



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

June 14, 2023

Licensee
Thorne Crest Retirement Center
1201 Garfield Avenue
Albert Lea, MN 56007

RE: Project Number(s) SL30418015

Dear Licensee:

On May 17, 2023, the Minnesota Department of Health (MDH) completed a follow-up survey of your facility to determine correction of orders found on the survey completed on January 6, 2023. This follow-up survey determined your facility had not corrected all of the state correction orders issued pursuant to the January 6, 2023 survey.

In accordance with Minn. Stat. § 144G.31 Subd. 4, MDH may assess fines and enforcement actions based on the level and scope of the violations; **however, no immediate fines are assessed for this survey of your facility.**

DOCUMENTATION OF ACTION TO COMPLY

In accordance with Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document actions taken to comply with the correction orders within the time period outlined on the state form; however, plans of correction are not required to be submitted for approval.

IMPOSITION OF FINES:

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.

CORRECTION ORDER RECONSIDERATION PROCESS

In accordance with Minn. Stat. § 144G.32, Subd. 2, you may challenge the correction order(s) 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 MDH within 15 calendar days of the correction order receipt date.

A state correction 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 reconsideration requests to: **Health.HRD.Appeals@state.mn.us**. Please attach this letter as part of your reconsideration request. Please clearly indicate which tag(s) you are contesting and submit information supporting your position(s).

Please address your cover letter for reconsideration requests to:

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

We urge you to review these orders carefully. If you have questions, please contact Jodi Johnson at 507-344-2730.

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in the letter and/or state form with your organization's Governing Body.

Sincerely,



Jodi Johnson, Supervisor
State Evaluation Team
Email: jodi.johnson@state.mn.us
Telephone: 507-344-2730 Fax: 651-281-9796

JMD

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30418	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/17/2023
NAME OF PROVIDER OR SUPPLIER THORNE CREST RETIREMENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 GARFIELD AVENUE ALBERT LEA, MN 56007		
(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 *****ATTENTION***** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER In accordance with Minnesota Statutes, section 144G.08 to 144G.95 this correction order(s) has been issued pursuant to a survey. Determination of whether a violation has been 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: Project SL30418015-1 On May 15, 2023, through May 17, 2023, the Minnesota Department of Health conducted a revisit at the above provider to follow-up on orders issued pursuant to a survey completed on January 6, 2023. At the time of the survey, there were 90 residents: 44 receiving services under the Assisted Living with Dementia Care license. As a result of the revisit, the following orders were reissued.	{0 000}	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3.	
{0 950} SS=C	144G.50 Subd. 3 Designation of representative (a) Before or at the time of execution of an	{0 950}		

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

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{0 950}	Continued From page 1 assisted living contract, an assisted living facility must offer the resident the opportunity to identify a designated representative in writing in the contract and must provide the following verbatim notice on a document separate from the contract: "RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES. You have the right to name anyone as your "Designated Representative." A Designated Representative can assist you, receive certain information and notices about you, including some information related to your health care, and advocate on your behalf. A Designated Representative does not take the place of your guardian, conservator, power of attorney ("attorney-in-fact"), or health care power of attorney ("health care agent"), if applicable." (b) The contract must contain a page or space for the name and contact information of the designated representative and a box the resident must initial if the resident declines to name a designated representative. Notwithstanding subdivision 1, paragraph (f), the resident has the right at any time to add, remove, or change the name and contact information of the designated representative. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure five of five resident's (R2, R3, R4, R5, R8) assisted living contract included the required verbiage for the residents to identify a designated representative. This had the potential to affect all 44 residents who received services at the facility.	{0 950}		

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{0 950}	Continued From page 2 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: R2 R2's diagnoses included dementia and atrial fibrillation (irregular heartbeat). R2's record failed to show evidence of receipt of Right to designate a representative form R3 R3's diagnoses included anxiety and chronic obstructive lung disease. R2's record failed to show evidence of receipt of Right to designate a representative form. R4 R4's diagnoses included anemia and weakness. R2's record failed to show evidence of receipt of Right to designate a representative form. R5 R5's diagnoses included Parkinson's disease, and mild cognitive impairment. R2's record failed to show evidence of receipt of Right to designate a representative form. R8 R8's diagnoses included Parkinson's disease, and dementia. R2's record failed to show evidence of receipt of	{0 950}			

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{0 950}	Continued From page 3 Right to designate a representative form. On May 16, 2023, at 4:00 p.m. licensed assisted living director (LALD)-A indicated the files would not contain a copy of the Right to designate a representative form. The admission packet contained the required document and all residents were given a copy, but did not require a signed copy to be placed in the resident record. LALD-A provided confirmation a copy was provided to the residents dated May 16, 2023, (today). No further information was provided.	{0 950}			
{01370} SS=D	144G.61 Subd. 2 (a) Training and evaluation of unlicensed person (a) Training and competency evaluations for all unlicensed personnel must include the following: (1) documentation requirements for all services provided; (2) reports of changes in the resident's condition to the supervisor designated by the facility; (3) basic infection control, including blood-borne pathogens; (4) maintenance of a clean and safe environment; (5) appropriate and safe techniques in personal hygiene and grooming, including: (i) hair care and bathing; (ii) care of teeth, gums, and oral prosthetic devices; (iii) care and use of hearing aids; and (iv) dressing and assisting with toileting; (6) training on the prevention of falls; (7) standby assistance techniques and how to perform them; (8) medication, exercise, and treatment	{01370}			

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{01370}	Continued From page 4 reminders; (9) basic nutrition, meal preparation, food safety, and assistance with eating; (10) preparation of modified diets as ordered by a licensed health professional; (11) communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family; (12) awareness of confidentiality and privacy; (13) understanding appropriate boundaries between staff and residents and the resident's family; (14) procedures to use in handling various emergency situations; and (15) awareness of commonly used health technology equipment and assistive devices. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure training and competency was completed for two of four unlicensed personnel (ULP-K, ULP-L) to include all required content. 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 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: ULP-K ULP-K was hired on March 31, 2023, to provide	{01370}		

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{01370}	Continued From page 5 direct care under the licensee's assisted living with dementia care license. ULP-K's employee record lacked evidence of training in the following areas: - Documentation requirements for all services provided. - Reports of changes in the resident's condition to the supervisor designated by the facility. - Care and use of hearing aids - Standby assistance techniques and how to perform them; and - Understanding appropriate boundaries between staff and residents and the resident's family ULP-L ULP-L was hired on February 28, 2023, to provide direct care under the licensee's assisted living with dementia care license. ULP-L's employee record lacked evidence of training in the following areas: - Documentation requirements for all services provided. - Reports of changes in the resident's condition to the supervisor designated by the facility. - Care and use of hearing aids - Standby assistance techniques and how to perform them; and - Understanding appropriate boundaries between staff and residents and the resident's family On May 17, 2023, at 10:30 a.m. licensed assisted living director (LALD)-A confirmed the employee records for ULP-L and ULP-K staff did not have all the required training. The licensee's Assisted Living Orientation- ULP	{01370}			

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{01370}	Continued From page 6 Staff Policy dated January 10, 2023, indicated all ULP will receive additional training with a written or oral competency test and a skill demonstration. No further information was provided.	{01370}		
{01380} SS=D	144G.61 Subd. 2 (b) Training and evaluation of unlicensed personnel (b) In addition to paragraph (a), training and competency evaluation for unlicensed personnel providing assisted living services must include: (1) observing, reporting, and documenting resident status; (2) basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel; (3) reading and recording temperature, pulse, and respirations of the resident; (4) recognizing physical, emotional, cognitive, and developmental needs of the resident; (5) safe transfer techniques and ambulation; (6) range of motioning and positioning; and (7) administering medications or treatments as required. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure training and competency evaluations included all the required training for two of four unlicensed personnel (ULP-K, ULP-L). 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	{01380}		

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{01380}	Continued From page 7 resident's health or safety) 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: ULP-K ULP-K was hired on March 31, 2023, to provide direct care under the licensee's assisted living with dementia care license. ULP-K's employee record lacked evidence of completing the following training and competency: - observing, reporting, and documenting resident status. - basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel. - reading and recording temperature, pulse, and respirations of the resident. - recognizing physical, emotional, cognitive, and developmental needs of the resident. - safe transfer techniques and ambulation; and - range of motioning and positioning. ULP-L ULP-L was hired on February 28, 2023, to provide direct care under the licensee's assisted living with dementia care license. ULP-L's employee record lacked evidence of completing the following training and competency: - observing, reporting, and documenting resident	{01380}		

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{01380}	Continued From page 8 status. - basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel. - reading and recording temperature, pulse, and respirations of the resident. - recognizing physical, emotional, cognitive, and developmental needs of the resident. - safe transfer techniques and ambulation; and - range of motioning and positioning. On May 17, 2023, at 10:30 a.m. licensed assisted living director (LALD)-A confirmed the employee records for ULP-L and ULP-K staff did not have all the required training. The licensee's Assisted Living Orientation- ULP Staff Policy dated January 10, 2023, indicated all ULP will receive additional training with a written or oral competency test and a skill demonstration No further information was provided.	{01380}		
{01440} SS=D	144G.62 Subd. 4 Supervision of staff providing delegated nurs (a) Staff who perform delegated nursing or therapy tasks must be supervised by an appropriate licensed health professional or a registered nurse according to the assisted living facility's policy where the services are being provided to verify that the work is being performed competently and to identify problems and solutions related to the staff person's ability to perform the tasks. Supervision of staff performing medication or treatment administration shall be provided by a registered nurse or appropriate licensed health professional	{01440}		

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{01440}	Continued From page 9 and must include observation of the staff administering the medication or treatment and the interaction with the resident. (b) The direct supervision of staff performing delegated tasks must be provided within 30 calendar days after the date on which the individual begins working for the facility and first performs the delegated tasks for residents and thereafter as needed based on performance. This requirement also applies to staff who have not performed delegated tasks for one year or longer. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure direct supervision of two of four unlicensed personnel (ULP-K, ULP-L) performing delegated tasks was completed by the 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) 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: ULP-K ULP-K was hired on March 31, 2023, to provide direct care under the licensee's assisted living with dementia care license. ULP-K's employee record lacked evidence of completion supervision of a delegated task within	{01440}			

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{01440}	Continued From page 10 30 days after the ULP began working. ULP-L ULP-L was hired on February 28, 2023, to provide direct care under the licensee's assisted living with dementia care license. ULP-L's employee record lacked evidence of completion supervision of a delegated task within 30 days after the ULP began working. On May 17, 2023, at 10:30 a.m. licensed assisted living director (LALD)-A confirmed the RN had not completed the supervision within 30 days as required for ULP-L and ULP-K. The licensee's Supervision of Licensed and Unlicensed Personnel Policy dated January 10, 2023, indicated direct supervision of the staff performing delegated tasks, by an RN within 30 calendar days after the staff member begins working and first performs the delegated resident tasks. No further information was provided.	{01440}			



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

February 3, 2023

Licensee
Thorne Crest Retirement Center
1201 Garfield Avenue
Albert Lea, MN 56007

RE: Project Number(s) SL30418015

Dear Licensee:

The Minnesota Department of Health completed an evaluation on January 6, 2023, 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.

LICENSING ORDERS

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 . . ."

In accordance with Minn. Stat. § 144G.31 Subd. 4, MDH may assess fines and enforcement actions based on the level and scope of the violations; **however, no immediate fines are assessed for this evaluation of your facility.**

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.

