DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

January 13, 2023

Licensee
Gable Pines At Vadnais Heights
1260 East County Road East
Vadnais Heights, MN 55110

RE: Project Number(s) SL32419015

Dear Licensee:

On December 29, 2022, the Minnesota Department of Health completed a follow-up evaluation of your facility to determine if orders from the October 13, 2022, evaluation were corrected. This follow-up evaluation verified that the facility is in substantial compliance.

It is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body. You are encouraged to retain this document for your records.

Please feel free to call me with any questions.

Sincerely,

Jess Gallmeier, Supervisor
Health Regulation Division
State Evaluation Team
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Email: jess.gallmeier@state.mn.us
Phone: 651-201-3789 Fax: 651-215-9697

HHH

Electronically Delivered

November 2, 2022

Administrator
Gable Pines At Vadnais Heights
1260 East County Road E
Vadnais Heights, MN 55110

RE: Project Number(s) SL32419015

Dear Administrator:

The Minnesota Department of Health completed an evaluation on October 13, 2022, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the evaluation, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

The enclosed State Form documents the state licensing orders. The Department of Health documents state licensing correction orders using federal software. Tag numbers are 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 statute after the statement, "This MN Requirement is not met as evidenced by . . ."

IMPOSITION OF FINES
In accordance with Minn. Stat. § 144G.31, Subd. 4, fines and enforcement actions may be imposed based on the level and scope of the violations and imposed immediately with no opportunity to correct the violation first as follows:

Level 1: no fines or enforcement.
Level 2: a fine of $500 per violation, in addition to any enforcement mechanism authorized in § 144G.20 for widespread violations;
Level 3: a fine of $3,000 per violation per incident, in addition to any enforcement mechanism authorized in § 144G.20.
Level 4: a fine of $5,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20.

In accordance with Minn. Stat. § 144G.20, Subd. 4 (a)(5), the Department of Health imposes fine amounts of either $1,000 or $5,000 to licensees who are found to be responsible for maltreatment. The Department of Health imposes a fine of $1,000 for each substantiated maltreatment violation that

consists of abuse, neglect, or financial exploitation according to Minn. Stat. § 626.5572, Subds. 2, 9, 17. The Department of Health also may impose a fine of $5,000 for each substantiated maltreatment violation consisting of sexual assault, death, or abuse resulting in serious injury.

In accordance with Minn. Stat. § 144G.31, Subd. 4 (a)(5)(b), when a fine is assessed against a facility for substantiated maltreatment, the commissioner shall not also impose an immediate fine under this chapter for the same circumstance.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, the following fines are assessed pursuant to this evaluation:

St - 0 - 2310 - 144g.91 Subd. 4 - Appropriate Care And Services = $3,000

The total amount you are assessed is $3,000. You will be invoiced after 15 days of the receipt of this notice, subject to appeal.

DOCUMENTATION OF ACTION TO COMPLY
Per Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document any action taken to comply with the correction order by the correction order date. A copy of the provider's records documenting those actions may be requested for follow-up evaluations. The licensee is not required to submit a plan of correction for approval.

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the resident(s)/employee(s) identified in the correction order.
- Identify how the area(s) of noncompliance was corrected for all of the provider's resident(s)/employees that may be affected by the noncompliance.
- Identify what changes to your systems and practices were made to ensure compliance with the specific statute(s).

CORRECTION ORDER RECONSIDERATION PROCESS
In accordance with Minn. Stat. § 144G.32, Subd. 2, you may challenge the correction order issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by the Department of Health within 15 calendar days of the correction order receipt date.

A state licensing order under Minn. Stat. § 144G.91, Subd. 8, Free from Maltreatment is associated with a maltreatment determination by the Office of Health Facility Complaints. If maltreatment is substantiated, you will receive a separate letter with the reconsideration process under Minn. Stat. § 626.557. Please email general reconsideration requests to: **Health.HRD.Appeals@state.mn.us**.

Please address your cover letter for general reconsideration requests to:	Free from Maltreatment reconsideration requests should be addressed to:

Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place
St. Paul, MN 55164-0970

Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place
St. Paul, MN 55164-0970

REQUESTING A HEARING

Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the Department of Health within 15 business days of the correction order receipt date. Requests for hearing may be emailed to **Health.HRD.Appeals@state.mn.us**.

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration **or** a hearing, but not both.

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in this letter and the results of this visit with the President of your organization's Governing Body. If you have any questions, please contact me.

Sincerely,

Jess Gallmeier, Supervisor
State Evaluation Team
Health Regulation Division
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Telephone: 651-247-0268 Fax: 651-215-9697

PMB

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32419	A. BUILDING: _____ B. WING _____	10/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABLE PINES AT VADNAIS HEIGHTS	1260 EAST COUNTY ROAD EAST VADNAIS HEIGHTS, MN 55110

(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 LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey/a complaint investigation. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL32419015 On October 10, through October 13, 2022, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were 102 residents; 59 received services under the provider's Assisted Living with Dementia Care license. On October 13, 2022, the immediacy of correction order 2310 has been removed, however non-compliance remains at a scope and level of G.	0 000	SL#32419015 Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Home Care/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.	
0 470 SS=F	144G.41 Subdivision 1 Minimum requirements (11) develop and implement a staffing plan for determining its staffing level that: (i) includes an evaluation, to be conducted at	0 470		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32419	A. BUILDING: _____ B. WING _____	10/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABLE PINES AT VADNAIS HEIGHTS	1260 EAST COUNTY ROAD EAST VADNAIS HEIGHTS, MN 55110

(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
0 470	Continued From page 1	0 470		

least twice a year, of the appropriateness of staffing levels in the facility;
(ii) ensures sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; and
(iii) ensures that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility;
(12) ensure that one or more persons are available 24 hours per day, seven days per week, who are responsible for responding to the requests of residents for assistance with health or safety needs. Such persons must be:
(i) awake;
(ii) located in the same building, in an attached building, or on a contiguous campus with the facility in order to respond within a reasonable amount of time;
(iii) capable of communicating with residents;
(iv) capable of providing or summoning the appropriate assistance; and
(v) capable of following directions;

This MN Requirement is not met as evidenced by:
Based on observation, interview, and record review, the licensee failed to ensure the 24-hour staffing schedule was posted in a central location for residents, staff, and visitors to review as required. This had the potential to affect all 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, but was not likely to cause serious injury, impairment, or death), and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32419	A. BUILDING: _____ B. WING _____	10/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABLE PINES AT VADNAIS HEIGHTS	1260 EAST COUNTY ROAD EAST VADNAIS HEIGHTS, MN 55110

(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
0 470	Continued From page 2 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). The findings include: On October 10, 2022, at approximately 11:30 a.m., during a facility tour, the surveyor observed the licensee lacked the posting of a daily staffing schedule developed by the clinical nurse supervisor to: - direct-care staff work schedules for each direct-care staff member showing all work shifts, including days and hours worked; - identify the direct-care staff member's resident assignments or work location; and - be posted after redacting direct-care staff member's resident assignments, at the beginning of each work shift in a central location. On October 10, 2022, at approximately 11:58 a.m., the surveyor inquired where the staff schedule was posted. Registered nurse (RN)-A stated it was posted in the employee break room. On October 11, 2022, at approximately 10:36 a.m., RN-A stated the licensee stopped posting the staff schedule because the licensee was "not sure" how to post the required content. The licensee's Staffing policy dated August 15, 2022, indicated state specific staffing regulations and statutes supersede Life Care Services staffing policy. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 470		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32419	A. BUILDING: _____ B. WING _____	10/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABLE PINES AT VADNAIS HEIGHTS	1260 EAST COUNTY ROAD EAST VADNAIS HEIGHTS, MN 55110

(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
0 510 SS=D	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 record review the licensee failed to establish and maintain an effective infection control program to comply with accepted health care, medical, and nursing standards for infection control. 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). The findings include: On October 11, 2022, at approximately 8:00 a.m., the surveyor observed unlicensed personnel (ULP)-E and ULP-F provide toileting and transfer assistance, dressing, grooming, and meal set up.	0 510		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32419	A. BUILDING: _____ B. WING _____	10/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABLE PINES AT VADNAIS HEIGHTS	1260 EAST COUNTY ROAD EAST VADNAIS HEIGHTS, MN 55110

