Electronically Delivered

February 20, 2024

Licensee
Arthur's Senior Care
1854 Alta Vista Drive
Roseville, MN 55113

RE: Project Number(s) SL30590015

Dear Licensee:

On January 29, 2024, 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 November 9, 2023. This follow-up survey determined your facility had not corrected all of the state correction orders issued pursuant to the November 9, 2023 survey.

In accordance with Minn. Stat. § 144G.31 Subd. 4 (a), state correction orders issued pursuant to the last survey, completed on November 9, 2023, found not corrected at the time of the January 29, 2024, follow-up survey and/or subject to penalty assessment are as follows:

0900-Contract Required-144g.50 Subdivision 1 - $500.00

The details of the violations noted at the time of this follow-up survey completed on January 29, 2024 (listed above), are on the attached State Form. Brackets around the ID Prefix Tag in the left hand column, e.g., {2 ----} will identify the uncorrected tags.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is $500.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

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 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.

To submit a reconsideration request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

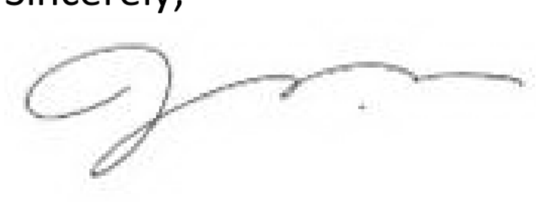
REQUESTING A HEARING
Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the Department of Health within 15 business days of the correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor. to submit a hearing request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration **or** a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

We urge you to review these orders carefully. If you have questions, please contact Jess Schoenecker at 651-201-3789.

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,



Jess Schoenecker, Supervisor
State Evaluation Team
Email: jess.schoenecker@state.mn.us
Telephone: 651-201-3789 Fax: 1-866-890-9290

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30590	A. BUILDING: _____ B. WING _____	R 01/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARTHUR'S SENIOR CARE	1854 ALTA VISTA DRIVE ROSEVILLE, MN 55113

(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: SL30590015-1 On January 29, 2024, the Minnesota Department of Health conducted a revisit at the above provider to follow-up on orders issued pursuant to a survey completed on November 9, 2023. At the time of the survey, there were six residents; six receiving services under the Assisted Living with Dementia Care license. As a result of the revisit, the following order was 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.	
{0 810} SS=F	144G.45 Subd. 2 (b)-(f) Fire protection and physical environment (b) Each assisted living facility shall develop and	{0 810}		

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{0 810}	Continued From page 1 maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) employee actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill. This MN Requirement is not met as evidenced by: No further action required.	{0 810}		
{0 900} SS=F	144G.50 Subdivision 1 Contract required	{0 900}		

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{0 900}	Continued From page 2 (a) An assisted living facility may not offer or provide housing or assisted living services to any individual unless it has executed a written contract with the resident. (b) The contract must contain all the terms concerning the provision of: (1) housing; (2) assisted living services, whether provided directly by the facility or by management agreement or other agreement; and (3) the resident's service plan, if applicable. (c) A facility must: (1) offer to prospective residents and provide to the Office of Ombudsman for Long-Term Care a complete unsigned copy of its contract; and (2) give a complete copy of any signed contract and any addendums, and all supporting documents and attachments, to the resident promptly after a contract and any addendum has been signed. (d) A contract under this section is a consumer contract under sections 325G.29 to 325G.37. (e) Before or at the time of execution of the contract, the facility must offer the resident the opportunity to identify a designated representative according to subdivision 3. (f) The resident must agree in writing to any additions or amendments to the contract. Upon agreement between the resident and the facility, a new contract or an addendum to the existing contract must be executed and signed. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to meet the Assisted Living Contract and the Assisted Living Facility (ALF) definitions as required under the Minnesota Assisted Living licensure 144G.08.	{0 900}		