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Please address your cover letter for general reconsideration requests to:

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

Free from Maltreatment reconsideration requests should be addressed to:

Reconsideration Unit
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Minnesota Department of Health
P.O. Box 64970
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St. Paul, MN 55164-0970

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,



Jodi Johnson, Supervisor
Health Regulation Division
State Evaluation Team
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Email: jodi.johnson@state.mn.us
Telephone: 507-344-2730 Fax: 651-215-9697

HHH

Minnesota Department of Health

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(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 *****ATTENTION***** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. 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: SL30418015 On January 3, 2023, through January 6, 2023, 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 82 active residents; 41 of whom were receiving services under the assisted living with dementia care license.	0 000	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3.	
0 130 SS=F	144G.12, Subd. 1 Application for Licensure Each application for an assisted living facility license, including provisional and renewal	0 130		

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Minnesota Department of Health

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0 130	Continued From page 1 applications, must include information sufficient to show that the applicant meets the requirements of licensure, including: (1) the business name and legal entity name of the licensee, and the street address and mailing address of the facility; (2) the names, e-mail addresses, telephone numbers, and mailing addresses of all owners, controlling individuals, managerial officials, and the assisted living director; (3) the name and e-mail address of the managing agent and manager, if applicable; (4) the licensed resident capacity and the license category; (5) the license fee in the amount specified in section 144.122; (6) documentation of compliance with the background study requirements in section 144G.13 for the owner, controlling individuals, and managerial officials. Each application for a new license must include documentation for the applicant and for each individual with five percent or more direct or indirect ownership in the applicant; (7) evidence of workers' compensation coverage as required by sections 176.181 and 176.182; (8) documentation that the facility has liability coverage; (9) a copy of the executed lease agreement between the landlord and the licensee, if applicable; (10) a copy of the management agreement, if applicable; (11) a copy of the operations transfer agreement or similar agreement, if applicable; (12) an organizational chart that identifies all organizations and individuals with an ownership interest in the licensee of five percent or greater and that specifies their relationship with the	0 130		

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0 130	Continued From page 2 licensee and with each other; (13) whether the applicant, owner, controlling individual, managerial official, or assisted living director of the facility has ever been convicted of: (i) a crime or found civilly liable for a federal or state felony level offense that was detrimental to the best interests of the facility and its resident within the last ten years preceding submission of the license application. Offenses include: felony crimes against persons and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pretrial diversions; financial crimes such as extortion, embezzlement, income tax evasion, insurance fraud, and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pretrial diversions; any felonies involving malpractice that resulted in a conviction of criminal neglect or misconduct; and any felonies that would result in a mandatory exclusion under section 1128(a) of the Social Security Act; (ii) any misdemeanor conviction, under federal or state law, related to: the delivery of an item or service under Medicaid or a state health care program, or the abuse or neglect of a patient in connection with the delivery of a health care item or service; (iii) any misdemeanor conviction, under federal or state law, related to theft, fraud, embezzlement, breach of fiduciary duty, or other financial misconduct in connection with the delivery of a health care item or service; (iv) any felony or misdemeanor conviction, under federal or state law, relating to the interference with or obstruction of any investigation into any criminal offense described in Code of Federal Regulations, title 42, section 1001.101 or 1001.201;	0 130		

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0 130	Continued From page 3 (v) any felony or misdemeanor conviction, under federal or state law, relating to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance; (vi) any felony or gross misdemeanor that relates to the operation of a nursing home or assisted living facility or directly affects resident safety or care during that period; (vii) any revocation or suspension of a license to provide health care by any state licensing authority. This includes the surrender of such a license while a formal disciplinary proceeding was pending before a state licensing authority; (viii) any revocation or suspension of accreditation; or (ix) any suspension or exclusion from participation in, or any sanction imposed by, a federal or state health care program, or any debarment from participation in any federal executive branch procurement or nonprocurement program; (14) whether, in the preceding three years, the applicant or any owner, controlling individual, managerial official, or assisted living director of the facility has a record of defaulting in the payment of money collected for others, including the discharge of debts through bankruptcy proceedings; (15) the signature of the owner of the licensee, or an authorized agent of the licensee; (16) identification of all states where the applicant or individual having a five percent or more ownership, currently or previously has been licensed as an owner or operator of a long-term care, community-based, or health care facility or agency where its license or federal certification has been denied, suspended, restricted, conditioned, refused, not renewed, or revoked under a private or state-controlled receivership,	0 130		

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0 130	Continued From page 4 or where these same actions are pending under the laws of any state or federal authority; (17) statistical information required by the commissioner; and (18) any other information required by the commissioner. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to meet the requirements of licensure for the assisted living with dementia care license they possessed. This had the potential to affect all 82 residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: The licensee's assisted living with dementia care license effective August 1, 2022, indicated a capacity of 35 assisted living with dementia care residents. During the entrance conference on January 3, 2023, at 10:26 a.m., registered nurse (RN)-B provided a resident roster that identified the licensee had a current census of 41 residents, (nine in memory care, 18 assisted living receiving services, and 14 independent living with services).	0 130		

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0 130	Continued From page 5 On January 3, 2023, at approximately 1:30 p.m. RN-B verified 41 was the correct census. RN-B further stated there were independent living residents in the building that were not included on the total census since they were not receiving services. On January 5, 2022, at 3:30 p.m. licensed assisted living director (LALD)-A verified there were more residents than their license capacity. LALD-A further indicated she had misunderstood the regulation as she thought independent living still existed. On January 6, 2023, at approximately 12:00 p.m. the evaluator received an updated current resident roster that identified 82 residents (47 more than the licensed amount). No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 130		
0 250 SS=F	144G.20 Subdivision 1 Conditions (a) The commissioner may refuse to grant a provisional license, refuse to grant a license as a result of a change in ownership, refuse to renew a license, suspend or revoke a license, or impose a conditional license if the owner, controlling individual, or employee of an assisted living facility: (1) is in violation of, or during the term of the license has violated, any of the requirements in this chapter or adopted rules; (2) permits, aids, or abets the commission of any illegal act in the provision of assisted living services;	0 250		

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0 250	Continued From page 6 (3) performs any act detrimental to the health, safety, and welfare of a resident; (4) obtains the license by fraud or misrepresentation; (5) knowingly makes a false statement of a material fact in the application for a license or in any other record or report required by this chapter; (6) denies representatives of the department access to any part of the facility's books, records, files, or employees; (7) interferes with or impedes a representative of the department in contacting the facility's residents; (8) interferes with or impedes ombudsman access according to section 256.9742, subdivision 4; (9) interferes with or impedes a representative of the department in the enforcement of this chapter or fails to fully cooperate with an inspection, survey, or investigation by the department; (10) destroys or makes unavailable any records or other evidence relating to the assisted living facility's compliance with this chapter; (11) refuses to initiate a background study under section 144.057 or 245A.04; (12) fails to timely pay any fines assessed by the commissioner; (13) violates any local, city, or township ordinance relating to housing or assisted living services; (14) has repeated incidents of personnel performing services beyond their competency level; or (15) has operated beyond the scope of the assisted living facility's license category. (b) A violation by a contractor providing the assisted living services of the facility is a violation by the facility.	0 250		

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0 250	Continued From page 7 This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to show they met the requirements of licensure, by attesting the managerial officials who oversaw the day-to-day operations understood applicable statutes and rules; nor developed and/or implemented current policies and procedures as required with records reviewed. 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 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: During the entrance conference on January 3, 2023, at 10:26 a.m. registered nurse (RN)-B stated the licensee provided medication and treatment management services. On January 4, 2023, at approximately 10:30 a.m. licensed assisted living director (LALD)-A stated the licensee's employees in charge of the facility were familiar with the assisted living regulations. The licensee's Application for Assisted Living License, section titled Official Verification of Owner or Authorized Agent, (page four and five of the application), identified, I certify I have read and understand the following: [a check mark was placed before each of the following]:	0 250		

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0 250	Continued From page 8 - I have read and fully understand Minn. [Minnesota] Stat. [statute] sect. [section] 144G.45, my building(s) must comply with subdivisions 1-3 of the section, as applicable section Laws 2020, 7th Spec. [special] Sess [session]., chpt. [chapter] 1. art. [article] 6, sect. 17. - I have read and fully understand Minn. Stat. sect. 144G.80, 144G.81. and Laws 2020, 7th Spec. Sess., chpt. 1, art. 6, sect. 22, my building(s) must comply with these sections if applicable. - Assisted Living Licensure statutes in Minn. Stat. chpt. 144G. - Assisted Living Licensure rules in Minnesota Rules, chpt. 4659. - Reporting of Maltreatment of Vulnerable Adults. - Electronic Monitoring in Certain Facilities. - I understand pursuant to Minn. Stat. sect. 13.04 Rights of Subjects of Data, the Commissioner will use information provided in this application, which may include an in-person or telephone conference, to determine if the applicant meets requirements for assisted living licensing. I understand I am not legally required to supply the requested information; however, failure to provide information or the submission of false or misleading information may delay the processing of my application or may be grounds for denying a license. I understand that information submitted to the commissioner in this application may, in some circumstances, be disclosed to the appropriate state, federal or local agency and law enforcement office to enhance investigative or	0 250		

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0 250	Continued From page 9 enforcement efforts or further a public health protective process. Types of offices include Adult Protective Services, offices of the ombudsmen, health-licensing boards, Department of Human Services, county or city attorneys' offices, police, local or county public health offices. - I understand in accordance with Minn. Stat. sect. 144.051 Data Relating to Licensed and Registered Persons (opens in a new window), all data submitted on this application shall be classified as public information upon issuance of a provisional license or license. All data submitted are considered private until MDH issues a license. - I declare that, as the owner or authorized agent, I attest that I have read Minn. Stat. chapter 144G, and Minnesota Rules, chapter 4659 governing the provision of assisted living facilities, and understand as the licensee I am legally responsible for the management, control, and operation of the facility, regardless of the existence of a management agreement or subcontract. - I have examined this application and all attachments and checked the above boxes indicating my review and understanding of Minnesota Statutes, Rules, and requirements related to assisted living licensure. To the best of my knowledge and believe, this information is true, correct, and complete. I will notify MDH, in writing, of any changes to this information as required. - I attest to have all required policies and procedures of Minn. Stat. chapter 144G and Minn. Rules chapter 4659 in place upon licensure and to keep them current as applicable.	0 250		

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0 250	Continued From page 10 Page six was electronically signed by the licensee on June 2, 2021. The licensee had an assisted living license issued on August 1, 2022, with an expiration date of October 31, 2023. The licensee failed to ensure the following policies and procedures were developed and/or implemented: (1) orientation, training, and competency evaluations of staff, and a process for evaluating staff performance; (2) conducting initial evaluations of residents' needs and the providers' ability to provide those services; (3) conducting initial and ongoing resident evaluations and assessments of resident needs, including assessments by a registered nurse or appropriate licensed health professional, and how changes in a resident's condition are identified, managed, and communicated to staff and other health care providers as appropriate; (4) infection control practices; (5) medication and treatment management; (6) supervision of unlicensed personnel performing delegated tasks. As a result of this survey, the following orders were issued 0510, 1370, 1380, 1440, 1470, 1540, 1610, 1620, 1700, 1730, 1760, 1770, 1790, 1820, 1940, 1970, indicating the licensee's understanding of the Minnesota statutes were limited, or not evident for compliance with Minnesota Statutes, section 144G.08 to 144G.95. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one	0 250		

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0 250	Continued From page 11 (21) days	0 250		
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 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 required staffing plan was developed and posted as required, potentially affecting the licensee's	0 470		