(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
0 510	Continued From page 4 The surveyor did not observe hand washing or hand sanitization before cares or after doffed (removal of) gloves. ULP-E did not wash hands or sanitize hands prior to setting up and after administering R3's medication. On October 11, 2022, at approximately 9:10 a.m., the surveyor indicated to ULP-E and ULP-F hand washing needs to be performed every time gloves are removed. ULP-E acknowledged handwashing should have been performed and ULP-E stated, "I wish they had small bottles of hand sanitizers to use." The Centers for Disease Control and Prevention (CDC) Hand Hygiene Guidance in Health Care Settings last reviewed January 30, 2020, directed health care workers to use an alcohol-based hand rub or wash with soap and water immediately before touching a patient, before moving from work on a soiled body site to a clean body site on the same patient and immediately after glove removal. On October 12, 2022, at approximately 1:30 p.m., registered nurse (RN)-A and executive director (ED)-D acknowledged hand washing should have been performed multiple times during resident cares. The licensee's Infection Control policy dated August 12, 2015, indicated hand washing would be performed by all staff after removing gloves or any other personal protective equipment (PPE) such as gloves, gowns, masks, or protective eyewear. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2)	0 510		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32419	A. BUILDING: _____ B. WING _____	10/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABLE PINES AT VADNAIS HEIGHTS	1260 EAST COUNTY ROAD EAST VADNAIS HEIGHTS, MN 55110

(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
0 510	Continued From page 5 days	0 510		
0 630 SS=F	144G.42 Subd. 6 (b) 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 by: Based on interview and record review, the licensee failed to ensure an individual abuse prevention plan (IAPP) was developed or included a 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 for six of six residents (R2, R3, R4, R5, R6, R11) and all residents identified as independent living. 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	0 630		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32419	A. BUILDING: _____ B. WING _____	10/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABLE PINES AT VADNAIS HEIGHTS	1260 EAST COUNTY ROAD EAST VADNAIS HEIGHTS, MN 55110

(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
0 630	Continued From page 6 the residents). The finding include: R2 R2 admitted to the licensee on September 30, 2021. R2's Vulnerability Assessment/Abuse Prevention Plan dated October 5, 2022, lacked an assessment of R2's risk of abuse or risk to abuse others. R3 R3 admitted to the licensee on July 27, 2022. R3's Vulnerability Assessment/Abuse Prevention Plan dated August 3, 2022, lacked an assessment of R3's risk of abuse or risk to abuse others. R4 R4 admitted to licensee on December 31, 2018. R4's Vulnerability Assessment/Abuse Prevention Plan dated September 27, 2022, lacked an assessment of R4's risk of abuse or risk to abuse others. R5 R5 admitted to licensee on January 31, 2020. R5's Vulnerability Assessment/Abuse Prevention Plan dated September 27, 2022, lacked an assessment of R5's risk of abuse or risk to abuse others. R6 R6 admitted to licensee on August 27, 2021.	0 630		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32419	A. BUILDING: _____ B. WING _____	10/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABLE PINES AT VADNAIS HEIGHTS	1260 EAST COUNTY ROAD EAST VADNAIS HEIGHTS, MN 55110

(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
0 630	Continued From page 7 R6's Vulnerability Assessment/Abuse Prevention Plan dated July 5, 2022, lacked an assessment of R6's risk of abuse or risk to abuse others. R11 R11 admitted to licensee's independent living on January 20, 2021. R11's record lacked an IAPP. On October 10, 2022, at approximately 11:00, registered nurse (RN)-A indicated the Vulnerability Assessment/Abuse Prevention Plan form was licensee's IAPP used for each resident. The licensee's IAPP form lacked assessment of a resident'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. On October 10, 2022, at approximately 1:30 p.m., RN-A and executive director (ED)-D acknowledged the licensee's IAPP did not address the required assessment of vulnerability as required. RN-A and ED-D stated the licensee was not aware residents who were identified as independent living were required to have an IAPP completed. RN-A stated no residents who were identified as independent living would have an IAPP included in their record. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 630		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32419	A. BUILDING: _____ B. WING _____	10/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABLE PINES AT VADNAIS HEIGHTS	1260 EAST COUNTY ROAD EAST VADNAIS HEIGHTS, MN 55110

(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
0 680	Continued From page 8	0 680		
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness (a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing tenant residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to publicly post a written emergency preparedness plan with all the required content. This had the potential to affect all residents, employees, and visitors to the facility. This practice resulted in a level two violation (a	0 680		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32419	A. BUILDING: _____ B. WING _____	10/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABLE PINES AT VADNAIS HEIGHTS	1260 EAST COUNTY ROAD EAST VADNAIS HEIGHTS, MN 55110

(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
0 680	Continued From page 9 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). The findings include: On October 10, 2022, at approximately 10:00 a.m., during a tour of the facility, the surveyors did not observe an emergency disaster plan posted prominently. The surveyors requested to review the licensee's emergency disaster plan. Registered nurse (RN)-A retrieved a 3-ringed binder from the executive office suite behind a locked door and identified the binder as the licensee's emergency disaster plan. The emergency disaster plan lacked the following: required names/contact information of residents' providers, pharmacy, or entities who provided services to residents. On October 12, 2022, at approximately 1:30 p.m., RN-A and executive director (ED)-D acknowledged the licensee's emergency disaster plan was not posted prominently and lacked the required above content. The licensee's Disaster Plan (AD012PP) policy dated August 2014, lacked identification of the requirement for posting the plan prominently and lacked plan would contain all requirements of Appendix Z. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one	0 680		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32419	A. BUILDING: _____ B. WING _____	10/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABLE PINES AT VADNAIS HEIGHTS	1260 EAST COUNTY ROAD EAST VADNAIS HEIGHTS, MN 55110

(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
0 680	Continued From page 10 (21) days	0 680		
0 700 SS=F	144G.43 Subdivision 1 Resident record (b) Resident records, whether written or electronic, must be protected against loss, tampering, or unauthorized disclosure in compliance with chapter 13 and other applicable relevant federal and state laws. The facility shall establish and implement written procedures to control use, storage, and security of resident records and establish criteria for release of resident information. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure residents' records were protected against unauthorized disclosure for electronic records. This deficient practice had the potential to affect all 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). The findings include: On October 10, through October 12, 2022, during ongoing observations over the duration of the survey, the surveyors noted the licensee used a single sheet of paper to cover an iPad used for documentation in residents' electronic health records (EHR). Unlicensed personnel (ULPs)	0 700		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32419	A. BUILDING: _____ B. WING _____	10/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABLE PINES AT VADNAIS HEIGHTS	1260 EAST COUNTY ROAD EAST VADNAIS HEIGHTS, MN 55110

(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
0 700	Continued From page 11	0 700		

would access each resident's chart via an iPad on each medication cart in a common hallway to review the medication administration records (MAR) and services to be provided. Once reviewed, the ULP would place a single sheet of paper which also contained protected information (each respected ULP's documented shift report) over the backlit unlocked (meaning any persons could access resident information) iPad causing the paper to glow and indicated the iPad was accessible. ULPs would then proceed to leave the medication carts and unlocked iPad, with shift report sheet covering iPad screen, to provide services to each resident in their respected rooms.

On October 12, 2022, at approximately 1:30 p.m., registered nurse (RN)-A and executive director (ED)-D acknowledged surveyors' observations as the licensee's failure to protect residents' records from unauthorized disclosure. RN-A stated iPads are expected to be locked when ULPs are not in control of the iPad to prevent unauthorized disclosure. Additionally, RN-A stated ULPs' report sheets should not be left in areas not considered secured and should be on ULPs' person and not left at the medication cart in common hallways at any time.

The licensee's Protection of Privacy (RES024PP) policy dated August 9, 2016, indicated the licensee would take steps to safeguard all resident information and would provide ongoing assessment to ensure all safeguards would be effective to protect resident information from unauthorized disclosure.

No further information provided.