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{0 900}	Continued From page 3 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: On January 29, 2024, at 10:42 a.m., during the survey entrance, director of housing and services (DHS)-C stated, the licensee had two employees, housing manager (HM)-E, and maintenance (M)-F who resided, via separate entry, in the lower level of the assisted living facility. DHS-C verbalized the licensee had continued their "live in care model" until they received notification for the MDH innovation variance request submitted. Also, DHS-C provided the surveyor a copy of an email response dated January 8, 2024, at 1:58 p.m., from the Minnesota Department of Health (MDH). The licensee provided a residence for two employees, housing manager (HM)-E, and maintenance (M)-F, who were spouses, in the basement of the licensee's assisted living facility with dementia care facility. On November 3, 2023, the licensee submitted an Assisted Living Licensure Innovation Variance Request to MDH. Minnesota Statute 144G.08 dated 2022, indicated an adult is defined as a natural person who has attained the age of 18 years. An assisted living contract is defined as the legal agreement	{0 900}		

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{0 900}	Continued From page 4 between a resident and an assisted living facility for housing and, if applicable, assisted living services. An assisted living facility is defined as a facility that provides sleeping accommodations and assisted living services to one or more adults. A resident is defined as an adult living in an assisted living facility who has executed an assisted living contract. Minnesota Statute 144G.08 dated 2022, indicated an Assisted living facility does not include: -6. a private home in which the residents are related by kinship, law, or affinity with the provider of services. On January 29, 2024, 11:01 a.m., DHS-C stated, both HM-E and M-F's live in agreement had not changed since the initial Assisted living facility with dementia care survey was completed in November 2023. Also, DHS-C provided the surveyor with a copy of HM-E and M-F's cleared background study. On January 30, 2024, at 8:53 a.m., DHS-C sent the surveyor an updated document, via email, titled "Live-in Agreement and Security Deposit" for HM-E, and M-F dated March 11, 2023, which included, "The relationship between [Licensee] and the Live-In Employee named above is one of employer-employee and not landlord-tenant. By this agreement the Live-In Employee named above agrees to live in the live-in area of the home identified above for the convenience of the employer, in order to facilitate quality and continuity of care for the clients being supported in the home." Also indicated, "5. Occupancy Limits: [Licensee] Homes has determined that live-in area occupancy shall be limited to only staff who are scheduled to provide direct care for the residents of the home, with an allowance of	{0 900}		

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{0 900}	Continued From page 5 up to four additional family members (spouse and up to three dependent children, if any), so long as no more than two children are under the age of six years old. Additionally, included "8. Restrictions Regarding Guests; Just as [Licensee] is selective about the direct care staff we hire, live-in employees must use sound judgment when inviting visitors and guests into our homes. This means that you must not invite someone in unless you know them and are confident that they do not pose a safety or other risk," and "Overnight guests are limited to family members (that is, siblings, parents, adult children) of the live-in staff. Live-in staff may have up to 2 adult guests and/or their minor children if any (up to two children) overnight at one time." No further information was provided.	{0 900}		

Electronically Delivered

December 7, 2023

Licensee
Arthur's Senior Care
1854 Alta Vista Drive
Roseville, MN 55113

RE: Project Number(s) SL30590015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on November 9, 2023, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, the MDH 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.

STATE CORRECTION ORDERS

The enclosed State Form documents the state correction orders. The MDH documents state licensing correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Assisted Living Facilities. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute number and the corresponding text of the state statute out of compliance are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by . . ."

IMPOSITION OF FINES

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

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

In accordance with Minn. Stat. § 144G.31, Subd. 4 (a)(5), the MDH may impose fine amounts of either $1,000 or $5,000 to licensees who are found to be responsible for maltreatment.
The MDH may impose a fine of $1,000 for each substantiated maltreatment violation that consists of

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

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

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

St - 0 - 2310 - 144g.91 Subd. 4 (a) - Appropriate Care And Services - $3,000.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is $3,000.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

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.

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(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.