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0 470	Continued From page 12 current residents, staff, and any visitors of the licensee. 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 potential to affect a large portion or all of the residents). The findings include: The licensee held an assisted living facility with dementia care license. The facility was licensed for a bed capacity of 35 residents and had a current census of 82 residents. The licensee lacked a daily staffing schedule developed by the clinical nurse supervisor and failed to develop and implement a staffing plan for determining its staffing level that: - include 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; - be posted after redacting direct-care staff member's resident assignments, at the beginning of each work shift in a central location in each building; - included an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility; - ensured 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	0 470		

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0 470	Continued From page 13 on a 24-hour per day basis; and - ensured 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. During the entrance conference on January 3, 2023, at 10:26 a.m. the licensee's staffing plan was requested. Registered nurse (RN)-B stated she was a part-time employee covering leadership for the day and not familiar with the staffing plan. RN-B referred the evaluator to licensed assisted living director (LALD)-A who would be on-site the next day. RN-B further stated the staffing schedule included three unlicensed personnel (ULP) in assisted living and two ULP in memory care from 6:00 a.m. to 2:30 p.m., three ULP in assisted living and two ULP in memory care from 2:15 p.m. to 10:45 p.m., and one ULP in assisted living and one ULP in memory care from 10:30 p.m. to 6:15 a.m. On January 3, 2023, at 10:53 a.m. RN-B provided the evaluator a facility tour. The main entry and common areas were observed to include various required postings including the licensee's license, electronic monitoring sign, activity calendar and the menu; however, no daily staffing schedule was posted as required. On January 3, 2023, at 11:26 a.m. administrative assistant (AA)-C stated she completed the daily schedule but did not post it anywhere. AA-C stated she was not aware of the requirement. On January 6, 2023, at 12:00 p.m. LALD-A confirmed a staffing plan had not been developed or a schedule posted as required. LALD-A indicated she was not aware of the staffing plan requirement.	0 470		

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NAME OF PROVIDER OR SUPPLIER THORNE CREST RETIREMENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 GARFIELD AVENUE ALBERT LEA, MN 56007		
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0 470	Continued From page 14 The licensee's undated, Staffing, Direct-Care Staffing Plan & Daily Schedule policy identified the clinical nurse supervisor, or designee, would develop and implement a written staffing plan that would provide sufficient qualified direct-care staff to meet the residents' needs 24-hours a day, seven-days a week. The clinical nurse supervisor would develop a 24-hour daily staffing schedule that would identify: a. direct-care staff work schedules for each direct-care staff member showing all work shifts, including days and hours worked, and b. the direct-care staff member's resident assignments or work location In addition, the policy identified the daily work schedule would be posted at the beginning of each shift in a central location in each building of a facility or campus, accessible to staff, residents, volunteers, and the public. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 470		
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements (13) offer to provide or make available at least the following services to residents: (i) at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The following apply:	0 480		

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0 480	Continued From page 15 (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. 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: Please refer to the included document titled, Food and Beverage Establishment Inspection Report dated January 5, 2023, for the specific Minnesota Food Code deficiencies. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 480			
0 510 SS=E	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	0 510			

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0 510	Continued From page 16 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 that complies with accepted health care, medical and nursing standards for infection control related to glove use and handwashing during meal service. 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: On January 5, 2023, at 8:40 a.m. unlicensed personnel (ULP)-H was observed in the memory care kitchen holding on to a piece of ham with gloved hands while cutting it into pieces using a knife. With the same gloved hands, ULP-H grabbed a piece of French toast out of the toaster and buttered the toast with a knife while holding the toast with same gloved hands. ULP-H then placed the French toast onto a plate and started cutting it into squares with a knife while holding	0 510		

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0 510	Continued From page 17 the French toast with her gloved hand. With same gloved hands, ULP-H touched her forehead with her pinkie finger, opened the refrigerator door, grabbed the container of milk, removed the cover, poured milk into a glass, replaced the lid on the milk, opened the refrigerator and put the milk away. ULP-H then grabbed the plate of food, glass of milk and opened door of the kitchen and delivered to R6 who was sitting at the dining room table. ULP-H returned to the kitchen, and doffed gloves. ULP-H did not change gloves, wash, or cleanse her hands with sanitizer throughout the entire observation. On January 5, 2023, at 9:05 a.m. ULP-H donned gloves without washing or sanitizing her hands, then grabbed a Nutri-Grain bar, opened the kitchen door, and walked out to the dining room table. ULP-H opened the package and gave the bar to R9 touching it with her gloved hands. Then ULP-H entered the keypad code on kitchen door and opened the door. ULP-H opened a covered canister garbage with her gloved hand and tossed the wrapper from the Nutri-Grain bar into it. ULP-H then grabbed a dirty dish from the counter and placed it in the dishwasher. Using the same gloved hands, ULP-H grabbed a clean plate and using tongs, placed an omelet and piece of ham onto the plate. ULP-H proceeded to cut the omelet and ham using a spatula and knife while using her gloved hand to push the food from the edge of the plate back into the middle of the plate. Using the same gloved hands, ULP-H obtained a piece of French toast from a baggie and placed it into the toaster. When the french toast was done, she used the same gloved hands to grab the french toast from the toaster and used a knife to spread butter on the toast while holding it in her gloved hand. ULP-H then grabbed the syrup bottle and put some onto the plate and	0 510		

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0 510	Continued From page 18 handed the plate to ULP-F who placed on the dining room table for R9. ULP-H did not change gloves, wash, or cleanse her hands with sanitizer throughout the entire observation. On January 5, 2023, at 9:12 a.m. ULP-H acknowledged she had not washed hands or changed gloves between the steps as noted above and should have. ULP-H stated she had not been trained how to serve food or use utensils without touching the food. On January 6, 2023, at 12:41 p.m. registered nurse (RN)-E stated staff should wash hands prior to food service and utensils should be used to cut or touch food. RN-E stated staff should change gloves with any contamination and wash/cleanse hands before putting on and taking off gloves. The licensee's undated, Hand Hygiene policy indicated: Handwashing is the single most effective way of controlling the spread of infection. Soap and water must be used when hands look dirty, after using the bathroom and prior to preparing food. The licensee's undated, Procedure for using Gloves policy indicated: 1. Wash hands 2. Apply gloves to both hands 3. Complete task. If gloves become torn or heavily soiled and additional tasks must be performed, then change the gloves (washing hands before putting on new gloves before starting the next task). No further information was provided. TIME PERIOD TO CORRECT: Seven (7) Days	0 510		

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0 550 SS=F	144G.41 Subd. 7 Resident grievances; reporting maltreatment All facilities must post in a conspicuous place information about the facilities' grievance procedure, and the name, telephone number, and e-mail contact information for the individuals who are responsible for handling resident grievances. The notice must also have the contact information for the state and applicable regional Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities, and must have information for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to post the required information related to the grievance procedure and contact information for the Office of Ombudsman for Long-Term Care and Mental Health and Developmental Disabilities. 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) 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 January 3, 2023, at 10:53 a.m. during the facility tour, the evaluator observed the entry and	0 550		

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0 550	Continued From page 20 common areas within the facility with registered nurse (RN)-B and noted there were no postings of the grievance procedure, the name, telephone number, and e-mail contact information for the individuals who are responsible for handling resident grievances. In addition, there was no evidence of posting in the common area of contact information for the state and applicable regional Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities. On January 4, 2023, at 2:13 p.m. licensed assisted living director (LALD)-A stated the required information regarding the grievance process and the ombudsman contact information was not posted in the common areas of the facility. The licensee's undated, Grievance Policy and Procedure indicated residents, family, and staff have the right to file complaints (grievances) and to have the facility make prompt efforts to resolve those complaints. The policy did not include verbiage related to posting the information in a conspicuous place. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 550		
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	0 630		

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0 630	Continued From page 21 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 was developed to include the required content for four of four residents (R2, R4, R5 and 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 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: R2, R4, R5 and R3's records lacked an individual abuse prevention plan to include an assessment of the resident's susceptibility to abuse by another individual, including other vulnerable adults. R2 R2's diagnoses included dementia, macular degeneration, and hypertension. R2's Service Plan dated January 4, 2022, unsigned by client or client representative,	0 630		

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0 630	Continued From page 22 indicated R2 received services which included bathing, grooming, dressing, laundry, housekeeping, and medication administration. On January 5, 2023, at 8:05 a.m. unlicensed personnel (ULP)-F was observed assisting R2 with dressing and grooming tasks. R2's TCSLC Vulnerability, Safety and Risk to Others 3.0 dated December 28, 2022, noted areas of vulnerabilities with statements of specific measures to be taken to minimize the risk of abuse, and the person's risk of abusing other vulnerable adults. However, the assessment lacked an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults. R4 R4's diagnoses included hereditary idiopathic neuropathy (inherited disorder causing numbness, tingling and muscle weakness in the limbs), weakness, and hereditary ataxia (impaired coordination). R4's Service Plan dated November 25, 2022, indicated R5 received services which included bathing, grooming, dressing, laundry, housekeeping, and medication administration. On January 5, 2023, at 7:55 a.m. ULP-M was observed to administer medications to R4. R4's TCSLC Vulnerability, Safety and Risk to Others 3.0 dated December 7, 2022, noted areas of vulnerabilities with statements of specific measures to be taken to minimize the risk of abuse, and the person's risk of abusing other vulnerable adults. However, the assessment lacked an individualized review or assessment of	0 630		

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0 630	Continued From page 23 the person's susceptibility to abuse by another individual, including other vulnerable adults. R5 R5's diagnoses included ischemic cardiomyopathy (ineffective blood pumping by the heart), disorientation, insomnia, and Parkinson's disease. R5's Service Plan dated April 14, 2022, indicated R5 received services which included bathing, grooming, dressing, laundry, housekeeping, and medication administration. On January 4, 2023, at 1:00 p.m. ULP-F was observed to administer medications to R5. R5's TCSLC Vulnerability, Safety and Risk to Others 3.0 dated October 14, 2022, noted areas of vulnerabilities with statements of specific measures to be taken to minimize the risk of abuse, and the person's risk of abusing other vulnerable adults. However, the assessment lacked an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults. R3 R3's diagnoses included major depressive disorder, anxiety disorder, chronic kidney disease, chronic obstructive pulmonary disease (COPD), and diabetes. R3's Service Plan dated November 11, 2022, indicated R3 received services which included medication administration, housekeeping, laundry, and assistance with CPAP machine (continuous positive airway pressure machine is the most prescribed device for treating sleep apnea disorders).	0 630			

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0 630	Continued From page 24 On January 5, 2023, at 8:05 a.m. ULP-I was observed administering medications to R3. R3's TCSLC Vulnerability, Safety and Risk to Others 3.0 dated October 11, 2022, noted areas of vulnerabilities with statements of specific measures to be taken to minimize the risk of abuse, and the person's risk of abusing other vulnerable adults. However, the assessment lacked an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults. On January 4, 2023, at 9:50 a.m. registered nurse (RN)-E said the assessment does not specifically address the susceptibility to abuse by another individual, and the form would need to be updated. RN-E stated the same form was utilized for all residents. The licensee's undated, Abuse, Neglect, Exploitation or Misappropriation - Reporting and Investigating policy lacked the development and implementation of an individual abuse prevention plan for each vulnerable adult. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 630		
0 640 SS=F	144G.42 Subd. 7 Posting information for reporting suspected c The facility shall support protection and safety through access to the state's systems for reporting suspected criminal activity and suspected vulnerable adult maltreatment by:	0 640		