TIME PERIOD FOR CORRECTION: Twenty-one

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32419	A. BUILDING: _____ B. WING _____	10/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABLE PINES AT VADNAIS HEIGHTS	1260 EAST COUNTY ROAD EAST VADNAIS HEIGHTS, MN 55110

(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
0 700	Continued From page 12 (21) days	0 700		
0 780 SS=F	144G.45 Subd. 2 (a) (1) Fire protection and physical environment (a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: (1) for dwellings or sleeping units, as defined in the State Fire Code: (i) provide smoke alarms in each room used for sleeping purposes; (ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms; (iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics; (iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and (v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated; This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide interconnection of smoke alarms in the two-bedroom apartment unit 2407 of the assisted living and the one-bedroom apartment unit in memory care. This has the potential to directly affect residents, staff, and visitors.	0 780		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32419	A. BUILDING: _____ B. WING _____	10/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABLE PINES AT VADNAIS HEIGHTS	1260 EAST COUNTY ROAD EAST VADNAIS HEIGHTS, MN 55110

(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
0 780	Continued From page 13 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). The findings include: On October 12, 2022, approximately from 11:00 a.m. to 2:00 p.m., survey staff toured the facility with the director of operations (DO)-C. During the tour, survey staff observed the following findings: 1) The DO-C tested the smoke alarms inside the only one-bedroom memory care unit and the smoke alarms were not interconnected for proper notification as required. The DO-C confirmed the finding. 2) The DO-C tested the smoke alarms inside the two-bedroom apartment unit 2407, and the smoke alarm outside of the bedroom (near the deck) failed to sound for notification. The DO-C verified the finding and stated that he will replace it. On October 12, 2022, at approximately 2:30 p.m., during the exit interview, the DO-C acknowledged the above findings. No further information was provided. TIME PERIOD FOR CORRECTION: Fourteen (14) days	0 780		
0 790 SS=F	144G.45 Subd. 2 (a) (2)-(3) Fire protection and physical environment	0 790		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32419	A. BUILDING: _____ B. WING _____	10/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABLE PINES AT VADNAIS HEIGHTS	1260 EAST COUNTY ROAD EAST VADNAIS HEIGHTS, MN 55110

(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
0 790	Continued From page 14 (2) install and maintain portable fire extinguishers in accordance with the State Fire Code; (3) install portable fire extinguishers having a minimum 2-A:10-B:C rating within Group R-3 occupancies, as defined by the State Fire Code, located so that the travel distance to the nearest fire extinguisher does not exceed 75 feet, and maintained in accordance with the State Fire Code; and This MN Requirement is not met as evidenced by: Based on observation, record review, and interview, the licensee failed to provide portable fire extinguishers in accordance with the State Fire Code as required by MN Statute 144G.45 Subd(a)(2). This had the potential to directly affect all 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, but was not likely to cause serious injury, impairment, or death), and is 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). The findings include: On October 12, 2022, approximately from 11:00 a.m. to 2:00 p.m., survey staff toured the facility with the director of operations (DO)-C. During the tour, survey staff observed no portable fire extinguisher installed in the memory care hallway	0 790		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32419	A. BUILDING: _____ B. WING _____	10/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABLE PINES AT VADNAIS HEIGHTS	1260 EAST COUNTY ROAD EAST VADNAIS HEIGHTS, MN 55110

(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
0 790	Continued From page 15 wing near the lodge (day room) area. Fire extinguishers exceeded the 75 feet maximum travel distance between extinguishers. The DO-C verified the finding and stated that one boxed unit has been ordered. On October 12, 2022, at approximately 2:30 p.m., during the exit interview, the DO-C acknowledged the above findings. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 790		
0 800 SS=F	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain the physical environment of the facility in a continuous state of good repair and operation. This has the potential to directly affect the health, safety, and well-being of all residents, visitors, and staff. 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	0 800		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32419	A. BUILDING: _____ B. WING _____	10/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABLE PINES AT VADNAIS HEIGHTS	1260 EAST COUNTY ROAD EAST VADNAIS HEIGHTS, MN 55110

(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
0 800	Continued From page 16 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). The findings include: On October 12, 2022, approximately from 11:00 a.m. to 2:00 p.m., survey staff toured the facility with the director of operations (DO)-C. During the tour, survey staff observed the following findings: 1) The emergency light fixture above the exit door in the day room (lodge room) failed to operate when tested. 2) The mechanical room (furnace closet) in the memory care unit had missing ceiling tiles (sheetrock). 3) FIRE-RATED DOORS: -The fire-rated doors to the resident storage rooms (1 &2) near the garage failed to latch when closed for proper protection of hazardous areas of the facility. -The 90-minute double doors between the garage and the assisted living facility separation were both edged in an open position. -The fire-rate doors to the maintenance shop and the machine shop were wedged open. In addition, the opening of the doors lead to unauthorized entries and posed assisted living resident safety concerns from exposure of chemicals, machines, and sharp tools. Survey staff explained to the DO-C that all fire-rated doors need to be in proper working order to maintain the integrity of the fire safety plan and fire-rated doors must be able to close to protect against the spread of smoke and flames to compartmentalize the building during a fire emergency. The DO-C verified the findings.	0 800		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32419	A. BUILDING: _____ B. WING _____	10/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABLE PINES AT VADNAIS HEIGHTS	1260 EAST COUNTY ROAD EAST VADNAIS HEIGHTS, MN 55110

(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
0 800	Continued From page 17 4) The reduced pressure zone backflow preventer (RPZ) in the sprinkler riser room was not maintained annually to ensure the proper performance of RPZ device protect the building water supply system from potential cross connection. The tag on the device showed the last date tested was September 18, 2019. 5) In resident room 3402, the exhaust fan did not operate when turned on. 6) No centralized carbon monoxide system was provided in the mechanical/boiler room for compliance carbon monoxide detection requirement relating to multifamily buildings with fuel-burning equipment/appliance for the safety of residents. The DO-C confirmed the finding while touring the mechanical with gas fuel boilers and water heaters and concurred that there was no carbon monoxide detection system. On October 12, 2022, at approximately 2:30 p.m., during the exit interview, the DO-C acknowledged the above findings. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 800		
0 810 SS=F	144G.45 Subd. 2 (b)-(f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) employee actions to be taken in the event of	0 810		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32419	A. BUILDING: _____ B. WING _____	10/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABLE PINES AT VADNAIS HEIGHTS	1260 EAST COUNTY ROAD EAST VADNAIS HEIGHTS, MN 55110

(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
0 810	Continued From page 18 a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill. This MN Requirement is not met as evidenced by: Based on record review and interview, the licensee failed to provide the complete content on the fire safety and evacuation plan, the minimum frequency of employee evacuation drills, and the minimum required staff training on fire safety and evacuation. This has the potential to directly affect the safety of visitors, staff, and all residents receiving care. This practice resulted in a level two violation (a violation that did not harm a resident's health or	0 810		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32419	A. BUILDING: _____ B. WING _____	10/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABLE PINES AT VADNAIS HEIGHTS	1260 EAST COUNTY ROAD EAST VADNAIS HEIGHTS, MN 55110

(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
0 810	Continued From page 19 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). The findings include: On October 12, 2022, at approximately 2:00 p.m., survey staff received the facility fire safety and evacuation plan and related documentation for review from the director of operations (DO)-C. Document review and interview with the DO-C at approximately 2:30 p.m. indicated the following findings: FIRE SAFETY AND EVACUATION PLAN The fire safety and evacuation plan lacked complete fire protection procedures necessary to address unique resident-specific situations during an evacuation from fire or similar emergency. Unique situations that must be considered during an evacuation could be residents who have mobility limitations, cognitive impairment, deaf or blind, or any residents needing assistance including movement and evacuation that must be addressed in the fire safety and evacuation plan. TRAINING The licensee lacked policy documentation and records of employee training specifically on the fire safety and evacuation plan. No employee fire safety and evacuation plan training records were available for review. The required fire safety and evacuation plan employee training is upon hire and at least twice a year thereafter. FIRE and EVACUATION DRILLS Document review indicated the licensee failed to	0 810		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32419	A. BUILDING: _____ B. WING _____	10/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABLE PINES AT VADNAIS HEIGHTS	1260 EAST COUNTY ROAD EAST VADNAIS HEIGHTS, MN 55110

(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
0 810	Continued From page 20 provide the minimum required evacuation drills for compliance with two evacuation drills per year per shift with at least one drill every other month for a total minimum of six evacuation drills per year. The drill record review showed fire drills were performed to date, but the records lacked evacuation drill information. Survey staff explained that employee fire drills must also include evacuation drills. Survey staff explained to the DO-C that evacuation drills may be performed at the same time as fire drills and be recorded as such. On October 12, 2022, at approximately 2:30 p.m., during the exit interview, the DO-C acknowledged the above findings. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810		
01540 SS=F	144G.64 (a) TRAINING IN DEMENTIA CARE REQUIRED (3) for assisted living facilities with dementia care, direct-care employees must have completed at least eight hours of initial training on topics specified under paragraph (b) within 80 working hours of the employment start date. Until this initial training is complete, an employee must not provide direct care unless there is another employee on site who has completed the initial eight hours of training on topics related to dementia care and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for consultation with the new employee	01540		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32419	A. BUILDING: _____ B. WING _____	10/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABLE PINES AT VADNAIS HEIGHTS	1260 EAST COUNTY ROAD EAST VADNAIS HEIGHTS, MN 55110