To submit a reconsideration request, please visit:

https://www.web.health.state.mn.us/form/HRD-Appeals-Form

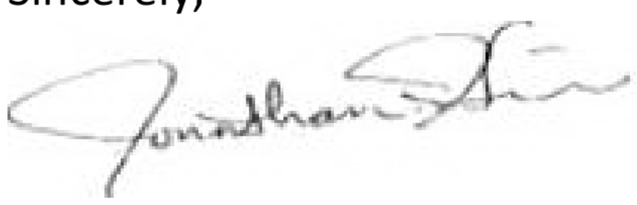
REQUESTING A HEARING
Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the MDH within 15 business days of the correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor. To submit a hearing request, please visit **https://www.web.health.state.mn.us/form/HRD-Appeals-Form**.

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration **or** a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

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

If you have any questions, please contact me.

Sincerely,



Jonathan Hill, Supervisor
State Evaluation Team
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HHH

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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: SL30590015-0 On November 6, 2023, through November 9, 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 six active residents; six receiving services under the Assisted Living with Dementia Care license. On November 7, 2023, at approximately 4:10 p.m., an immediate correction order was issued for tag number 2310. On November 8, 2023, at 4:50 p.m., immediacy was removed from the order; noncompliance remained at the same scope and level.	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 with Dementia Care 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.	
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness (a) The facility must meet the following	0 680		

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0 680	Continued From page 1 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 residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop a written emergency preparedness plan (EPP) with all the required content. This had the potential to affect all residents, staff, and visitors of 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), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all	0 680		

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0 680	Continued From page 2 of the residents). The findings include: The licensee's undated EPP plan policies provided to the surveyor included, physical plant requirements, bomb threat, fire, evacuation plan, heat and humidity, life safety, severe weather, water shortage, and winter storms. policies. The licensee's EPP did not include the following: -a written emergency disaster plan that contains sheltering in place, identifies temporary relocation sites, and details for staff assignments in the event of a disaster or emergency. The licensee's 9.02 Disaster Planning and Emergency Preparedness policy dated August 1, 2022, noted "[Licensee] will have in place a general emergency preparedness plan, that is in alignment with facility ' s requirement to also comply with CMS Appendix Z. Also, included "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 emergency. All of these elements are incorporated into the Appendix Z requirements. On November 7, 2023, at 1:00 p.m., after a brief review of the components required in an EPP by the surveyor, director of housing and services (DHS)-C stated, she recently learned of the required Appendix Z content in the emergency management plan, and planned to add more detail to the EPP plan as well as more specific to the facility. No further information was provided.	0 680		

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0 680	Continued From page 3 TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 680		
0 810 SS=F	144G.45 Subd. 2 (b)-(f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) employee actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill.	0 810		

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0 810	Continued From page 4 This MN Requirement is not met as evidenced by: Based on a record review and interview, the licensee failed to develop a fire safety and evacuation plan with the required elements, and failed to conduct required evacuation drills. This had the potential to affect all staff, residents, 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 was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: On November 7, 2023, director of housing services (DHS)-C provided documentation on the fire safety and evacuation plan, fire safety and evacuation training, and evacuation drills for the facility. FIRE SAFETY AND EVACUATION PLAN Record review of the available documentation indicated the licensee did not have employee actions to be taken in the event of a fire or similar emergency. The fire safety and evacuation plan did not provide complete actions for employees to take in the event of a fire or similar emergency and included only instruction to evacuate without specific direction. Record review of the available documentation indicated the licensee did not have fire protection	0 810		

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0 810	Continued From page 5 procedures necessary for residents included in the fire safety and evacuation plan. Record review of the available documentation indicated the fire safety and evacuation plan did not include procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. The facility plan did include some provisions for the relocation of residents but did not specify how to move or evacuate residents or identify the unique and unusual needs of the residents. DRILLS Record review of the available documentation indicated the licensee did not conduct evacuation drills twice per year per shift and every other month as required by statute. During interview on November 7, 2023 at 11:30 a.m., DHS-C verified that the fire safety and evacuation plan for the facility lacked these provisions and the lack of drills conducted. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	0 810		
0 900 SS=F	144G.50 Subdivision 1 Contract required (a) An assisted living facility may not offer or provide housing or assisted living services to any individual unless it has executed a written contract with the resident. (b) The contract must contain all the terms concerning the provision of: (1) housing; (2) assisted living services, whether provided	0 900		

