2) and advertising as an assisted living facility. The facility provided assistance with all activities of daily living, medication management, oxygen management, mental health management, meals, ambulation, and incontinence care. The facility's failure to obtain a current assisted living license had the potential to affect two of two residents that resided in the assisted living. 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, but was not likely to cause 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 clients). Findings include: On December 13, 2021, an Internet search for Assurance Care Homes LLC included the 11410 Crooked Lake Blvd NW, Coon Rapids facility as a current operational facility providing residents with customized living experiences with mild to severe medical and/or behavioral needs, When interviewed on December 13, 2021, at 3:00p.m., R1 stated she moved to the facility approximately two months prior. When interviewed on December 13, 2021, at 3:15	0 100		

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0 100	Continued From page 3 p.m., unlicensed personnel (ULP)-A stated she provided services for the two residents currently living in the facility and had been working shifts at that facility for approximately two months. ULP-A stated there were three residents but one resident moved to another facility the week prior to this observation. When interviewed on December 13, 2021, at 3:20 p.m., ULP-B stated she provided services for the two residents living in the facility. ULP-A stated she had been employed with Assurant Care Homes for approximately two years but had been working at the 11410 Crooked Lake Blvd NW address for approximately two months. When interviewed on December 13, 2021, at 3:30 p.m., the licensed assisted living director (LALD), stated he is in the process of getting the11410 Crooked Lake Blvd NW location licensed but moved residents to that location two months ago to complete updates and repairs on the facility they were living in. LALD stated the repairs were complete and he would be moving them back to the repaired licensed location. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 100		