(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
01540	Continued From page 21 until the training requirement is complete. Direct-care employees must have at least two hours of training on topics related to dementia for each 12 months of employment thereafter; This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the required amount of dementia care training was completed in the required time frame in accordance with 144G.64 for one of two employees (unlicensed personnel (ULP)-B). 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). The findings include: ULP-B was hired to provide direct care services to the residents on February 15, 2021. ULP-B's training and orientation record included a Relias (online learning platform) training log which indicated between February 16, 2021, to February 17, 2021, ULP-B received 6.5 hours of dementia care education of the required eight (8) hours required to be completed within 80 working hours of employment start date. On October 10, 2022, at approximately 2:20 p.m., office manager (OM)-J verified ULP-B's employee record contained 6.5 hours of dementia care education within 80 working hours of	01540		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32419	A. BUILDING: _____ B. WING _____	10/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABLE PINES AT VADNAIS HEIGHTS	1260 EAST COUNTY ROAD EAST VADNAIS HEIGHTS, MN 55110

(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
01540	Continued From page 22 employment. OM-J stated the licensee discovered direct care employees lacked 8 hours of dementia care training within 80 hours of employment. In addition, OM-J stated in August of 2022, the licensee added additional hours of dementia care training to ensure all new employees would receive 8 hours of dementia care training within 80 hours of employment start date. The surveyor inquired if any direct care employees hired prior to August 2022 would have 8 hours of dementia care training within 80 hours working hour of employment start date. OM-J stated employees hired prior to August 2022 would lack the required 8 hours of dementia training within 80 working hours of employment. The licensees ALDC Additional Dementia Staff Training policy dated August 1, 2021, indicated all direct staff assigned to provide care for residents with dementia would be trained to work with residents with Alzheimer's disease and other dementias. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01540		
01620 SS=D	144G.70 Subd. 2 (c-e) 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	01620		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32419	A. BUILDING: _____ B. WING _____	10/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABLE PINES AT VADNAIS HEIGHTS	1260 EAST COUNTY ROAD EAST VADNAIS HEIGHTS, MN 55110

(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
01620	Continued From page 23	01620		

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 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 reassessment not to exceed 90 days for two of five residents (R5, R6).

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).

The findings include:

R5
R5 admitted to the licensee on January 31, 2020.

R5's diagnoses included dementia, anxiety,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32419	A. BUILDING: _____ B. WING _____	10/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABLE PINES AT VADNAIS HEIGHTS	1260 EAST COUNTY ROAD EAST VADNAIS HEIGHTS, MN 55110

(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
01620	Continued From page 24 insomnia, and pain. R5's Service Plan signed June 16, 2021, indicated R5 received assistance with bathing, dressing, escorts, medication management, toileting, behavior management, housekeeping, and laundry. R5's record included a HSE MC 623 Health and Service Evaluation, which RN-A indicated was the licensee's nursing assessment. R5's record included two nursing assessments completed on June 2, 2022, October 5, 2022, indicating 125 days had passed between assessments. R6 R6 admitted to the licensee on August 27, 2021. R6's diagnoses included vascular dementia (dementia caused by multiple strokes resulting in problems with reasoning, planning, judgment, memory, and other thought processes), type 2 diabetes mellitus, and acute subdural hematoma (medical emergency caused by a blood clot between the brain and the outer layer of the brain, usually as the result of a head injury). R6's Service Plan signed December 27, 2021, indicated R6 indicated received assistance with bathing, behavior management, dressing, grooming, medication management, meals, laundry, and housekeeping. R6's record included two HSE MC 623 Health and Service Evaluation completed on July 4, 2022, and October 11, 2022, indicating 99 days had passed between assessments. On October 12, 2022, at approximately 12:10 p.m., RN-A verified R5 and R6's reassessments	01620		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32419	A. BUILDING: _____ B. WING _____	10/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABLE PINES AT VADNAIS HEIGHTS	1260 EAST COUNTY ROAD EAST VADNAIS HEIGHTS, MN 55110

(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
01620	Continued From page 25 exceeded 90 calendar days. RN-A stated the licensee was unaware of why assessments were not completed timely. The licensee's Assessment-Schedules (NUR 4.03) dated August 22, 2016, indicated ongoing client [resident] monitoring and reassessment would occur at least every 90 days. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01620		
01650 SS=F	144G.70 Subd. 4 (f) Service plan, implementation and revisions to (f) The service plan must include: (1) a description of the services to be provided, the fees for services, and the frequency of each service, according to the resident's current assessment and resident preferences; (2) the identification of staff or categories of staff who will provide the services; (3) the schedule and methods of monitoring assessments of the resident; (4) the schedule and methods of monitoring staff providing services; and (5) a contingency plan that includes: (i) the action to be taken if the scheduled service cannot be provided; (ii) information and a method to contact the facility; (iii) the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency;	01650		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32419	A. BUILDING: _____ B. WING _____	10/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABLE PINES AT VADNAIS HEIGHTS	1260 EAST COUNTY ROAD EAST VADNAIS HEIGHTS, MN 55110

(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
01650	Continued From page 26	01650		

and
(iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters.

This MN Requirement is not met as evidenced by:
Based on interview and record review, the licensee failed to ensure the service plan included all required content for five of five residents (R2, R3, R4, R5, R6).

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 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).

The findings include:

R2
R2 admitted to the licensee on September 30, 2021.

R2's unsigned Service Plan dated October 11, 2022, indicated R2 received assistance with bathing, dressing, housekeeping, toileting, and medication services.

R3
R3 admitted to the licensee on July 27, 2022.

R3's unsigned Service Plan dated October 11, 2022, indicated R3 received assistance with

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32419	A. BUILDING: _____ B. WING _____	10/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABLE PINES AT VADNAIS HEIGHTS	1260 EAST COUNTY ROAD EAST VADNAIS HEIGHTS, MN 55110

(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
01650	Continued From page 27 bathing, dressing, and grooming, oxygen, and medication management. R4 R4 admitted to the licensee on December 31, 2018. R4's Service Plan signed September 27, 2022, indicated R4 received assistance with transfers, bathing, housekeeping, and laundry. R5 R5 admitted to the licensee on January 31, 2020. R5's Service Plan signed June 16, 2021, indicated R5 received assistance with bathing, dressing, escorts, medication management, toileting, behavior management, housekeeping, and laundry. R6 R6 admitted to the licensee on August 27, 2021. R6's Service Plan signed December 27, 2021, indicated R6 indicated received assistance with bathing, behavior management, dressing, grooming, medication management, meals, laundry, and housekeeping. R2, R3, R4, R5, and R6's service plans lacked the following required content: - the schedule and methods of monitoring assessments of the resident; - the schedule and methods of monitoring staff providing services; and - a contingency plan that includes: - the action to be taken if the scheduled service cannot be provided; - information and a method to contact the facility; - the names and contact information of persons	01650		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32419	A. BUILDING: _____ B. WING _____	10/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABLE PINES AT VADNAIS HEIGHTS	1260 EAST COUNTY ROAD EAST VADNAIS HEIGHTS, MN 55110

(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
01650	Continued From page 28 the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency; and - the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters. On October 12, 2022, at approximately 1:30 p.m., registered nurse (RN)-A and regional director (RD)-K acknowledged the above information was missing from all service plans. RN-A and RD-K stated the licensee would update their service plan to include the required content and update their service plan policy. The licensee's Service Plan policy dated April 22, 2016, indicated the service plan would include the content listed above. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01650		
01690 SS=F	144G.71 Subdivision 1 Medication management services (a) This section applies only to assisted living facilities that provide medication management services. (b) An assisted living facility that provides medication management services must develop, implement, and maintain current written medication management policies and procedures. The policies and procedures must be	01690		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32419	A. BUILDING: _____ B. WING _____	10/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABLE PINES AT VADNAIS HEIGHTS	1260 EAST COUNTY ROAD EAST VADNAIS HEIGHTS, MN 55110

(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
01690	Continued From page 29 developed under the supervision and direction of a registered nurse, licensed health professional, or pharmacist consistent with current practice standards and guidelines. (c) The written policies and procedures must address requesting and receiving prescriptions for medications; preparing and giving medications; verifying that prescription drugs are administered as prescribed; documenting medication management activities; controlling and storing medications; monitoring and evaluating medication use; resolving medication errors; communicating with the prescriber, pharmacist, and resident and legal and designated representatives; disposing of unused medications; and educating residents and legal and designated representatives about medications. When controlled substances are being managed, the policies and procedures must also identify how the provider will ensure security and accountability for the overall management, control, and disposition of those substances in compliance with state and federal regulations and with subdivision 23. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop and maintain current written medication management policies and procedures that were developed under the supervision and direction of a registered nurse (RN). 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 is issued at a widespread scope (when problems	01690		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32419	A. BUILDING: _____ B. WING _____	10/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABLE PINES AT VADNAIS HEIGHTS	1260 EAST COUNTY ROAD EAST VADNAIS HEIGHTS, MN 55110