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0 900	Continued From page 6 directly by the facility or by management agreement or other agreement; and (3) the resident's service plan, if applicable. (c) A facility must: (1) offer to prospective residents and provide to the Office of Ombudsman for Long-Term Care a complete unsigned copy of its contract; and (2) give a complete copy of any signed contract and any addendums, and all supporting documents and attachments, to the resident promptly after a contract and any addendum has been signed. (d) A contract under this section is a consumer contract under sections 325G.29 to 325G.37. (e) Before or at the time of execution of the contract, the facility must offer the resident the opportunity to identify a designated representative according to subdivision 3. (f) The resident must agree in writing to any additions or amendments to the contract. Upon agreement between the resident and the facility, a new contract or an addendum to the existing contract must be executed and signed. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to execute a written contract with the required content for individuals who resided in the basement of the licensee's assisted living facility with dementia care. 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	0 900		

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0 900	Continued From page 7 a large portion or all of the residents). The findings include: Minnesota Statute 144G.08 dated 2022, indicated an adult is defined as a natural person who has attained the age of 18 years. An assisted living contract is defined as the legal agreement between a resident and an assisted living facility for housing and, if applicable, assisted living services. An assisted living facility is defined as a facility that provides sleeping accommodations and assisted living services to one or more adults. A resident is defined as an adult living in an assisted living facility who has executed an assisted living contract. On November 6, 2023, at 12:20 p.m. after a tour of the main level of facility where all residents resided, director of housing and services (DHS)-C stated, licensee used a "live in care model'" where an employee was hired and titled the housing manager (HM), and lived in the lower level of the facility. DHS-C also stated the lower level where HM-E and M-F currently resided, was accessed by a separate entrance behind the garage, locked with a lock pad, and not accessible to the residents. DHS-C also stated, HM-E, and M-F were married, and both employed by the licensee. -12:30 p.m., DHS-C provided the surveyor with a document titled "Live-in Agreement and Security Deposit" dated August 29, 2020, for the home named "Sunbury" located in Woodbury, Minnesota. Also, DHS-C stated, both HM-E and M-F moved to the current licensee's facility in St. Paul in June 2023, but lacked an updated live in agreement document. -12:40 p.m, DHS-C stated, the licensee submitted an innovation waiver variance to Minnesota	0 900		

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0 900	Continued From page 8 Department of Health (MDH). DHS-C provided surveyor with a copy of the innovation variance application dated November 3, 2023. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 900		
01540 SS=D	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 employees had completed at least eight (8) hours of initial dementia training within 80 working hours of the employment start date for one of two employees (unlicensed personnel (ULP)-D).	01540		

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01540	Continued From page 9 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: ULP-D ULP-D had a hire date of August 24, 2023, to provide direct care to residents. On November 6, 2023, at 12:20 p.m., surveyor observed ULP-D administer medications and personal cares to different residents with dementia. ULP-D's training record dated September 6, 2023, indicated ULP-D received 1.5 hours for dementia training part 1, and 1 hour for dementia training part 2. During interview on November 6, 2023, at 2:30 p.m., ULP-D stated, she received training on cares for all the dementia care residents at the facility, and completed online education upon hire. On November 7, 2023, at 8:45 a.m., director of housing and services (DHS)-C stated, ULP-D did not have the full eight hours of dementia care training completed on her training transcript. DHS-C also stated, all new employees watched a series of videos for dementia training upon hire and recently learned the dementia training	01540		