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0 640	Continued From page 25 (1) posting the 911 emergency number in common areas and near telephones provided by the assisted living facility; (2) posting information and the reporting number for the Minnesota Adult Abuse Reporting Center to report suspected maltreatment of a vulnerable adult under section 626.557; and (3) providing reasonable accommodations with information and notices in plain language. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to support protection and safety by not posting information and phone numbers for reporting to the Minnesota Adult Abuse Reporting Center (MAARC) and 911 emergency number 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 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: The licensee failed to: - post the 911 emergency number in common areas and near telephones provided by the assisted living facility; and - post information and the reporting number for the Minnesota Adult Abuse Reporting Center (MAARC) to report suspected maltreatment of a vulnerable adult under section 626.557.	0 640		

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0 640	Continued From page 26 During the facility tour on January 3, 2023, at 10:53 a.m., the evaluator observed the entry and common areas within the facility with registered nurse (RN)-B, and noted there was no posting of the 911 emergency number or information and reporting number for MAARC, as required. On January 4, 2023, at 2:13 p.m. licensed assisted living director (LALD)-A verified the 911 emergency number and the MAARC information was not posted. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 640		
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	0 680		

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(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 27 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 post emergency exit diagrams in the required areas on each floor. 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 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 January 3, 2023, at 10:53 a.m. during the facility tour with registered nurse (RN)-B, the evaluator observed no emergency exit diagrams in the hallways of either first, second, or third floor of the licensee's building. On January 4, 2023, at 2:22 p.m. director of maintenance (DM)-G stated the licensee lacked exit diagrams on each floor and indicated after the licensee remodeled, the signs were not put back up.	0 680		

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0 680	Continued From page 28 The licensee's Emergency and Disaster Preparedness policy dated July 22, 2022, noted emergency exit diagrams are posted on each floor. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 680		
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;	0 780		

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0 780	Continued From page 29 This MN Requirement is not met as evidenced by: Based on observation and interview the licensee failed to provide smoke alarms inside and outside sleeping area and ensure smoke alarms are interconnected so that actuation of one alarm causes all in the dwelling to actuate as required. 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 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 residents). The findings include: On January 5, 2023, between 12:30 p.m. and 2:30 p.m., survey staff toured the facility with director of maintenance (DM)-G. During the facility tour, survey staff observed that the assisted living and the independent living resident areas were not separated therefore, the independent living resident rooms throughout did not have a smoke alarm inside each of the sleeping rooms nor was the smoke alarm interconnected to the outside smoke alarm in the vicinity. DM-G verbally confirmed survey staff observations during the facility tour. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one	0 780		

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0 780	Continued From page 30 (21) days	0 780		
0 920 SS=C	144G.50 Subd. 2 (c) Contract information (c) The contract must include: (1) a disclosure of the category of assisted living facility license held by the facility and, if the facility is not an assisted living facility with dementia care, a disclosure that it does not hold an assisted living facility with dementia care license; (2) a description of all the terms and conditions of the contract, including a description of and any limitations to the housing or assisted living services to be provided for the contracted amount; (3) a delineation of the cost and nature of any other services to be provided for an additional fee; (4) a delineation and description of any additional fees the resident may be required to pay if the resident's condition changes during the term of the contract; (5) a delineation of the grounds under which the resident may be discharged, evicted, or transferred or have services terminated; (6) billing and payment procedures and requirements; and (7) disclosure of the facility's ability to provide specialized diets. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to execute a written assisted living contract with the required content for four of four residents (R2, R4, R5, and R3). This practice resulted in a level one violation (a violation that has no potential to cause more than	0 920		

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0 920	Continued From page 31 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 the potential to affect a large portion or all the residents). The findings include: The licensee failed to provide a contract to include the following required content: - a disclosure of the category of assisted living facility license held by the facility R2 R2's Service Plan dated January 4, 2022, unsigned by resident or resident representative, indicated R2 received services which included bathing, grooming, dressing, laundry, housekeeping, and medication administration. R2's Resident Agreement (contract) dated April 20, 2022, signed by R2's responsible party, lacked the above required content. R4 R4's Service Plan dated November 25, 2022, indicated R5 received services which included bathing, grooming, dressing, laundry, housekeeping, and medication administration. R4's contract dated November 2, 2022, signed by the resident, lacked the above required content. R5 R5's Service Plan dated April 14, 2022, indicated R5 received services which included bathing, grooming, dressing, laundry, housekeeping, and medication administration.	0 920		

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0 920	Continued From page 32 R5's contract dated April 14, 2022, signed by R5's responsible party, lacked the above required content. R3 R3's Service Plan dated November 11, 2022, indicated R3 received services which included medication administration, housekeeping, laundry, and assistance with CPAP machine (continuous positive airway pressure machine is the most prescribed device for treating sleep apnea disorders). R3's contract dated May 10, 2022, signed by the resident, lacked the above required content. On January 6, 2023, at 3:12 p.m. licensed assisted living director (LALD)-A stated the contract being provided to all residents of the facility did not disclose the category of assisted living facility license held by the facility. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 920		
0 950 SS=C	144.50 Subd. 3 Designation of representative (a) Before or at the time of execution of an assisted living contract, an assisted living facility must offer the resident the opportunity to identify a designated representative in writing in the contract and must provide the following verbatim notice on a document separate from the contract: "RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES.	0 950		

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0 950	Continued From page 33 You have the right to name anyone as your "Designated Representative." A Designated Representative can assist you, receive certain information and notices about you, including some information related to your health care, and advocate on your behalf. A Designated Representative does not take the place of your guardian, conservator, power of attorney ("attorney-in-fact"), or health care power of attorney ("health care agent"), if applicable. (b) The contract must contain a page or space for the name and contact information of the designated representative and a box the resident must initial if the resident declines to name a designated representative. Notwithstanding subdivision 1, paragraph (f), the resident has the right at any time to add, remove, or change the name and contact information of the designated representative. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the licensee provided the required notice for right to designated representative on a document separate from the contract for four for four residents (R2, R4, R5, and R3). In addition, the licensee failed to document on the assisted living contract that a resident declined to name a designated representative for four of four residents (R2, R4, R5, and R3). 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	0 950		

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0 950	Continued From page 34 or has potential to affect a large portion or all the residents). The findings include: R2, R4, R5, and R3's records lacked evidence in writing of providing on a document separate from the contact verbatim notice of "RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES. You have the right to name anyone as your "Designated Representative." A Designated Representative can assist you, receive certain information and notices about you, including some information related to your health care, and advocate on your behalf. A Designated Representative does not take the place of your guardian, conservator, power of attorney ("attorney-in-fact"), or health care power of attorney ("health care agent"), if applicable." R2 The first page of R2's Resident Agreement (contract) contained the required space for the name and contact information of the designated representative and a box the resident would initial if the resident declined to name a designated representative. R2's Resident Agreement was signed April 20, 2022, by licensed assisted living director (LALD)-A and by R2's responsible party. The agreement did not list a designated representative, and the box to initial, if resident declined to name a designated representative, was left blank. R4 The first page of R4's contract contained the required space for the name and contact information of the designated representative and a box the resident would initial if the resident	0 950		

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0 950	Continued From page 35 declined to name a designated representative. R4's contract was signed November 2, 2022, by LALD-A and by R4. The agreement did not list a designated representative, and the box to initial, if resident declined to name a designated representative, was left blank. R5 The first page of R5's contract contained the required space for the name and contact information of the designated representative and a box the resident would initial if the resident declined to name a designated representative. R5's contract was signed April 14, 2022, by LALD-A and by R5's responsible party. The agreement did not list a designated representative, and the box to initial, if resident declined to name a designated representative, was left blank. R3 The first page of R3's contract contained the required space for the name and contact information of the designated representative and a box the resident would initial if the resident declined to name a designated representative. R3's contract was signed May 10, 2022, by LALD-A, director of sales and marketing (DSM)-M, and by R3. The agreement did not list a designated representative, and the box to initial, if resident declined to name a designated representative, was left blank. On January 6, 2023, at 3:12 p.m. LALD-A stated the records lacked the required content as listed above. LALD-A stated the licensee's contract would lack the same content for all residents. No further information was provided.	0 950		

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0 950	Continued From page 36 TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 950		
01060 SS=F	144G.52 Subd. 9 Emergency relocation (a) A facility may remove a resident from the facility in an emergency if necessary due to a resident's urgent medical needs or an imminent risk the resident poses to the health or safety of another facility resident or facility staff member. An emergency relocation is not a termination. (b) In the event of an emergency relocation, the facility must provide a written notice that contains, at a minimum: (1) the reason for the relocation; (2) the name and contact information for the location to which the resident has been relocated and any new service provider; (3) contact information for the Office of Ombudsman for Long-Term Care; (4) if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and (5) a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal. (c) The notice required under paragraph (b) must be delivered as soon as practicable to: (1) the resident, legal representative, and designated representative; (2) for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the resident's case manager; and (3) the Office of Ombudsman for Long-Term Care	01060		

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01060	Continued From page 37 if the resident has been relocated and has not returned to the facility within four days. (d) Following an emergency relocation, a facility's refusal to provide housing or services constitutes a termination and triggers the termination process in this section. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide a written notice with required content for an emergency relocation and failed to notify the Office of Ombudsman for Long-Term Care of the emergency relocation for two of two residents (R3, R4). 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: R3 was admitted to the facility on April 27, 2020, and began receiving assisted living services on August 1, 2021. R3's Service Plan dated November 11, 2022, indicated R3 received services which included medication administration, housekeeping, laundry, and assistance with CPAP machine (continuous positive airway pressure machine is the most prescribed device for treating sleep apnea disorders). R3's After Visit Summary dated November 11,	01060		

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01060	Continued From page 38 2022, indicated the resident was hospitalized from November 3, 2022, to November 11, 2022 (eight days). R4 R4 began receiving assisted living services November 2, 2022. R4's Service Plan dated November 25, 2022, indicated R5 received services which included bathing, grooming, dressing, laundry, housekeeping, and medication administration. R4's progress notes dated November 3, 2022, at 12:02 p.m. indicated staff had found R4 on the floor and emergency medical services called for transfer to emergency room for evaluation. Progress notes on November 3, 2022, at 4:10 p.m. noted R4 had been admitted for urinary tract infection and left lower lobe pneumonia. Progress notes dated November 25, 2022, at 10:27 a.m. indicated R4 had returned to facility (22 days). R3 and R4's record lacked a written notice that contains, at a minimum: - the reason for the relocation; - the name and contact information for the location to which the resident has been relocated and any new service provider; - contact information for the Office of Ombudsman for Long-Term Care; - if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; - a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G. 54. The facility must provide contact	01060		

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01060	Continued From page 39 information for the agency to which the resident may submit an appeal. In addition, R3 and R4's record lacked notification to the Office of Ombudsman for Long-Term Care the resident had been relocated and had not returned to the facility within four days. On January 4, 2023, at 11:52 a.m. registered nurse (RN)-E confirmed a written notice related to R3 and R4's emergency relocation had not been completed, and further lacked notification to the Office of Ombudsman for Long-Term Care that the residents had been relocated and had not returned to the facility within four days. RN-E stated they had not been doing this for any residents and was not aware of the requirement. No further information was provided. TIME PERIOD TO CORRECT: Twenty-one (21) days	01060		
01370 SS=E	144G.61 Subd. 2 (a) Training and evaluation of unlicensed personn (a) Training and competency evaluations for all unlicensed personnel must include the following: (1) documentation requirements for all services provided; (2) reports of changes in the resident's condition to the supervisor designated by the facility; (3) basic infection control, including blood-borne pathogens; (4) maintenance of a clean and safe environment; (5) appropriate and safe techniques in personal hygiene and grooming, including:	01370		