(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
01690	Continued From page 30 are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: During the entrance conference on October 10, 2022, at approximately 10:30 a.m., registered nurse (RN)-A confirmed the licensee provided medication management services to all memory care and assisted living residents at the facility. On October 12, 2022, at approximately 10:00 a.m., the licensee's assisted living licensing policies and procedures were requested from regional director (RD)-K and RN-A. The policies and procedures provided did not include updated medication management services policy under the assisted living licensure. The licensee provided the surveyor a policy titled Medication Management dated July 7, 2015. The policy was created prior to assisted living licensure (effective August 1, 2021) and lacked the required content for the medication management record per Minnesota statute 144G.71 subdivision 2. On October 12, 2022, at approximately 1:30 p.m., RD-K and RN-A confirmed the above noted policy for medication management services had not been updated. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01690		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32419	A. BUILDING: _____ B. WING _____	10/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABLE PINES AT VADNAIS HEIGHTS	1260 EAST COUNTY ROAD EAST VADNAIS HEIGHTS, MN 55110

(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
01700	Continued From page 31	01700		
01700 SS=F	144G.71 Subd. 2 Provision of medication management services (a) For each resident who requests medication management services, the facility shall, prior to providing medication management services, have a registered nurse, licensed health professional, or authorized prescriber under section 151.37 conduct an assessment to determine what medication management services will be provided and how the services will be provided. This assessment must be conducted face-to-face with the resident. The assessment must include an identification and review of all medications the resident is known to be taking. The review and identification must include indications for medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues. (b) The assessment must identify interventions needed in management of medications to prevent diversion of medication by the resident or others who may have access to the medications and provide instructions to the resident and legal or designated representatives on interventions to manage the resident's medications and prevent diversion of medications. For purposes of this section, "diversion of medication" means misuse, theft, or illegal or improper disposition of medications. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the registered nurse (RN) conducted a face-to-face medication management assessment to include all required content for two of five residents (R5, R6).	01700		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32419	A. BUILDING: _____ B. WING _____	10/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABLE PINES AT VADNAIS HEIGHTS	1260 EAST COUNTY ROAD EAST VADNAIS HEIGHTS, MN 55110

(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
01700	Continued From page 32	01700		

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 is 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).

The findings include:

R5
R5 was admitted on January 31, 2020.

R5's diagnosis included dementia, anxiety, insomnia, and pain.

R5's Service Plan signed June 16, 2021, indicated R5 received assistance with bathing, dressing, escorts, medication management, toileting, behavior management, housekeeping, and laundry.

R5's electronic medication administration record (eMAR) Summary dated October 1, 2022, to October 31, 2022, indicated R5 received the following medications: donepezil 5 milligrams (mg), furosemide 40 mg, lactase 3,000 units (U), levothyroxine 175 micrograms (mcg), losartan 50 mg, memantine 10 mg, omeprazole 40 mg, trazodone 50 mg, acetaminophen 650 mg as needed (PRN), ondansetron 4 mg PRN, and sumatriptan succinate 50 mg PRN.

R6
R6 was admitted on August 27, 2021.

R6's diagnosis included vascular dementia (dementia caused by multiple strokes resulting in

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32419	A. BUILDING: _____ B. WING _____	10/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABLE PINES AT VADNAIS HEIGHTS	1260 EAST COUNTY ROAD EAST VADNAIS HEIGHTS, MN 55110

(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
01700	Continued From page 33	01700		

problems with reasoning, planning, judgment, memory, and other thought processes), type 2 diabetes mellitus, and acute subdural hematoma (medical emergency caused by a blood clot between the brain and the outer layer of the brain, usually as the result of a head injury).

R6's service plan signed December 27, 2021, indicated R6 indicated received assistance with bathing, behavior management, dressing, grooming, medication management, meals, laundry, and housekeeping.

R6's eMAR Summary dated October 1, 2022, to October 31, 2022, indicated R6 received the following medications: aspirin 81 mg, escitalopram 10 mg, levetiracetam 500 mg, losartan 50 mg, meclizine 12.5 mg, vitamin B-12 2500 mcg, acetaminophen 500 mg PRN, and loperamide 2 mg PRN.

R5 and R6's records lacked evidence a RN conducted a face-to-face assessment for each resident to determine what medication management services would be provided and how they would be provided. The records lacked evidence of an assessment that included review of all medications the resident was known to be taking to include indications for use, side effects, contraindications, allergic or adverse reactions, and actions to address those issues.

On October 12, 2022, at approximately 12:10 p.m., RN-A verified R5 and R6's records lacked a medication management assessment. RN-A stated a medication management assessment was not completed for any resident in the licensee's memory care unless the resident transferred from the assisted living. In addition, RN-A stated if the resident was a transfer from

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32419	A. BUILDING: _____ B. WING _____	10/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABLE PINES AT VADNAIS HEIGHTS	1260 EAST COUNTY ROAD EAST VADNAIS HEIGHTS, MN 55110

(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
01700	Continued From page 34 the assisted living unit, they may have a self-administration assessment however, it would not be updated annually. RN-A stated the licensee provided all memory care residents with medication management due to residents' cognitive status, so no assessments were completed. The licensee's Medication Management policy dated July 7, 2015, lacked the required content for the medication management record 144G.71 subdivision 2. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01700		
01730 SS=F	144G.71 Subd. 5 Individualized medication management plan (a) For each resident receiving medication management services, the assisted living facility must prepare and include in the service plan a written statement of the medication management services that will be provided to the resident. The facility must develop and maintain a current individualized medication management record for each resident based on the resident's assessment that must contain the following: (1) a statement describing the medication management services that will be provided; (2) a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; (3) documentation of specific resident instructions relating to the administration of medications;	01730		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32419	A. BUILDING: _____ B. WING _____	10/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABLE PINES AT VADNAIS HEIGHTS	1260 EAST COUNTY ROAD EAST VADNAIS HEIGHTS, MN 55110

(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
01730	Continued From page 35 (4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis; (5) identification of medication management tasks that may be delegated to unlicensed personnel; (6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and (7) any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions. (b) The medication management record must be current and updated when there are any changes. (c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure an individualized medication management record was created and included all required content for four of four residents (R2, R3, R5, R6). 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).	01730		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32419	A. BUILDING: _____ B. WING _____	10/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABLE PINES AT VADNAIS HEIGHTS	1260 EAST COUNTY ROAD EAST VADNAIS HEIGHTS, MN 55110

(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
01730	Continued From page 36 The findings include: R2 R2 was admitted on September 30, 2021. R2's Self Admin of Meds 621 Assessment & Consent (v2021) (MN) Results dated October 5, 2022, identified by registered nurse (RN)-A as the licensee's medication management record, lacked specific resident instructions and when staff would notify the RN when problem would arise. R3 R3 was admitted on July 27, 2022. R3 lacked a medication management record. R5 R5 was admitted on January 31, 2020. R5 lacked a medication management record. R6 R6 was admitted on August 27, 2021. R6 lacked a medication management record. On October 10, 2022, at approximately 11:00, RN-A and executive director (ED)-D acknowledged the developed medication management records lacked specific written instruction for each resident and lacked procedures for when staff would notify a RN if or when problems arose. RN-A stated a medication management record was not created for any resident in licensee's memory care unit. RN-A stated when a resident moved into the memory care unit, the licensee assumed all residents in	01730		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32419	A. BUILDING: _____ B. WING _____	10/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABLE PINES AT VADNAIS HEIGHTS	1260 EAST COUNTY ROAD EAST VADNAIS HEIGHTS, MN 55110

(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
01730	Continued From page 37 the memory care unit would have medications managed for them and a medication management record was not indicated to be developed or maintained. The licensee's Medication Management (NUR021PP-MN) policy dated July 22, 2015, lacked identification of the required specific resident instructions and when to notify a RN as content of a medication management record. Additionally, the policy lacked identification of when a medication management plan with required content would be developed. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01730		
01760 SS=E	144G.71 Subd. 8 Documentation of administration of medication Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan. This MN Requirement is not met as evidenced by:	01760		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32419	A. BUILDING: _____ B. WING _____	10/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABLE PINES AT VADNAIS HEIGHTS	1260 EAST COUNTY ROAD EAST VADNAIS HEIGHTS, MN 55110