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01540	Continued From page 10 content provided by the licensee did not include the required hours of initial training. The licensee's 3.01 ALDC Additional Dementia Staff Training policy dated August 1, 2022, indicated all direct care staff would have dementia training, but lacked identification of the required hours or timeframe the training would be completed. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01540		
02170 SS=D	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	02170		

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02170	Continued From page 11 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; (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 interview and record review, the licensee failed to ensure an individualized activity plan contained all required content for one of one resident (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 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 diagnoses included vascular dementia, cerebrovascular (CVA) with hemiplegia and hemiparesis (one sided weakness) post CVA, aphasia (impaired expression of language), dysphagia (difficulty swallowing), and seizure disorder.	02170		

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02170	Continued From page 12 R2's Exhibit D Service Plan signed November 7, 2023, indicated R2 received assistance with housekeeping, laundry, meals, bathing, dressing, toileting, transfers, mechanical lift, bed mobility, and medication administration. R2's medical record lacked an assessment of the residents' past interests, current abilities and skills, emotional and social needs and patterns, physical limitations, and identifications of activities for behavioral interventions. On November 7, 2023, at 1:14 p.m., director of housing and service (DHS)-C stated, the facility recently learned about the activity plan requirements for all dementia care residents of the assisted living with dementia care facility. DHS-C stated, they were not completed yet for their current resident's, and planned to have these completed by the end of November. DHS-D also stated, they performed person-centered cares. The licensee's 3.05 ALDC Life Enrichment Programs, Activities & Outdoor Space policy dated August 1, 2022, included "3. Each resident must be evaluated for activities according to the licensing rules of the facility. In addition, the evaluation must address the following: -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, included "4. An individualized activity plan must be developed for each resident based on their activity evaluation.	02170		

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02170	Continued From page 13 The plan must reflect the resident's activity preferences and needs." No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	02170		
02310 SS=I	144G.91 Subd. 4 (a) Appropriate care and services (a) Residents have the right to care and assisted living services that are appropriate based on the resident's needs and according to an up-to-date service plan subject to accepted health care standards. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to provide care and services according to acceptable health care, medical or nursing standards. The facility registered nurse (RN) failed to assess one of one resident (R2) who utilized Halo grab bars (consumer bed rails), for proper installation of the consumer bed rails according to the manufacturer's guidelines, to potentially identify and reduce risk for resident entrapment. This resulted in an immediate correction order issued on November 7, 2023, at approximately 4:10 p.m. This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death) and was	02310		

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02310	Continued From page 14 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: BED RAIL R2's record included a document titled "Side Rail Assessment" which included a flow chart of questions for the registered nurse (RN) "to consider whether the resident's unique mental and physical condition puts them at increased risk of injuries with the use of side rail." R2's record lacked documented evidence the use of grab bars (consumer bed rails) was identified and assessed for risk of entrapment and falls, including but not limited to, proper installation according to manufacturer guidelines, check for recall and education on the risk and benefits of using the bed rail device. R2 was admitted March 4, 2022, and had diagnoses including dementia, cerebrovascular accident with hemiplegia, dysphagia and seizure disorder. Their service plan dated November 7, 2023, indicated R2 received services including assistance with bathing, activities of daily living (ADLs), transfers, bed mobility meals, housekeeping, laundry, treatment and medication management. R2's individual abuse prevention plan (IAPP) dated March 3, 2022 indicated, "R2 had the following equipment: "1. shower chair, 2. Pressure alarm, hospital bed, 4. Wheelchair, 5. Glasses 6. Mechanical lift 7. Fall mat 8. Orthotic's/sling, and 9. Gait belt." R2's IAPP lacked documentation of R2's bilateral consumer	02310		