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01370	Continued From page 40 (i) hair care and bathing; (ii) care of teeth, gums, and oral prosthetic devices; (iii) care and use of hearing aids; and (iv) dressing and assisting with toileting; (6) training on the prevention of falls; (7) standby assistance techniques and how to perform them; (8) medication, exercise, and treatment reminders; (9) basic nutrition, meal preparation, food safety, and assistance with eating; (10) preparation of modified diets as ordered by a licensed health professional; (11) communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family; (12) awareness of confidentiality and privacy; (13) understanding appropriate boundaries between staff and residents and the resident's family; (14) procedures to use in handling various emergency situations; and (15) awareness of commonly used health technology equipment and assistive devices. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure training and competency evaluations were completed as required prior to providing direct care for three of three unlicensed personnel (ULP-J, ULP-F, ULP-H). 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	01370		

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01370	Continued From page 41 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: ULP-J ULP-J had a hire date of June 3, 2022, and started providing services under the licensee's assisted living with dementia care. ULP-J's record lacked evidence of the following education and/or competencies had been completed prior to providing direct cares: - documentation requirements for all services provided; - reports of changes in the client's condition to the supervisor designated by the provider; - appropriate and safe techniques in personal hygiene and grooming, including: - hair care and bathing; - care of teeth, gums, and oral prosthetic devices; - care and use of hearing aids; and - dressings and assisting with toileting; - standby assistance techniques and how to perform them; - medication, exercise, and treatment reminders; and - understanding appropriate boundaries between staff and clients and the client's family; ULP-F ULP-F had a hire date of June 10, 2022, and started providing services under the licensee's assisted living with dementia care. ULP-F's record lacked evidence of the following	01370		

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NAME OF PROVIDER OR SUPPLIER THORNE CREST RETIREMENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 GARFIELD AVENUE ALBERT LEA, MN 56007		
(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
01370	Continued From page 42 education and/or competencies had been completed prior to providing direct cares: - documentation requirements for all services provided; - reports of changes in the client's condition to the supervisor designated by the provider; - appropriate and safe techniques in personal hygiene and grooming, including: - hair care and bathing; - care of teeth, gums, and oral prosthetic devices; - care and use of hearing aids; and - dressing and assisting with toileting; - standby assistance techniques and how to perform them; - medication, exercise, and treatment reminders; and - understanding appropriate boundaries between staff and clients and the client's family; ULP-H ULP-H had a hire date of April 20, 2022, and started providing services under the licensee's assisted living with dementia care. ULP-H's record lacked evidence of the following education and/or competencies had been completed prior to providing direct cares: - documentation requirements for all services provided; - reports of changes in the client's condition to the supervisor designated by the provider; - standby assistance techniques and how to perform them; - medication, exercise, and treatment reminders; and - understanding appropriate boundaries between staff and clients and the client's family; On January 6, 2023, at 2:30 p.m. registered	01370		

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01370	Continued From page 43 nurse (RN)-E verified the above topics were lacking from ULP-J, ULP-H, and ULP-F's employee file. RN-E further indicated individual competencies had not been completed. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01370		
01380 SS=E	144G.61 Subd. 2 (b) Training and evaluation of unlicensed personn (b) In addition to paragraph (a), training and competency evaluation for unlicensed personnel providing assisted living services must include: (1) observing, reporting, and documenting resident status; (2) basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel; (3) reading and recording temperature, pulse, and respirations of the resident; (4) recognizing physical, emotional, cognitive, and developmental needs of the resident; (5) safe transfer techniques and ambulation; (6) range of motioning and positioning; and (7) administering medications or treatments as required. This MN Requirement is not met as evidenced by: Based on interview and record review the licensee failed to ensure training and competency evaluations contained all the required training for three of three unlicensed personnel (ULP-J, ULP-H, ULP-F).	01380		

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NAME OF PROVIDER OR SUPPLIER THORNE CREST RETIREMENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 GARFIELD AVENUE ALBERT LEA, MN 56007		
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01380	Continued From page 44 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: ULP-J ULP-J had a hire date of June 3, 2022, and started providing services under the licensee's assisted living with dementia care. ULP-J's employee record lacked evidence to indicate the employee's completed training and/or practical skills evaluations as required in the following areas prior to providing direct care services: - observation, reporting, and documenting of client status; - basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel; - reading and recording temperature, pulse, and respirations of the resident; - recognizing physical, emotional, cognitive, and developmental needs of the client; - safe transfer techniques and ambulation; - range of motioning and positioning; - administering medications or treatments as required ULP-H ULP-H had a hire date of April 20, 2022, and	01380		

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01380	Continued From page 45 started providing services under the licensee's assisted living with dementia care. ULP-H's employee record lacked evidence to indicate the employee's completed training and/or practical skills evaluations as required in the following areas prior to providing direct care services: - observation, reporting, and documenting of client status; - basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel; - reading and recording temperature, pulse, and respirations of the resident; - recognizing physical, emotional, cognitive, and developmental needs of the client; - safe transfer techniques and ambulation; - range of motioning and positioning; ULP-F ULP-F had a hire date of June 10, 2022, and started providing services under the licensee's assisted living with dementia care. ULP-J's employee record lacked evidence to indicate the employee's completed training and/or practical skills evaluations as required in the following areas prior to providing direct care services: - observation, reporting, and documenting of client status; - basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel; - reading and recording temperature, pulse, and respirations of the resident; - recognizing physical, emotional, cognitive, and	01380		

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NAME OF PROVIDER OR SUPPLIER THORNE CREST RETIREMENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 GARFIELD AVENUE ALBERT LEA, MN 56007		
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01380	Continued From page 46 developmental needs of the client; - safe transfer techniques and ambulation; - range of motioning and positioning; On January 6, 2023, at 2:30 p.m. registered nurse (RN)-E verified the above topics were lacking from ULP-J, ULP-H, and ULP-F's employee file. RN-E further indicated individual competencies had not been completed. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01380		
01440 SS=E	144G.62 Subd. 4 Supervision of staff providing delegated nurs (a) Staff who perform delegated nursing or therapy tasks must be supervised by an appropriate licensed health professional or a registered nurse according to the assisted living facility's policy where the services are being provided to verify that the work is being performed competently and to identify problems and solutions related to the staff person's ability to perform the tasks. Supervision of staff performing medication or treatment administration shall be provided by a registered nurse or appropriate licensed health professional and must include observation of the staff administering the medication or treatment and the interaction with the resident. (b) The direct supervision of staff performing delegated tasks must be provided within 30 calendar days after the date on which the individual begins working for the facility and first performs the delegated tasks for residents and thereafter as needed based on performance. This	01440		

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01440	Continued From page 47 requirement also applies to staff who have not performed delegated tasks for one year or longer. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) conducted direct supervision of three of three unlicensed personnel (ULP-F, ULP-H, ULP-J) performing delegated nursing or therapy tasks within 30 days of first providing those services. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, 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: On January 4, 2023, at 1:00 p.m. ULP-F was observed to administer medications to R5. ULP-F was hired on June 10, 2022, to provide direct care services to residents at the assisted living. ULP-F's employee record lacked documentation of a RN supervising ULP-F performing delegated tasks within 30 days of beginning work with the licensee. On January 5, 2023, at 8:40 a.m. ULP-H was observed in the memory care kitchen serving food to R6.	01440		

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01440	Continued From page 48 ULP-H was hired on April 20, 2022, to provide direct care services to residents at the assisted living. ULP-H's employee record lacked documentation of a RN supervising ULP-H performing delegated tasks within 30 days of beginning work with the licensee. ULP-J was hired on June 3, 2022, to provide direct care services to residents at the assisted living. ULP-J's employee record lacked documentation of a RN supervising ULP-J performing delegated tasks within 30 days of beginning work with the licensee. On January 6, 2023 at 2:30 p.m. RN-E verified ULP-F, ULP-H, and ULP-J provided delegated tasks and stated their employee file lacked a 30-day supervision of delegated tasks. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01440		
01470 SS=F	144G.63 Subd. 2 Content of required orientation (a) The orientation must contain the following topics: (1) an overview of this chapter; (2) an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person; (3) handling of emergencies and use of emergency services; (4) compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting	01470		

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01470	Continued From page 49 Center (MAARC); (5) the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; (6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person; (7) handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints; (8) consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services; and (9) a review of the types of assisted living services the employee will be providing and the facility's category of licensure. (b) In addition to the topics in paragraph (a), orientation may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics: (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and the challenges it poses to communication; (2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or (3) information about strategies and technology that may enhance communication and involvement, including communication strategies,	01470		

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01470	Continued From page 50 assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure three of three unlicensed personnel (ULP-F, ULP-H, ULP-J) received orientation to assisted living facility licensing requirements and regulations before providing services. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: ULP-F ULP-F was hired on June 10, 2022, to provide direct care services to the licensee's residents. ULP-F's employee record lacked evidence of receiving orientation to assisted living to include the following required content: - an overview of this chapter; - handling of resident /client's complaints, reporting of complaints, where to report; - a review of the types of assisted living services the employee will be providing and the facility's category of licensure; and - principles of person-centered planning and service delivery.	01470		

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01470	Continued From page 51 ULP-H ULP-H was hired on April 20, 2022, to provide direct care services to the licensee's residents. ULP-H's employee record lacked evidence of receiving orientation to assisted living to include the following required content: - an overview of this chapter; - handling of resident /client's complaints, reporting of complaints, where to report; - a review of the types of assisted living services the employee will be providing and the facility's category of licensure; and - principles of person-centered planning and service delivery. ULP-J ULP-J was hired on June 3, 2022, to provide direct care services to the licensee's residents. ULP-J's employee record lacked evidence of receiving orientation to assisted living to include the following required content: - an overview of this chapter; - handling of resident /client's complaints, reporting of complaints, where to report; - a review of the types of assisted living services the employee will be providing and the facility's category of licensure; and - principles of person-centered planning and service delivery. On January 6, 2023, at 11:30 a.m. registered nurse (RN)-K confirmed the above component were not included in the ULP orientation. No further information was provided. TIME PERIOD FOR CORRECTION:	01470		

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01470	Continued From page 52 Twenty-One (21) days.	01470		
01540 SS=E	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 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 observation, interview, and record review, the licensee failed to ensure staff completed the required amount of dementia care training in the required time frame for three of three employees (unlicensed personnel (ULP)-H, ULP-J, and ULP-F). 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	01540		

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01540	Continued From page 53 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: The licensee had an assisted living with dementia care license dated August 1, 2022. ULP-H ULP-H had a hire date of April 20, 2022, to provide direct care services. On January 5, 2023, at 8:40 a.m. ULP-H was observed in the memory care kitchen serving food to R6. ULP-H's employee record contained no evidence of training on dementia care topics within 80 working hours of the start date. ULP-H reached 80 working hours on May 13, 2022. ULP-H's record contained evidence of additional hours of training on dementia care topics after working 80 hours, to complete the required 8.0 hours. ULP-J ULP-J was hired June 3, 2022, to provide direct care services. ULP-J's employee record contained evidence of one hour of training on dementia care topics within 80 working hours of the start date. ULP-J reached 80 working hours on June 21, 2022. ULP-J's record contained evidence of additional hours of training on dementia care topics after working 80 hours, to complete the required 8.0 hours. ULP-F	01540		