(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
01760	Continued From page 38 Based on observation, interview, and record review, the licensee failed to ensure medications were administered per providers orders for two of four residents (R3, R7). 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 a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive). The findings include: R3 admitted for assisted living services on July 27, 2022. R3's diagnoses included adjustment disorder with depressed mood, anemia, chronic obstructive pulmonary disease (COPD), edema, hypertension, and dementia with behavior disturbance. R3's unsigned Service Plan dated October 11, 2022, indicated R3 received assistance with bathing, dressing, and grooming, oxygen, and medication management. R3's electronic medication administration record (eMAR) Summary dated October 1, 2022, to October 31, 2022, included the following medications: Breo Ellipta 100-25 microgram (mcg), calcium carbonate 500 milligrams (mg) / 200 units (U), cefdinir 300 mg, citalopram 20 mg, dorzolamide-timolol eye drops 22.3-6.8 mg/milliliters (ml), Ensure liquid, fluticasone 50	01760		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32419	A. BUILDING: _____ B. WING _____	10/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABLE PINES AT VADNAIS HEIGHTS	1260 EAST COUNTY ROAD EAST VADNAIS HEIGHTS, MN 55110

(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
01760	Continued From page 39	01760		

mcg, furosemide 80 mg, Genteal tears 0.1 percent (%)-0.3% eye drop, L-Lysine 500 mg, losartan 100mg, ofloxacin 0.3% eye drop, polyvinyl alcohol 1.4% eye drop, Prednisol 1% eye drop, PreserVision Areds II capsule, rivastigmine 4.6 mg / 24-hour patch, spironolactone 25 mg, and verapamil extended release 240 mg.

On October 11, 2022, at approximately 8:10 a.m., the surveyor observed ULP-E crush one capsule of PreserVision AREDS II. ULP-E then removed and threw away the capsule's shell. ULP-E then spooned the PreserVision ARED II liquid from pouch and placed the liquid with the crushed medications in pudding. The surveyor observed ULP-E administer prepared medications to R3.

On October 11, 2022, at approximately 8:15 a.m., the surveyor inquired why PreserVision AREDS II was crushed. ULP-E stated R3 has difficulty swallowing medications and there was an order to crush all medications. At approximately 9:50 a.m., registered nurse (RN)-A acknowledged PreserVision AREDS II capsule should not have been crushed. RN-A indicated they would contact the doctor to find an alternate form such as liquid or chewable.

On October 14, 2022, at approximately 11:43 a.m., the surveyor spoke with a customer service representative at Bausch & Lomb (manufacturer of PreserVision AREDS II). The representative indicated PreserVision ARED II capsules should not be crushed, and a chewable form was available.

R7
R7 admitted to the licensee on January 6, 2021.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32419	A. BUILDING: _____ B. WING _____	10/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABLE PINES AT VADNAIS HEIGHTS	1260 EAST COUNTY ROAD EAST VADNAIS HEIGHTS, MN 55110

(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
01760	Continued From page 40 R7's diagnoses included depression, dementia with Lewy bodies, and anxiety disorder. R7's Service Plan Detail signed October 12, 2022, indicated R7 received assistance with bathing, behavior management, dressing, grooming, meals, medication management, mobility, and laundry. R7's eMAR Summary dated October 1, 2022, to October 14, 2022, included the following medication: brimonidine tartrate 0.2 % / timolol 0.5% eye drop, bupropion extended release 300 mg, celecoxib 200 mg, donepezil 10 mg, famotidine 40 mg, gabapentin 100 mg, and vitamin D3 5000 units. On October 11, 2022, at approximately 8:04 a.m., the surveyor observed ULP-B administer brimonidine tartrate 0.2 % / timolol 0.5% eye drop to the left and right eye of R7. On October 11, 2022, at approximately 8:07 a.m., ULP-B verified R7's eMAR indicated brimonidine tartrate 0.2 % / timolol 0.5% eye drop to be administered in the left eye. ULP-B stated prior to verifying order listed above, they believed the eye drop was to be administered to both eyes. The licensee's Medication Administration (NUR021PP) policy dated July 22, 2015, indicated all medications would be administered as prescribed by the resident's physician or healthcare provider. In addition, the policy read, "the policy and procedure for Life Care Services that all LPN/RN's administer ophthalmic." No further information provided. TIME PERIOD FOR CORRECTION: Seven (7)	01760		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32419	A. BUILDING: _____ B. WING _____	10/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABLE PINES AT VADNAIS HEIGHTS	1260 EAST COUNTY ROAD EAST VADNAIS HEIGHTS, MN 55110

(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
01760	Continued From page 41 days	01760		
01890 SS=F	144G.71 Subd. 20 Prescription drugs A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to discard expired medication for three of 12 residents (R7, R9, R10) and failed to ensure time sensitive medications were labeled with the date opened for one of three residents (R7). 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 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). The findings include: EXPIRED MEDICATIONS On October 11, 2022, at approximately 8:10 a.m., the surveyor observed one assisted living medication cart and observed the following expired medications: - R10's acetaminophen 500mg tablets with	01890		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32419	A. BUILDING: _____ B. WING _____	10/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABLE PINES AT VADNAIS HEIGHTS	1260 EAST COUNTY ROAD EAST VADNAIS HEIGHTS, MN 55110

(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
01890	Continued From page 42	01890		

expiration date of August 20, 2022; and
- R10's loratadine 10mg tablets with expiration date of August 2022.

On October 11, 2022, at approximately 8:10 a.m., unlicensed personnel (ULP)-E verified R10's medication listed above were expired. ULP-E removed medication from the medication cart.

On October 11, 2022, at approximately 9:30 a.m., the surveyor observed one memory care unit medication cart and observed the following expired medications:
- R7's Ventolin inhaler with expiration date of April 2022; and
- R9's polyethylene glycol 3350 with expiration date of February 2022.

On October 11, 2022, at approximately 10:16 a.m., ULP-B verified R7 and R9's medications listed above were expired medications. ULP-B stated the nurse would remove the medications and dispose of them.

On October 11, 2022, at approximately 10:25 a.m., registered nurse (RN)-A stated staff looked at medication expiration dates prior to medication administration, and if a medication was observed to be expired, the staff would provide the medication to the nurse to dispose of.

The licensee's Medication Management policy dated July 7, 2015, indicated all medications would be reviewed for expirations dates and expired medications would be disposed of according to community protocol.

TIME SENSITIVE MEDICATIONS
On October 11, 2022, at approximately 9:30 a.m., the surveyor observed one memory care unit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32419	A. BUILDING: _____ B. WING _____	10/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABLE PINES AT VADNAIS HEIGHTS	1260 EAST COUNTY ROAD EAST VADNAIS HEIGHTS, MN 55110

(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
01890	Continued From page 43 medication cart and observed the following time sensitive medications were opened without a date opened label: - R7's brimonidine tartrate 0.2 percent (%) / timolol maleate 0.5 % eye drop. On October 11, 2022, at approximately 10:16 a.m., ULP-B verified R7's eyedrops were not labeled with the date opened. ULP-B stated they looked at the expiration date on the prescription label to know when to discard eye drop. On October 11, 2022, at approximately 10:25 a.m., RN-A stated the licensee trained staff to label time sensitive medication with a date opened label. In addition, RN-A stated they were unaware of why eye drops were not labeled. The manufacturer's instructions for the use of brimonidine tartrate 0.2 % / timolol maleate 0.5 % eye drop dated January 2017, directed the eye drop to be discarded 4 weeks after date opened. The licensee Medication Management policy dated July 5, 2017, indicated all medications would be retained in the original labeled container with direction for use and expiration or beyond use of a time dated drug. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890		
01940 SS=D	144G.72 Subd. 3 Individualized treatment or therapy managemen For each resident receiving management of ordered or prescribed treatments or therapy	01940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32419	A. BUILDING: _____ B. WING _____	10/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABLE PINES AT VADNAIS HEIGHTS	1260 EAST COUNTY ROAD EAST VADNAIS HEIGHTS, MN 55110

(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
01940	Continued From page 44 services, the assisted living facility must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following: (1) a statement of the type of services that will be provided; (2) documentation of specific resident instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure residents' service plans included required content for one of one resident (R3). 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	01940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32419	A. BUILDING: _____ B. WING _____	10/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABLE PINES AT VADNAIS HEIGHTS	1260 EAST COUNTY ROAD EAST VADNAIS HEIGHTS, MN 55110