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02310	Continued From page 15 grab bars. R2's "Uniform Assessment Tool" dated September 13, 2023, included R2's "assistive devices" that will be needed: bath chair, pressure alarm, hospital bed, transfer belt, wheelchair, Hoyer lift, shower chair, and splints were marked "X" as needed for R2. The side rail box on R2's uniform assessment tool was not marked "X" as needed. On November 7, 2023, at 10:00 a.m., R2's hospital bed was observed to have a consumer-style bed rails on both sides near the head of the bed. On November 7, 2023, at 10:30 a.m. clinical nurse supervisor (CNS)-B stated, there was no additional documentation of side rail assessment to be provided. CNS-B stated, she has not heard back from the physical therapist who placed the consumer-style bed rail onto R2's hospital bed. CNS-B provided the surveyor the Halo safety ring manufacturer's manual they stored at the facility. CNS-B stated she did not review the detail of the manufacturer's guidelines (including measuring and entrapment risks components of the installation guidelines), and the physical therapist was the person that placed and checked the consumer-style bed rail periodically. -At 12:30 p.m., director of housing services (DHS)-C and CNS-B were interviewed by phone. DHS-C stated there was no additional nursing assessment documentation of the consumer-style bed rails. CNS-B stated recall checks on the consumer-style bed rail were not completed. - At 1:14 p.m., DHS-C stated R2 used the consumer-style bed rails when the direct care staff rolled R2 from side position to side position with cares. DHS-C stated R2 required a two	02310		

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02310	Continued From page 16 person lift and did not use the consumer-style bed rails for transfer. DHS-C stated there was no documentation in R2's medical record of the risks and benefits of the consumer bed rails. -At 1:20 p.m., CNS-B stated "page 2" referenced on the "Side Rail Assessment" for R2 referenced the next step to be taken by licensee if this was a hospital style bed rail, and "since this is not a side rail they didn't use page 2." When CNS-B was asked about the signed and dated areas on the bottom of the "Side Rail Assessment," CNS-B stated "she follows the flowsheet diagram to ensure the answers are the same and that is the extent of the assessment at this time." -At 1:24 p.m. CNS-B, and DHS-C stated they were not aware of the Minnesota Department of Health (MDH) assisted living website frequently asked questions (FAQ) resource for bedrails, or where to check for recalls of consumer-style bed rails. -At 1:40 p.m. DHS-C stated she had not explored if the Halo consumer-style bed rail could be safely applied to the hospital style bed. The Food and Drug Administration's (FDA) A Guide to Bed Safety, dated 2000, and revised April 2010, indicated following information: "When bed rails are used, perform an on-going assessment of the patient's [resident's] physical and mental status, closely monitor high-risk patients. The FDA also identified; "Patients [residents] who have problems with memory, sleeping, incontinence, pain, uncontrolled body movement, or who get out of bed and walk unsafely without assistance, must be carefully assessed for the best ways to keep them from harm, such as falling. Assessment by the patient's health care team will help to determine how best to keep the patient safe."	02310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30590	A. BUILDING: _____ B. WING _____	11/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARTHUR'S SENIOR CARE	1854 ALTA VISTA DRIVE ROSEVILLE, MN 55113

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02310	Continued From page 17 The licensee's undated "Side rails" policy indicated, "When [Licensee] is aware a home care resident is utilizing side rails (a medical device) on a bed, [Licensee] will assess the use, educate the resident, and when appropriate, the responsible person, regarding the risks and benefits of side rails, and verify that the side rail in use is of a safe design and utilized consistent with the manufacturer's directions. This policy shall be followed regardless of who owns or is supplying the side rail." In addition included "The resident and, when appropriate, the resident ' s representative, shall be informed of the risks and benefits regarding the use of side rails. Education provided will be documented in the resident record." The Halo safety ring manufacturers guidelines revised December 4, 2017, included "ENTRAPMENT MAY OCCUR. Proper patient [resident] assessment and monitoring, and proper maintenance and use of equipment is required to reduce the risk of entrapment. Variations in mattress thickness, size or density could increase the risk of entrapment." Also, "WARNING! The Halo Safety Ring must only be used with bed systems that are reset to the manufacturer's original specifications and that have been individually tested. Do not assume all bed systems in your facility are the same or set to manufacturer's original specifications. Each bed system must be tested and measured individually. Bed systems should be evaluated, measured, and tested by your assessment team. Also included "WARNING! Improper assessment of the bed system and failure to evaluate the specific needs of each resident will prevent a correct bed system measurement device evaluation of certain entrapment zones. This improper assessment could lead to the possibility	02310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30590	A. BUILDING: _____ B. WING _____	11/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARTHUR'S SENIOR CARE	1854 ALTA VISTA DRIVE ROSEVILLE, MN 55113