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01540	Continued From page 54 ULP-F had a hire date of June 10, 2022, to provide direct care services. On January 4, 2023, at 1:00 p.m. ULP-F was observed to administer medications to R5. ULP-F's employee record contained evidence of two hours of training on dementia care topics within 80 working hours of the start date. ULP-F reached 80 working hours on June 25, 2022. ULP-F's record contained evidence of additional hours of training on dementia care topics after working 80 hours, to complete the required 8.0 hours. On January 6, 2023, at 2:28 p.m. registered nurse (RN)-E and human resource (HR)-L stated ULP-F, ULP-H, and ULP-J lacked the required eight hours of dementia training within 80 working hours. The licensee's undated, Assisted Living with Dementia Care - Dementia Training policy noted direct-care employees would: 1. complete a minimum of eight hours of initial training on dementia care topics 2. Initial training will be completed within 80 working hours of the employment start date. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01540			
01610 SS=D	144G.70 Subd. 2 (a-b) Initial reviews, assessments, and monitoring (a) Residents who are not receiving any services shall not be required to undergo an initial nursing	01610			

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NAME OF PROVIDER OR SUPPLIER THORNE CREST RETIREMENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 GARFIELD AVENUE ALBERT LEA, MN 56007		
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01610	Continued From page 55 assessment. (b) An assisted living facility shall conduct a nursing assessment by a registered nurse of the physical and cognitive needs of the prospective resident and propose a temporary service plan 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. If necessitated by either the geographic distance between the prospective resident and the facility, or urgent or unexpected circumstances, the assessment may be conducted using telecommunication methods based on practice standards that meet the resident's needs and reflect person-centered planning and care delivery. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a registered nurse (RN) conducted an initial assessment for one of one resident (R4) prior to initiation of services. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, 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: R4 R4 was admitted on November 2, 2022, and received services under the licensee's assisted living with dementia care license.	01610		

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NAME OF PROVIDER OR SUPPLIER THORNE CREST RETIREMENT CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1201 GARFIELD AVENUE ALBERT LEA, MN 56007		
(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
01610	Continued From page 56 R4's diagnoses included hereditary idiopathic neuropathy (inherited disorder causing numbness, tingling and muscle weakness in the limbs), weakness, and hereditary ataxia (impaired coordination). R4's assisted living contract was signed by the resident on November 2, 2022. The only assessment in R4's records was identified as a 14-day comprehensive assessment dated December 7, 2022. No assessment was completed prior to initiation of services on November 2, 2022. On January 4, 2023, at 11:50 a.m. RN-E stated R4 should have had an assessment completed upon admission to facility but was unable to locate one. The licensee's undated, Initial and On-going Assessments of Residents policy indicated residents are assessed by a RN using a uniform assessment tool. Assessments are completed prior to admission, by day 14, day 90, and upon change in condition to ensure services are provided to meet the resident's needs. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01610			
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	01620			

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01620	Continued From page 57 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 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 four residents (R5, 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).	01620		

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NAME OF PROVIDER OR SUPPLIER THORNE CREST RETIREMENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 GARFIELD AVENUE ALBERT LEA, MN 56007		
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01620	Continued From page 58 The findings include: R5 R5's Service Plan dated April 14, 2022, indicated R5 received services which included bathing, grooming, dressing, laundry, housekeeping, and medication administration. R5's last two assessments were requested. Assessments dated July 12, 2022, and October 14, 2022, were provided. The October 14, 2022, assessment was 94 days from the last date of the assessment, exceeding 90 calendar days. On January 6, 2023, at 10:40 a.m. RN-E verified R5's assessment was greater than 90 days apart. RN-E stated they were scheduling assessments from calendar dates not actual days. R3 R3's Service Plan dated November 11, 2022, indicated R3 received services which included medication administration, housekeeping, laundry, and assistance with CPAP machine (continuous positive airway pressure machine is the most prescribed device for treating sleep apnea (interrupted breathing) disorders). R3's last two assessments were requested. Assessments dated July 5, 2022, and November 11, 2022, were provided. The November 11, 2022, assessment was 129 days from the date of the previous assessment, exceeding 90 calendar days. On January 6, 2023, at 12:02 p.m. RN-E confirmed R3's last 90-day assessment was late. The licensee's undated, Initial and On-going Assessments of Resident policy noted:	01620		

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01620	Continued From page 59 b. Ongoing resident monitoring and reassessment must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 days from the last date of the assessment. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01620		
01630 SS=D	144G.70 Subd. 3 Temporary service plan When a facility initiates services and the individualized assessment required in subdivision 2 has not been completed, the facility must complete a temporary plan and agreement with the resident for services. A temporary service plan shall not be effective for more than 72 hours. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to initiate a temporary service plan for one of one resident (R4) recently admitted to the facility. 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:	01630		

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NAME OF PROVIDER OR SUPPLIER THORNE CREST RETIREMENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 GARFIELD AVENUE ALBERT LEA, MN 56007		
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01630	Continued From page 60 R4's diagnoses included hereditary idiopathic neuropathy (inherited disorder causing numbness, tingling and muscle weakness in the limbs), weakness, and hereditary ataxia (impaired coordination). R4 was admitted on November 2, 2022, and received services under the licensee's assisted living with dementia care license. R4's assisted living contract was signed by the resident on November 2, 2022. The only assessment in R4's records was identified as a 14-day comprehensive assessment dated December 7, 2022. No assessment was completed prior to initiation of services on November 2, 2022. R4's Service Plan dated November 25, 2022, indicated R5 received services which included bathing, grooming, dressing, laundry, housekeeping, and medication administration. R4's record lacked evidence a temporary service plan was completed with the resident at the time services were initiated by the facility as required. On January 4, 2023, at 3:22 p.m. registered nurse (RN)-E stated R4's record lacked a temporary service plan as required. The licensee's undated, Service Plan policy indicated if services are to be initiated for a new resident prior to the completion of a full individualized uniform assessment, a temporary service plan is established. No further information was provided.	01630		

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01630	Continued From page 61 TIME PERIOD TO CORRECT: Twenty-one (21) days	01630		
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; 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	01650		

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01650	Continued From page 62 all the required content for four of four residents (R2, R4, R5, 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) 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: R2 R2's Service Plan dated January 4, 2022, unsigned by client or client representative, indicated R2 received services which included bathing, grooming, dressing, laundry, housekeeping, and medication administration. On January 5, 2023, at 8:05 a.m. unlicensed personnel (ULP)-F was observed assisting R2 with dressing and grooming tasks. R2's Service Plan lacked the following: - the methods of monitoring staff providing services; and - a contingency plan that includes: the action to be taken if the scheduled service cannot be provided; 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. R4 R4's Service Plan dated November 25, 2022, indicated R5 received services which included	01650		

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01650	Continued From page 63 bathing, grooming, dressing, laundry, housekeeping, and medication administration. On January 5, 2023, at 7:55 a.m. ULP-M was observed to administer medications to R4. R4's Service Plan lacked the following: - the methods of monitoring staff providing services; and - a contingency plan that includes: the action to be taken if the scheduled service cannot be provided; 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. R5 R5's Service Plan dated April 14, 2022, indicated R5 received services which included bathing, grooming, dressing, laundry, housekeeping, and medication administration. On January 4, 2023, at 1:00 p.m. ULP-F was observed to administer medications to R5. R5's Service Plan lacked the following: - the methods of monitoring staff providing services; and - a contingency plan that includes: the action to be taken if the scheduled service cannot be provided; 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. R3	01650		

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01650	Continued From page 64 R3's Service Plan dated November 11, 2022, indicated R3 received services which included medication administration, housekeeping, laundry, and assistance with CPAP machine (continuous positive airway pressure machine is the most prescribed device for treating sleep apnea disorders). On January 5, 2023, at 8:05 a.m. ULP-I was observed to administer medications to R3. R3's Service Plan lacked the following: - the methods of monitoring staff providing services; and - a contingency plan that includes: - the action to be taken if the scheduled service cannot be provided; 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 January 4, 2023, at 11:55 a.m. registered nurse (RN)-E verified the content was lacking on the service plans as noted above and stated the same format was utilized for all residents within the facility. The licensee's undated, Service Plans policy lacked direction for methods of monitoring staff providing services. However, the policy did note the service plan would include: -a contingency plan that includes: - the action to be taken if the scheduled service cannot be provided; 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	01650		

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01650	Continued From page 65 chapters. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days.	01650		
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.	01700		

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01700	Continued From page 66 This MN Requirement is not met as evidenced by: Based on observation, 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 four of four residents (R4, R2, R5, R3) prior to providing medication management services. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: During the entrance conference on January 3, 2023, at 10:26 a.m. RN-B stated the licensee provided medication management services to their residents. R4 R4 was admitted on November 2, 2022, and received services under the licensee's assisted living with dementia care license. R4's diagnoses included hereditary idiopathic neuropathy (inherited disorder causing numbness, tingling and muscle weakness in the limbs), weakness, and hereditary ataxia (impaired coordination). R4's Service Plan dated November 25, 2022, indicated R4 received medication administration.	01700		

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01700	Continued From page 67 R4's prescriber orders dated November 21, 2022, included two for blood pressure, two for atrial fibrillation (an irregular often fast heart rate), one for allergies, two for nerve pain, two supplements, and one for acid reflux. On January 5, 2023, at 7:55 a.m. unlicensed personnel (ULP)-M was observed to administer medications to R4. R4's record lacked evidence the RN conducted a face-to-face review of all medications R4 was known to be taking to include indications for use, side effects, contraindications, allergic or adverse reactions, and actions to address these issues. In addition, R4's record did not identify interventions needed in the management of medications to prevent diversion of medications by the resident or others who may have access to the medications. On January 4, 2023, at 12:02 p.m. RN-E stated R4's record lacked a medication management assessment to include all the required content as noted above prior to R4 receiving medication management services. R2 R2's diagnoses included dementia, and hypertension. R2's Service Plan dated January 4, 2022, unsigned by client or client representative, indicated R2 received medication administration. R2's prescriber orders dated October 21, 2022, included one supplement, two for blood pressure, one for pain, and one lubricating eye drop.	01700		

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01700	Continued From page 68 On January 5, 2023, at 8:25 a.m. ULP-F was observed to administer medications to R2. R5 R5's diagnoses included ischemic cardiomyopathy (ineffective blood pumping by the heart), disorientation, insomnia, and Parkinson's disease. R5's Service Plan dated April 14, 2022, indicated R5 received medication administration. R5's prescriber orders dated April 14, 2022, and April 15, 2022, included one medication for hyperlipidemia, one for constipation, one for Parkinson's disease, two for sleep, one for acid reflux, and one supplement. On January 4, 2023, at 1:00 p.m. ULP-F was observed to administer medications to R5. R3 R3's diagnoses included major depressive disorder, anxiety disorder, chronic kidney disease, chronic obstructive pulmonary disease (COPD), hypertension, hyperlipidemia (high cholesterol), and diabetes. R3's Service Plan dated November 11, 2022, indicated R3 received medication administration. R3's prescriber orders dated November 11, 2022, included two medications for COPD, one medication for depression and anxiety, three medications for hypertension, one medication for hyperlipidemia, and two medications for diabetes. On January 5, 2023, at 8:05 a.m. ULP-I was observed administering medications to R3.	01700		

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01700	Continued From page 69 R2, R5, and R3's Medication Management and Needs Assessment 3.0 dated December 28, 2022, October 14, 2022, and October 11, 2022, respectively, lacked evidence the RN conducted a review of all medications the resident was known to be taking to include indications, allergic or adverse reactions, and actions to address these issues. In addition, R2 and R5's record did not identify interventions needed in the management of medications to prevent diversion of medications by the resident or others who may have access to the medications. On January 6, 2023, at 10:45 a.m. RN-E stated not all the required components as noted above were identified on R4, R2, R5, and R3's medication assessment. RN-E indicated the licensee's form did not include the required areas, and the same form was used for all residents receiving medication management services. The licensee's undated, Medication Management Services policy identified based off the nursing assessment the RN would develop an individualized medication management plan for each client receiving any type of medication management services, consistent with current practice standards and guidelines, and would develop specific procedures for medication management services that staff would provide. The policy did not identify the required components of the medication assessment. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01700		