(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
01940	Continued From page 45 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). The findings include: R3 admitted on July 27, 2022. R3's Service Plan Detail dated October 11, 2022, identified by registered nurse (RN)-A as R3's current service plan, indicated R3 received scheduled oxygen at bedtime. R3's physician orders dated August 19, 2022, indicated oxygen two liters as needed for shortness of breath or saturations less than 90%. R3's electronic Medication Administration Record (eMAR) Summary dated October 2022, indicated on page eleven of Routine Medications, R3 received oxygen as needed for shortness of breath or oxygen saturation less than 90%. On October 12, 2022, at approximately 1:30 p.m., RN-A acknowledged R3's service plan lacked updated oxygen orders. RN-A indicated she would make that change right away. The licensee's Service Plan policy dated August 1, 2021, indicated all services provided to residents would be included in each residents' service plans. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32419	A. BUILDING: _____ B. WING _____	10/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABLE PINES AT VADNAIS HEIGHTS	1260 EAST COUNTY ROAD EAST VADNAIS HEIGHTS, MN 55110

(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
01960	Continued From page 46	01960		
01960 SS=D	144G.72 Subd. 5 Documentation of administration of treatments Each treatment or therapy administered by an assisted living facility must be in the resident record. The documentation must include the signature and title of the person who administered the treatment or therapy and must include the date and time of administration. When treatment or therapies are not administered as ordered or prescribed, the provider must document the reason why it was not administered and any follow-up procedures that were provided to meet the resident's needs. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to update the resident record with correct physician orders for oxygen therapy resulting in administration error for one of six residents (R3). 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). The findings include: On October 11, 2022, at approximately 8:30 a.m., the surveyor observed an oxygen concentrator (condenses room air) next to the bed with nasal cannula tubing (tube that inserts into nostrils to	01960		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32419	A. BUILDING: _____ B. WING _____	10/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABLE PINES AT VADNAIS HEIGHTS	1260 EAST COUNTY ROAD EAST VADNAIS HEIGHTS, MN 55110

(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
01960	Continued From page 47 administer oxygen) attached. Unlicensed personnel (ULP)-E indicated R3 used two liters of oxygen at bedtime. The surveyor observed a linear indentation on R3's right cheek indicating the nasal cannula was on and recently removed. R3's Monthly Task Log dated October1-10, 2022, indicated the ULPs documented the services as follows: -Oxygen on at bedtime daily. Assist with placement of nasal cannula and make sure oxygen is flowing per orders. R3's physician orders dated August 19, 2022, indicated apply oxygen two liters as needed for shortness of breath or oxygen saturations less than 90%. On October 11, 2022, at approximately 10:47 a.m., registered nurse (RN)-A indicated the resident record had not been updated with the new oxygen order, so the ULPs had been applying oxygen daily per the monthly task log instruction and not per current provider order. The licensee's 7.05 Treatment and Therapy Management Plan dated August 1, 2021, indicated the licensee will verify that all treatment and therapy was administered as prescribed and that the treatment and therapy management record must be current and updated when there are any changes. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01960		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32419	A. BUILDING: _____ B. WING _____	10/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABLE PINES AT VADNAIS HEIGHTS	1260 EAST COUNTY ROAD EAST VADNAIS HEIGHTS, MN 55110

(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
02110	Continued From page 48	02110		
02110 SS=C	144G.82 Subd. 3 Policies (a) In addition to the policies and procedures required in the licensing of all facilities, the assisted living facility with dementia care licensee must develop and implement policies and procedures that address the: (1) philosophy of how services are provided based upon the assisted living facility licensee's values, mission, and promotion of person-centered care and how the philosophy shall be implemented; (2) evaluation of behavioral symptoms and design of supports for intervention plans, including nonpharmacological practices that are person-centered and evidence-informed; (3) wandering and egress prevention that provides detailed instructions to staff in the event a resident elopes; (4) medication management, including an assessment of residents for the use and effects of medications, including psychotropic medications; (5) staff training specific to dementia care; (6) description of life enrichment programs and how activities are implemented; (7) description of family support programs and efforts to keep the family engaged; (8) limiting the use of public address and intercom systems for emergencies and evacuation drills only; (9) transportation coordination and assistance to and from outside medical appointments; and (10) safekeeping of residents' possessions. (b) The policies and procedures must be provided to residents and the residents' legal and designated representatives at the time of move-in.	02110		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32419	A. BUILDING: _____ B. WING _____	10/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABLE PINES AT VADNAIS HEIGHTS	1260 EAST COUNTY ROAD EAST VADNAIS HEIGHTS, MN 55110

(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
02110	Continued From page 49 This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living facility with dementia care provided the required policies and procedures to six of six residents (R2, R3, R4, R5, R6 and R11). This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety), 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). The findings include: Review of R2, R3, R4, R5, R6, and R11's records lacked documentation for receipt of required policies and procedures to be provided at the time of resident move-in to the facility. On October 12, 2022, at approximately 1:45 p.m., registered nurse (RN)-A, executive director (ED)-D, and office manager (OM)-J acknowledged the required policies and procedures to be provided to residents at the time of move-in were not provided to any resident and no documentation of receipt would be in any resident's records. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	02110		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32419	A. BUILDING: _____ B. WING _____	10/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABLE PINES AT VADNAIS HEIGHTS	1260 EAST COUNTY ROAD EAST VADNAIS HEIGHTS, MN 55110

(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
02310	Continued From page 50	02310		
02310 SS=G	144G.91 Subd. 4 Appropriate care and services (a) Residents have the right to care and assisted living services that are appropriate based on the resident's needs and according to an up-to-date service plan subject to accepted health care standards. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to provide care in accordance with accepted healthcare standards related to falls for one of one resident (R6). 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 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). The findings include: R6 was admitted to the licensee on August 27, 2021. R6's diagnosis included vascular dementia (dementia caused by multiple strokes resulting in problems with reasoning, planning, judgment, memory, and other thought processes), type 2 diabetes mellitus, and acute subdural hematoma (medical emergency caused by a blood clot between the brain and the outer layer of the brain, usually as the result of a head injury). R6's unsigned Service Plan dated March 25,	02310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32419	A. BUILDING: _____ B. WING _____	10/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABLE PINES AT VADNAIS HEIGHTS	1260 EAST COUNTY ROAD EAST VADNAIS HEIGHTS, MN 55110

(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
02310	Continued From page 51	02310		

2022, indicated R6 had moderate impairment with difficulty remembering and using information and required direction and reminders from others. Additionally, R6's Service Plan indicated R6, "is independent regarding mobility and ambulation."

Although licensee's HSE MC 623 Health and Service Evaluation (v2021) Results and Service Plan dated July 4, 2022, identified by RN-A as R6's assessment indicated R6 was independent, R6 had a walker in a proper upright position next to them after fall. ULP-H stated to ULP-G, staff should have not let R6 use his walker for ambulation and should have used a wheelchair instead. R6's record lacked any identification R6 used a mobility device.

R6's medications included the following medications that could increase risk of bleeding or could contribute to a fall:
- aspirin 81 milligrams (mg) chewable (may increase risk of bleeding)
- escitalopram 10 mg, (may cause unusual bleeding or bruising and cause drowsiness)
- meclizine 12.5 mg (may cause drowsiness and fatigue)

On October 11, 2022, at approximately 9:00 a.m., while conducting survey observations, the surveyor heard a loud noise in the dining area. The surveyor proceeded to the dining area and observed R6 on the floor laying on their left side with their head resting against the baseboard of the floor. Unlicensed personnel (ULP)-G was present in dining room when the fall occurred. ULP-H entered the dining area after they heard a loud noise. ULP-G and ULP-H stated the circular dent in wall approximately 10 inches up from the floor, measuring approximately 2 inches in diameter was created by R6's head impacting the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32419	A. BUILDING: _____ B. WING _____	10/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABLE PINES AT VADNAIS HEIGHTS	1260 EAST COUNTY ROAD EAST VADNAIS HEIGHTS, MN 55110