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02310	Continued From page 18 of injury or death. Each resident must be evaluated individually. To qualify for the Halo Safety Ring, a bed system must first meet the following standards: -Mattress height must be between 6 and 7 inches; -Mattress width must be 36, 37, or 38 inches; -Only high-quality mattresses should be used to ensure a proper weight to compressibility factor; and -The mattresses used must be the proper length and width per the bed frame manufacturer's standards." Minnesota Department of Health Assisted Living Resources and Frequently-asked Questions (FAQ) regarding consumer bed rails, updated April 25, 2023, indicated, "The licensee must assess the individual's cognitive and physical status as they pertain to the bed rail to determine the intended purpose for the bed rail and whether that person is at high risk for entrapment or falls" or if a restraint; identified licensee must ensure consumer bed rails were securely attached and "should refer to individual manufacturer's guidelines for appropriate installation, maintenance and use. In addition, licensees should refer to the Consumer Product Safety Commission (CSPC) for the most up-to-date information related to portable bed side rail recall information." The FAQ indicated, "The licensee must ensure the resident and/or resident's responsible party has been educated on the risk for injury up to and including death due to entrapment." Additionally, "Licensees should have a process in place for monitoring and unlicensed personnel reporting new bed rails for nurse assessment." including if installed by the family. The FAQ further identified, "If a licensee is unable to locate manufacturer's guidelines, they	02310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30590	A. BUILDING: _____ B. WING _____	11/09/2023

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02310	Continued From page 19 are unable to assess and determine if the portable bed rail is being used appropriately and installed properly. This results in an imminent safety risk for the resident." The FAQ noted the information identified above must be documented. No further information was provided. TIME PERIOD FOR CORRECTION: Immediate On November 7, 2023, at 5:15 p.m., the facility submitted a plan to address the immediate order to the surveyor supervisor. On November 8, 2023, at 4:50 p.m., immediacy was removed from the order; the scope and level remained the same.	02310		

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

Type: Full
Date: *11/06/23*
Time: 13:06:04
Report: 8058231264

Food and Beverage Establishment Inspection Report

Location:
Arthur'S Senior Care
1854 Alta Vista Drive
Roseville, MN55113
Ramsey County, 62

Establishment Info:
ID #: 0039297
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 6512944798
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 162 Degrees Fahrenheit
Location: DISH MACHINE
Violation Issued: No

Food and Equipment Temperatures

Process/Item: CHEESE
Temperature: 41 Degrees Fahrenheit - Location: BASMENT COOLER
Violation Issued: No

Process/Item: BEAN SALAD
Temperature: 41 Degrees Fahrenheit - Location: COOLER
Violation Issued: No

Process/Item: CHEESE
Temperature: 40 Degrees Fahrenheit - Location: COOLER
Violation Issued: No

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

HRD INSPECTOR: DEDE HINNENDAEL
ESTABLISHMENT REP: FELICIA WAGNER

RESIDENTIAL HOME, NON COMMERCIAL APPLIANCES AND FINISHES

Type: Full
Date: *11/06/23*
Time: 13:06:04
Report: 8058231264
Arthur'S Senior Care

Food and Beverage Establishment Inspection Report

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 8058231264 of 11/06/23.

Certified Food Protection Manager: FELICIA WAGNER

Certification Number: 110263 Expires: 02/24/25

Inspection report reviewed with person in charge and emailed.

Signed: _____
FELICIA WAGNER
PIC

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