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NAME OF PROVIDER OR SUPPLIER THORNE CREST RETIREMENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 GARFIELD AVENUE ALBERT LEA, MN 56007		
(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 70	01730		
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; (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	01730		

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NAME OF PROVIDER OR SUPPLIER THORNE CREST RETIREMENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 GARFIELD AVENUE ALBERT LEA, MN 56007		
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01730	Continued From page 71 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 observation, interview, and record review, the licensee failed to ensure the medication management plan had all required content for four of four residents (R4, R2, R5, R3) who received medication management services. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: During the entrance conference on January 3, 2023, at 10:26 a.m. registered nurse (RN)-B stated the licensee provided medication management services to their residents. R4 R4 was admitted on November 2, 2022, and received services under the licensee's assisted living with dementia care license. R4's diagnoses included hereditary idiopathic neuropathy (inherited disorder causing numbness, tingling and muscle weakness in the limbs), weakness, and hereditary ataxia (impaired coordination).	01730		

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NAME OF PROVIDER OR SUPPLIER THORNE CREST RETIREMENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 GARFIELD AVENUE ALBERT LEA, MN 56007		
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01730	Continued From page 72 R4's Service Plan dated November 25, 2022, indicated R4 received medication administration. R4's prescriber orders dated November 21, 2022, included two for blood pressure, two for atrial fibrillation (an irregular often fast heart rate), one for allergies, two for nerve pain, two supplements, and one for acid reflux. On January 5, 2023, at 7:55 a.m. unlicensed personnel (ULP)-M was observed to administer medications to R4. R4 lacked a medication management plan to include the following: - a statement describing the medication management services that will be provided; - a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; - documentation of specific resident instructions relating to the administration of medications; - identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis; - identification of medication management tasks that may be delegated to unlicensed personnel; - procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and - 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.	01730		

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01730	Continued From page 73 On January 4, 2023, at 12:02 p.m. RN-E stated R4's record lacked a medication management plan to include all the required content as noted above. R2 R2's diagnoses included dementia, macular degeneration, and hypertension. R2's Service Plan dated January 4, 2022, unsigned by client or client representative, indicated R2 received medication administration. R2's prescriber orders dated October 21, 2022, included one supplement, two for blood pressure, one for pain, and one lubricating eye drop. On January 5, 2023, at 8:25 a.m. ULP-F was observed to administer medications to R2. R5 R5's diagnoses included ischemic cardiomyopathy (ineffective blood pumping by the heart), disorientation, insomnia, and Parkinson's disease. R5's Service Plan dated April 14, 2022, indicated R5 received medication administration. R5's prescriber orders dated April 14, 2022, and April 15, 2022, included one medication for hyperlipidemia, one for constipation, one for Parkinson's disease, two for sleep, one for acid reflux, and one supplement. On January 4, 2023, at 1:00 p.m. ULP-F was observed to administer medications to R5. R3 R3's diagnoses included major depressive	01730		

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01730	Continued From page 74 disorder, anxiety disorder, chronic kidney disease, chronic obstructive pulmonary disease (COPD), hypertension, hyperlipidemia (high cholesterol), and diabetes. R3's Service Plan dated November 11, 2022, indicated R3 received medication administration. R3's prescriber orders dated November 11, 2022, included two medications for COPD, one medication for depression and anxiety, three medications for hypertension, one medication for hyperlipidemia, and two medications for diabetes. On January 5, 2023, at 8:05 a.m. ULP-I was observed administering medications to R3. R2, R5, and R3's Medication Management and Needs Assessment 3.0 dated December 28, 2022, October 14, 2022, and October 11, 2022, respectively, did not include the following: - a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; - documentation of specific resident instructions relating to the administration of medications; - identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis; - identification of medication management tasks that may be delegated to unlicensed personnel; - procedures for staff notifying a RN or appropriate licensed health professional when a problem arises with medication management services; and - any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use	01730		

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01730	Continued From page 75 to prevent possible complications or adverse reactions. On January 6, 2023, at 10:45 a.m. RN-E stated not all the required components as noted above were identified on R2, R5, and R3's medication assessment. RN-E indicated the licensee's form did not include the required areas, and the same form was used for all residents receiving medication management services. The licensee's undated, Individualized Medication, Treatment & Therapy Management Plans policy noted a RN would develop a medication management plan for each resident receiving medication management services. The medication management plan would include: a. statement of the medication management services provided to the resident b. description of medication storage based upon the resident's needs, preferences, risk of diversion, and in keeping with the manufacturer's instructions c. documentation of specific resident instructions relating to the administration of medications d. identification of persons responsible for monitoring and ensuring timely refills of medications e. identification of medication management tasks that may be delegated to an unlicensed person f. procedure for notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services g. resident specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medications	01730		

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01730	Continued From page 76 used to prevent possible complications or adverse reactions. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01730		
01760 SS=D	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: Based on observation, interview, and record review, the licensee failed to ensure medications were administered as prescribed for one of six residents (R2). 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	01760		

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01760	Continued From page 77 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: R2's Service Plan dated January 4, 2022, unsigned by client or client representative, indicated R2 received medication administration. R2's physician orders dated October 21, 2022, included calcium + D3 (supplement) 600-20 milligrams (mg)-micrograms (mcg) one tablet by mouth two times a day; cut in half for easier swallowing. On January 5, 2023, at 8:25 a.m. unlicensed personnel (ULP)-F was observed to obtain R2's scheduled morning medications (including the calcium + D3), put them whole into a pill cup, and brought them to R2. ULP-F stated R2 would take one pill at a time and would chew them as R2 had a hard time swallowing the pills. ULP-F further stated "it takes a long time" for R2 to consume the medications. On January 5, 2023, at 11:05 a.m. ULP-F stated R2's order had not been followed as the calcium +D3 tablet had not been cut in half and indicated she had "never read that part of the order before". ULP-F further indicated cutting the calcium + D3 tablet in half would make it easier for R2 to chew/swallow. On January 6, 2023, at 9:19 a.m. registered nurse (RN)-E stated staff should administer medications as prescribed. The licensee's Medication Administration Procedure policy dated September 8, 2010, noted	01760		

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01760	Continued From page 78 medications would be administered in accordance with the written orders of the attending physician. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760		
01770 SS=F	144G.71 Subd. 9 Documentation of medication setup Documentation of dates of medication setup, name of medication, quantity of dose, times to be administered, route of administration, and name of person completing medication setup must be done at the time of setup. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure documentation of medication setup included all the required content for one of one resident (R4). 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: During the entrance conference on January 3, 2023, at 10:26 a.m. registered nurse (RN)-B stated the licensee provided medication	01770		

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01770	Continued From page 79 management services to their residents, including medication setup. R4's Service Plan dated November 25, 2022, indicated R4 received the service of medication administration. R4's prescriber orders dated November 21, 2022, included two for blood pressure, two for atrial fibrillation (an irregular often fast heart rate), one for allergies, two for nerve pain, two supplements, and one for acid reflux. On January 5, 2023, at 7:55 a.m. unlicensed personnel (ULP)-M was observed to prepare and administer scheduled morning medications to R4. R4 had a preset tableted mediminder (medication dispenser) in the top drawer of the medication cart. ULP-M stated the mediminder contained R4's scheduled acetaminophen set up by the nurse. R4's record lacked documentation by the licensed nurse at the time of setup to include the name of medication, quantity of dose, times to be administered, and route of administration. On January 6, 2023, at 9:52 a.m. RN-E stated she did not document that a medication setup had been completed, or what medications, quantity of dose, times, or route. RN-E further stated this was the process used for all medication set ups and was not aware of this requirement. No further information was provided. TIME PERIOD TO CORRECT: Seven (7) Days	01770		

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01790	Continued From page 80	01790			
01790 SS=D	144G.71 Subd. 10 Medication management for residents who will (2) for unplanned time away, when the pharmacy is not able to provide the medications, a licensed nurse or unlicensed personnel shall provide medications in amounts and dosages needed for the length of the anticipated absence, not to exceed seven calendar days; (3) the resident must be provided written information on medications, including any special instructions for administering or handling the medications, including controlled substances; and (4) the medications must be placed in a medication container or containers appropriate to the provider's medication system and must be labeled with the resident's name and the dates and times that the medications are scheduled. (b) For unplanned time away when the licensed nurse is not available, the registered nurse may delegate this task to unlicensed personnel if: (1) the registered nurse has trained the unlicensed staff and determined the unlicensed staff is competent to follow the procedures for giving medications to residents; and (2) the registered nurse has developed written procedures for the unlicensed personnel, including any special instructions or procedures regarding controlled substances that are prescribed for the resident. The procedures must address: (i) the type of container or containers to be used for the medications appropriate to the provider's medication system; (ii) how the container or containers must be labeled; (iii) written information about the medications to be provided; (iv) how the unlicensed staff must document in	01790			

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01790	Continued From page 81 the resident's record that medications have been provided, including documenting the date the medications were provided and who received the medications, the person who provided the medications to the resident, the number of medications that were provided to the resident, and other required information; (v) how the registered nurse shall be notified that medications have been provided and whether the registered nurse needs to be contacted before the medications are given to the resident or the designated representative; (vi) a review by the registered nurse of the completion of this task to verify that this task was completed accurately by the unlicensed personnel; and (vii) how the unlicensed personnel must document in the resident's record any unused medications that are returned to the facility, including the name of each medication and the doses of each returned medication. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the registered nurse (RN) developed training and competencies for the unlicensed personnel (ULP) providing medications for residents with unplanned time away from home when the licensed nurse was not available for one of one unlicensed personnel (ULP-F). 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 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	01790		

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01790	Continued From page 82 only occasionally). The findings included: ULP-F was hired to provide direct care to the licensee's residents on June 10, 2022. ULP-F's employee record lacked documentation of competencies for providing medications to residents with medication management who have unplanned time away from home. On January 5, 2023, at 12:02 p.m. RN-E confirmed ULP-F's employee record did not include evidence of training and competency for the above training. RN-E further confirmed ULP who were trained to administer medications, were responsible for setting up resident's medications for unplanned time away when the nurse was not available. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01790		
01820 SS=D	144G.71 Subd. 13 Prescriptions There must be a current written or electronically recorded prescription as defined in section 151.01, subdivision 16a, for all prescribed medications that the assisted living facility is managing for the resident. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a current written or electronically recorded prescription was obtained	01820		

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01820	Continued From page 83 for all medications the provider had managed for one of six residents (R8). 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: R8's record lacked signed prescriber orders for a medication administered by the licensee. R8's diagnoses included dementia and low back pain. R8's service plan signed by resident's representative on August 24, 2022, included medication administration. R8's Medication Administration Record (MAR) dated January 2023, included acetaminophen (pain reliever for mild to moderate pain) 500 milligrams (mg) give two tablets by mouth three times a day for pain. On January 4, 2023, at 1:09 p.m. unlicensed personnel (ULP)-F administered acetaminophen 1000 mg from a preset mediminder (medication dispenser) to R8. R8's record contained signed prescriber orders and medication history dated December 29, 2022. The orders identified acetaminophen 500 mg take two (2) tablets (1,000 mg total) by mouth	01820		