(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
02310	Continued From page 52 wall. On October 11, 2022, at approximately 9:04 a.m., although the surveyor observed R6 rub the left side of their head, R6 denied pain to ULP's. ULP-H obtained R6's blood pressure, oxygen saturation, pulse, and pain level. On October 11, 2022, at approximately 9:15 a.m. registered nurse (RN)-A arrived on unit. ULP-H stated to RN-A R6 denied pain however, R6 continued to rub head and the dent in the wall was from the impact of R6's head. RN-A questioned R6 what they were attempting to do prior to the fall and if they were experiencing pain, requested R6 to move their lower extremities and palpated (examination by pressing on the surface) R6's head. RN-A, ULP-G, and ULP-H assisted R6 from the floor with the use of a gait belt (safety device that is used by caregivers to help a patient move) and into a wheelchair. On October 11, 2022, at approximately 9:19 a.m., RN-A left the memory care unit and instructed the ULP's to escort R6 back to their room. The surveyor did not observe RN-A provide any further instructions to the ULPs. On October 11, 2022, at approximately 9:24 a.m., the surveyor inquired if the ULPs would complete additional checks on R6. ULP-G and ULP-H stated if any further follow up on a fall was required, the nurse would have provided specific instructions. ULP-G and ULP-H stated they had not received further follow up instructions on R6. On October 11, 2022, at approximately 9:27 a.m., licensed practical nurse (LPN)-I asked R6 if they had pain. R6 stated, "I guess." R6 continued to rub their head on the left side. LPN-I assessed	02310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32419	A. BUILDING: _____ B. WING _____	10/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABLE PINES AT VADNAIS HEIGHTS	1260 EAST COUNTY ROAD EAST VADNAIS HEIGHTS, MN 55110

(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
02310	Continued From page 53 R6's skin on the arms, back, abdomen, and head. On October 11, 2022, at approximately 10:30 a.m. RN-A stated when falls occur with a head impact a nurse would initiate, "neuro checks" (neurological observations). The surveyor inquired if neuro checks were initiated on R6. RN-A stated neuro checks were not initiated. In addition, RN-A stated one of licensee's nurses called in sick that morning and RN-A was the only nurse onsite at the time of the fall. On October 11, 2022, at approximately 10:38 a.m., after discussion of the licensee's standards related to falls, which indicated neuro checks would be initiated, the surveyor questioned why neuro checks were not initiated per the licensee's procedure. RN-A did not indicate why checks were not initiated on R6 after their fall. RN-A stated they would immediately return to the memory care unit and initiate neuro checks on R6 approximately one hour and 38 minutes after R6 fell. On October 11, 2022, at approximately 2:34 p.m., RN-A stated neuro checks would be initiated for all unwitnessed falls or falls with impact to a resident's head. In addition, RN-A stated if a fall occurred in the hours when a nurse was not onsite and a head injury occurred, the ULPs would call 911 as neuro checks could not be initiated by an ULP. The licensee's Role of Quality of Life Specialist, Medical Technician and Nurse in an Incident/Accident (NUR023G) procedure dated November 1, 2017, read, "check the resident frequently (q[every] 15 mins for 2 hrs, q 30 mins for 4 hrs, sooner if necessary, and then q 2 hrs) for 24 hours after the incident or for another	02310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32419	A. BUILDING: _____ B. WING _____	10/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABLE PINES AT VADNAIS HEIGHTS	1260 EAST COUNTY ROAD EAST VADNAIS HEIGHTS, MN 55110

(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
02310	Continued From page 54 period as ordered by physician." The licensee's procedure lacked identification of the specific checks to be completed and who would complete them. The When a Fall Occurs article published by the American Journal of Nursing authored by Ann Hendrich, MSN, RN, FANN, dated November 2007, established best practice and actions to be taken when a fall occurs. The article indicated when a fall occurs specific assessments and monitoring would be completed including frequent checks of neurologic and orthostatic vital signs, subtle cognitive changes, pupils, orientation, and leg or pelvic pain as a standard of care after a fall occurs. No further information was provided. TIME PERIOD FOR CORRECTION: Immediate Immediacy is removed as confirmed by email correspondence and review by evaluation supervisor on October 13, 2022, however noncompliance remains at a scope and severity of G. TIME PERIOD FOR CORRECTION: Seven (7) Days	02310		
02350 SS=F	144G.91 Subd. 7 Courteous treatment Residents have the right to be treated with courtesy and respect, and to have the resident's property treated with respect. This MN Requirement is not met as evidenced by: Based on interview and record review, the	02350		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32419	A. BUILDING: _____ B. WING _____	10/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABLE PINES AT VADNAIS HEIGHTS	1260 EAST COUNTY ROAD EAST VADNAIS HEIGHTS, MN 55110

(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
02350	Continued From page 55	02350		

licensee failed to ensure the assisted living contract did not include language for termination of an assisted living contract without appropriate reason or cause. This had the potential to affect all residents with an assisted living contract.

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 the residents).

The findings include:

On October 10, 2022, at approximately 10:00 a.m., executive director (ED)-D provided the licensee's Assisted Living Residency Agreement and identified the contract as the licensee's assisted living contract used for all residents.

Under V. Cancellation - 2. Cancellation by Provider - a. Grounds for Cancellation, read, "6. You have an active, infectious, and reportable disease in a communicable state that requires contact isolation; or 7. You are no longer capable of assisted self-preservation."

On October 11, 2022, at approximately 8:00 a.m., ED-D stated the licensee would not terminate a contract with a resident for contracting a communicable disease requiring isolation as the licensee has been using isolation for COVID-19 (CV19) positive residents. ED-D acknowledged the licensee's contract indicated an assisted living contract could be cancelled for a CV19 positive resident and language would be removed from contract as it is not appropriate. ED-D stated they

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32419	A. BUILDING: _____ B. WING _____	10/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABLE PINES AT VADNAIS HEIGHTS	1260 EAST COUNTY ROAD EAST VADNAIS HEIGHTS, MN 55110

(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
02350	Continued From page 56 were not aware of the meaning of number seven (7) and, "assisted self-preservation," as many residents in the licensee's memory care unit are unable to assist in self-preservation due to their diagnosis and cognition deficits. ED-D stated language would need to be removed as it would be inappropriate for the licensee to cancel a contract regarding either issue identified. ED-D stated the licensee is a multi-state company and used the same contract in other states in which the language may be appropriate based on statutory language in those states but is inappropriate for the current setting. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	02350		

Minnesota Department of Health
Food Pools & Lodging Services
P.O. Box 64975
St Paul, MN 55164-0975
651 201 4500

Type: Full
Date: *10/10/22*
Time: 15:25:27
Report: 8058221200

Food and Beverage Establishment Inspection Report

Location:
Gable Pines At Vadnais Heights
1260 East County Road East
Vadnais Heights, MN55110
Ramsey County, 62

Establishment Info:
ID #: 0037645
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 6518293171
ID #:

The violations listed in this report include any previously issued orders and deficiencies identified during this inspection. Compliance dates are shown for each item.

No NEW orders were issued during this inspection.

Surface and Equipment Sanitizers

Acid: = 700 MLL at --- Degrees Fahrenheit
Location: DISPENSER
Violation Issued: No

Hot Water: = --- at 185 Degrees Fahrenheit
Location: DISH MACHINE
Violation Issued: No

Food and Equipment Temperatures

Process/Item: CORN DOG
Temperature: 142 Degrees Fahrenheit - Location: HOT WELL
Violation Issued: No

Process/Item: CHILI
Temperature: 135 Degrees Fahrenheit - Location: HOT HOLDING
Violation Issued: No

Process/Item: SALSA
Temperature: 41 Degrees Fahrenheit - Location: WALK IN
Violation Issued: No

Process/Item: BAKED POTATO
Temperature: 36 Degrees Fahrenheit - Location: WALK IN
Violation Issued: No

Process/Item: TOMATO
Temperature: 35 Degrees Fahrenheit - Location: PREP
Violation Issued: No

Type: Full
Date: *10/10/22*
Time: 15:25:27
Report: 8058221200
Gable Pines At Vadnais Heights

Food and Beverage Establishment Inspection Report

Process/Item: HAM
Temperature: 38 Degrees Fahrenheit - Location: PREP
Violation Issued: No

Total Orders In This Report	Priority 1	Priority 2	Priority 3
	0	0	0

COMMERCIAL CARE FACILITY, FULL COMMERCIAL KITCHEN

HRD INSPECTOR: ANA BOHNEN
FACILITY REP. KRIS ALMSTED

DISCUSSED ILLNESS TRACKING AND BEST COOLING PRACTICES

NOTE: Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

I acknowledge receipt of the Minnesota Department of Health inspection report number 8058221200 of 10/10/22.

Certified Food Protection Manager: KRIS ALMSTED

Certification Number: 39910 Expires: 01/06/24

Inspection report reviewed with person in charge and emailed.

Signed: _____
Establishment Representative

Signed: _____
Inspector Number 8058
Sanitarian 3
MDH Metro Office
651 201 4500
health.foodlodging@state.mn.us