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NAME OF PROVIDER OR SUPPLIER THORNE CREST RETIREMENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 GARFIELD AVENUE ALBERT LEA, MN 56007		
(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
01820	Continued From page 84 every six hours for 15 days starting September 9, 2022, and ending September 24, 2022. Acetaminophen was no longer listed as a current medication. On January 6, 2023, at 8:49 a.m. registered nurse (RN)-E verified R8 was lacking a signed prescriber order for the acetaminophen as required. RN-E indicated the order had expired on September 24, 2022, but had remained on R8's MAR. The licensee's Medications Administration Procedure policy dated September 8, 2010, noted medications would be administered in accordance with the written orders of the attending physician. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01820		
01940 SS=F	144G.72 Subd. 3 Individualized treatment or therapy management For each resident receiving management of ordered or prescribed treatments or therapy 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	01940		

Minnesota Department of Health

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(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 85 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 observation, interview, and record review, the licensee failed to have on the service plan a written statement of the treatment or therapy services provided for one of four (R3) residents receiving treatments. 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: During the entrance conference on January 3, 2023, at 10:26 a.m. registered nurse (RN)-B stated the licensee provided treatment and	01940		

Minnesota Department of Health

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01940	Continued From page 86 therapy services to residents as prescribed. R3's After Visit Summary dated November 11, 2022, included a physician order dated November 11, 2022, to test blood glucose levels four times a day. On January 5, 2023, at 8:05 a.m. unlicensed personnel (ULP)-I was observed performing a blood glucose check for R3. R3's Service Plan dated November 11, 2022, indicated R3 received services which included medication administration, housekeeping, laundry, and assistance with CPAP machine (continuous positive airway pressure machine is the most prescribed device for treating sleep apnea (interrupted breathing) disorders). The service agreement failed to identify the treatment of blood glucose monitoring. On January 5, 2023, at 2:18 p.m. RN-E reviewed R3's record and confirmed blood glucose checks were not on the service plan and further stated she has never included them on the service plan for any residents requiring a blood sugar check. The licensee's Service Plan policy, undated, indicated: 8. The service plan must include all of the following required elements: a) A description of the AL (assisted living) services to be provided, the fees for services (including any changes to the provider's fee for service), and the frequency of each service, according to the resident's current review or assessment and resident preferences. b) The identification of the type staff (RN/LPN (licensed practical nurse), Therapists, Unlicensed Personnel, etc.) that will provide the services.	01940		

Minnesota Department of Health

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01940	Continued From page 87 No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days.	01940		
01970 SS=D	144G.72 Subd. 6 Treatment and therapy orders There must be an up-to-date written or electronically recorded order from an authorized prescriber for all treatments and therapies. The order must contain the name of the resident, a description of the treatment or therapy to be provided, and the frequency, duration, and other information needed to administer the treatment or therapy. Treatment and therapy orders must be renewed at least every 12 months. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review the licensee failed to ensure clarification of prescriber orders 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 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 was admitted to the facility on April 27, 2022, with diagnoses including type II diabetes mellitus.	01970		

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01970	Continued From page 88 On January 5, 2023, at 8:05 a.m. unlicensed personnel (ULP)-I was observed performing a blood glucose check for R3. R3's After Visit Summary dated November 11, 2022, included a physician order to test blood glucose levels QID (four times a day), and for Novolog Flexpen U-100 insulin, inject 8 units under the skin three times a day with meals. Plus, correction scale of one unit per 25 mg/DL (milligrams per deciliter, which is a unit of measure that shows the concentration of a substance in a specific amount of fluid) for whole blood glucose greater than 150 mg/DL pre-meal. R3's electronic medication administration record (eMAR) dated January 2023, included the above insulin order plus correction scale with a place holder each day to record R3's blood glucose level prior to each meal (three times). The eMAR did not include the order to test blood glucose levels QID. On January 5, 2023, at 2:18 p.m. registered nurse (RN)-E administrative assistant (AA)-C reviewed R3's medical record and confirmed the blood glucose checks were to be obtained four times a day per physician order and were only being checked three times a day. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01970		
02110 SS=F	144G.82 Subd. 3 Policies (a) In addition to the policies and procedures required in the licensing of all facilities, the	02110		

Minnesota Department of Health

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02110	Continued From page 89 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. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure policies and procedures required in the licensing of assisted living facilities	02110		

Minnesota Department of Health

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02110	Continued From page 90 with dementia care were provided to each resident and/or the resident's legal and designated representative at the time of move-in for four of four residents (R2, R3, R4, R5). 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 included: The licensee was licensed as an Assisted Living with Dementia Care facility on August 1, 2022. R2, R3, R4, and R5's records lacked documentation for receipt of the required Assisted Living with Dementia Care policies and procedures at the time of resident move-in, to include: - philosophy of how services were provided based upon the assisted living facility licensee's values, mission, and promotion of person-centered care and how the philosophy shall be implemented; - evaluation of behavioral symptoms and design of supports for intervention plans, including nonpharmacological practices that were person-centered and evidence-informed; - wandering and egress prevention that provides detailed instructions to staff in the event a resident elopes; - medication management, including an assessment of residents for the use and effects of medications, including psychotropic medications; - staff training specific to dementia care;	02110		

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02110	Continued From page 91 - description of life enrichment programs and how activities were implemented; - description of family support programs and efforts to keep the family engaged; - limiting the use of public address and intercom systems for emergencies and evacuation drills only; - transportation coordination and assistance to and from outside medical appointments; and - safekeeping of residents' possessions. On January 6, 2023, at 3:15 p.m. licensed assisted living director (LALD)-A confirmed residents and/or their designated representatives had not been provided with written dementia care policies and procedures at time of move-in. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	02110		
02140 SS=F	144G.83 Subd. 3 Supervising staff training Persons providing or overseeing staff training must have experience and knowledge in the care of individuals with dementia, including: (1) two years of work experience related to Alzheimer's disease or other dementias, or in health care, gerontology, or another related field; and (2) completion of training equivalent to the requirements in this section and successfully passing a skills competency or knowledge test required by the commissioner. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to designate a qualified person to	02140		

Minnesota Department of Health

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02140	Continued From page 92 oversee staff training in the care of individuals with dementia. 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) 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 January 4, 2023, at approximately 10:30 a.m. the evaluator requested to see certification for who oversaw the training of staff in the care of individuals with dementia from licensed assisted living director (LALD)-A. On January 4, 2023, at 2:10 p.m. LALD-A stated she used to be certified but had a lapse in her certification, and no longer has a current certificate. LALD-A further stated no one else holds the certificate for the licensee. The licensee's undated, Assisted Living with Dementia Care - Dementia Training policy identified: Persons providing or overseeing staff training must have experience and knowledge in the care of individuals with dementia including: a. Two years or work experience related to Alzheimer's disease or other dementia, or in other health care, gerontology, or another related field, and; b. Has completed and passed training approved by MDH.	02140		

Minnesota Department of Health

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02140	Continued From page 93 No further information was provided. TIME PERIOD TO CORRECT: Twenty-one (21) days	02140		
02170 SS=F	144G.84 SERVICES FOR RESIDENTS WITH DEMENTIA (b) Each resident must be evaluated for activities according to the licensing rules of the facility. In addition, the evaluation must address the following: (1) past and current interests; (2) current abilities and skills; (3) emotional and social needs and patterns; (4) physical abilities and limitations; (5) adaptations necessary for the resident to participate; and (6) identification of activities for behavioral interventions. (c) An individualized activity plan must be developed for each resident based on their activity evaluation. The plan must reflect the resident's activity preferences and needs. (d) A selection of daily structured and non-structured activities must be provided and included on the resident's activity service or care plan as appropriate. Daily activity options based on resident evaluation may include but are not limited to: (1) occupation or chore related tasks; (2) scheduled and planned events such as entertainment or outings; (3) spontaneous activities for enjoyment or those that may help defuse a behavior; (4) one-to-one activities that encourage positive relationships between residents and staff such as telling a life story, reminiscing, or playing music; (5) spiritual, creative, and intellectual activities;	02170		

Minnesota Department of Health

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02170	Continued From page 94 (6) sensory stimulation activities; (7) physical activities that enhance or maintain a resident's ability to ambulate or move; and (8) outdoor activities. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to conduct an individualized written activity evaluation that addressed all six provisions and failed to develop an individualized activity plan based on the evaluation, for two of two residents (R2, R5) who resided in the assisted living with dementia care facility. 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: The licensee held an assisted living with dementia care license, effective August 1, 2022. R2 R2's diagnoses included dementia, macular degeneration, and hypertension. R2's Service Plan dated January 4, 2022, unsigned by client or client representative, indicated R2 received services which included bathing, grooming, dressing, laundry, housekeeping, and medication administration.	02170		

Minnesota Department of Health

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02170	Continued From page 95 On January 5, 2023, at 8:05 a.m. unlicensed personnel (ULP)-F was observed assisting R2 with dressing and grooming tasks. R5 R5's diagnoses included ischemic cardiomyopathy (ineffective blood pumping by the heart), disorientation (altered mental state), insomnia (sleep disorder), Parkinson's disease (brain disorder causing unintended or uncontrollable movements). R5's Service Plan dated April 14, 2022, indicated R5 received services which included bathing, grooming, dressing, laundry, housekeeping, and medication administration. On January 4, 2023, at 1:00 p.m. ULP-F was observed to administer medications to R5. R2 and R5's records lacked an individualized written activity evaluation that addressed - past and current interests; - current abilities and skills; - emotional and social needs and patterns; - physical abilities and limitations; - adaptations necessary for the resident to participate; and - identification of activities for behavioral interventions. In addition, R2 and R5's records did not include evidence of an individualized activity plan based on the resident's activity assessment. On January 3, 2023, at 12:30 p.m. activity director (AD)-D stated she was familiar with each residents' interests and abilities, but has not completed an activity assessment or plan. AD-D stated she was not aware of the requirement.	02170		

Minnesota Department of Health

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02170	Continued From page 96 The licensee's Activity Programming policy revised July 22, 2022, included a monthly activity calendar would be created and available to all tenants. For tenants living in a specific memory care area of the building, activities would be planned accordingly, and staff would be trained in areas of dementia and Alzheimer's disease for programming. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	02170			



Minnesota Department of Health
Division of Environmental Health, FPLS
P.O. Box 64975
St. Paul, MN 55164-0975
651-201-4500

Type: Full
Date: 01/05/23
Time: 11:44:31
Report: 8044231003

Food and Beverage Establishment Inspection Report

Page 1

Location:

Thorne Crest Retirement Center - Assisted Living
1201 Garfield Avenue
Albert Lea, MN56007
Freeborn County, 24

Establishment Info:

ID #: 0039049
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 5073732311
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

Hot Water: = at 163.9 Degrees Fahrenheit
Location: Dishwasher
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cold Holding
Temperature: 40.3 Degrees Fahrenheit - Location: Milk in upright
Violation Issued: No

Process/Item: Cooling
Temperature: 89.1 Degrees Fahrenheit - Location: Chicken @ 11:58pm
Violation Issued: No

Process/Item: Cooling
Temperature: 38.0 Degrees Fahrenheit - Location: Upright
Violation Issued: No

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

HRD inspection conducted with lead surveyor Susan Kalis. Inspection report reviewed on site with Director of Culinary Services, Cathy.

Type: Full
Date: 01/05/23
Time: 11:44:31
Report: 8044231003

Food and Beverage Establishment Inspection Report

Page 2

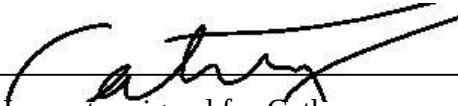
Thorne Crest Retirement Center - Assisted Living

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 8044231003 of 01/05/23.

Certified Food Protection Manager: _____

Certification Number: _____ Expires: ____ / ____ / ____

Signed:  _____
Inspector signed for Cathy

Signed:  _____
Michael DeMars, RS
Public Health Sanitarian III
Rochester District Office
507-206-4715
michael.demars@state.mn.us