



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

July 19, 2023

Licensee
Carlton Place
813 3rd Street
Atkinson, MN 55718

RE: Project Number(s) SL30694015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on June 1, 2023, for the purpose of evaluating and assessing compliance with state licensing statutes. Enclosed is a revised State Form from the June 1, 2023 survey with findings being received by you on June 30, 2023. The Form has been revised to remove tag 0480, as it should not have been included in the survey results.

Therefore, the Request for Reconsideration that the MDH received on July 12, 2023 regarding tag 0480 will not be reviewed and your request has been closed. There are no other changes.

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,

A handwritten signature in black ink that reads 'Jessica Chenze'.

Jessica Chenze, Supervisor
State Evaluation Team
Email: jessica.chenzie@state.mn.us
Telephone: 218-332-5175 Fax: 651-281-9796

PMB

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30694	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/01/2023
NAME OF PROVIDER OR SUPPLIER CARLTON PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 813 3RD STREET ATKINSON, MN 55718		
(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 REVISED TO REMOVE TAG 0480***** *****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: SL30694015 On May 30, 2023, through June 1, 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 18 active residents receiving services under the Assisted Living license.	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.		
0 100 SS=F	144G.10 Subdivision 1 License required (a)(1)?Beginning August 1, 2021, no assisted living facility may operate in Minnesota unless it is	0 100			

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

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

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0 100	Continued From page 2 This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the owner failed to maintain current licensure to provide assisted living services to 18 residents. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). Findings include: On May 30, 2023, at 9:36 a.m., the surveyor entered the facility and observed the facility license hanging on the wall at the main entrance. The licensee held an Assisted Living License for a capacity of 24 residents and was effective August 1, 2022, and expired April 30, 2023. On May 30, 2023, at 10:30 a.m., during the facility tour with clinical nurse supervisor (CNS)-B stated she was aware the Assisted Living licensee expired April 30, 2023, and stated licensed assisted living director (LALD)-A was aware and was working with the Minnesota Department of Health (MDH) on getting the license renewed. CNS-B confirmed the licensee had 18 residents residing in the Assisted Living receiving services by the licensee. On May 31, 2023, at 7:05 a.m., the surveyor observed unlicensed personnel (ULP)-E administering R1's scheduled morning medications.	0 100			

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0 100	Continued From page 3 On March 31, 2023, at 11:51 p.m., p.m., LALD-A confirmed the facility's Assisted Living license expired on April 30, 2023, and stated the application was submitted and fees have been paid; however, there was a hold up on getting one of the licensee's board members fingerprints completed to continue with the licensee renewal process. LALD-A stated she had email communications with MDH regarding the delay and continues to work with MDH until the Assisted Living licensee was renewed. The licensee's Assisted Living License and Posting policy date August 1, 2021, indicated the licensee would maintain a current Assisted Living License issued by the Minnesota Department of Health. The licensee would submit an annual license renewal request to Minnesota Department of Health at least 30 days before the expiration of the current license. The issue license would be posted at the main entrance of the facility. No further information provided. TIME PERIOD OF CORRECTION: Twenty-one (21) Days	0 100			
0 630 SS=F	144G.42 Subd. 6 (b) Compliance with requirements for reporting ma (b) The facility must develop and implement an individual abuse prevention plan for each vulnerable adult. The plan shall contain an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults; the person's risk of abusing other vulnerable adults; and statements of the specific measures to be	0 630			

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0 630	Continued From page 4 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 observation, interview and record review, the licensee failed to ensure an individual abuse prevention plan (IAPP) was developed to include all the required content for two of two (R1, R2) residents. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, 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: R1's diagnoses included high blood pressure, atrial fibrillation (irregular heartbeat), chronic kidney disease, and congestive heart failure. R1's Service Plan dated July 29, 2021, included medication management, bathing assistance, weight monitoring, assistance with compression stockings, meals, housekeeping, laundry, and safety checks. On May 30, 2023, at 1:42 p.m., the surveyor observed unlicensed personnel (ULP)-D administer R1's afternoon medications. R2's diagnosis included mild cognitive	0 630			

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0 630	Continued From page 5 impairment. R2's Service Plan dated October 13, 2022, included medication management, bathing assist, meals, laundry, housekeeping, and safety checks. R1 and R2's Vulnerability Assessment/Abuse Prevention Plan dated August 19, 2020, and October 13, 2022, respectively, identified areas of vulnerabilities with interventions; however, lacked a review of R1 and R2's susceptibility to abuse by another individual and the risk of self-abuse. On June 1, 2023, at 10:28 a.m., clinical nurse supervisor (CNS)-B confirmed R1 and R2's IAPP did not assess R1 and R2's susceptibility to abuse by another individual and the risk of self-abuse. CNS-B stated all of the Vulnerability Assessments/Abuse Prevention Plans were the same for all residents. The licensee's Individual Abuse Prevention Plan dated August 1, 2021, the licensee would develop and implement an IAPP for each vulnerable adult. The plan would contain an individualized review or assessment of the person's susceptibility to abuse by another individual, including: -other vulnerable adults; -the person's risk of abusing other vulnerable adult; 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. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7)	0 630			

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0 630	Continued From page 6 days	0 630			
0 650 SS=E	144G.42 Subd. 8 Employee records (a) The facility must maintain current records of each paid employee, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following information: (1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules; (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision; (4) documentation of annual performance reviews that identify areas of improvement needed and training needs; (5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and (6) documentation of the background study as required under section 144.057. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure employee records contained the required content for three of three employees (clinical nurse supervisor (CNS)-B), unlicensed personnel (ULP)-D, ULP-E). This practice resulted in a level two violation (a	0 650			

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0 650	Continued From page 7 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: CNS-B CNS-B had a start date of January 17, 2013, to provide and supervise direct care services to the licensee's residents. CNS-B's employee record lacked an annual performance review for 2023, identifying areas of improvement needed and training needs. ULP-D ULP-D had a start date of June 7, 2022, to provide direct care under the licensee's assisted living license. On May 30, 2023, at 1:42 p.m., the surveyor observed ULP-D administering R1's scheduled afternoon medications. ULP-D's employee record lacked documentation of the following competency evaluations: -care of teeth, gums, and oral prosthetic devices; -standby assistance techniques and how to perform them; -reading and recording temperature, pulse, and respirations of the client; -safe transfer techniques and ambulation; -range of motioning and positioning; and -other RN/professionally delegated tasks(i.e.,	0 650			

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0 650	Continued From page 8 monitoring vital signs, catheter or stoma care, Broda chair, mechanical lifts). ULP-E ULP-E had a start date of August 18, 1989, to provide direct care under the licensee's assisted living license. On May 31, 2023, at 8:07 a.m., the surveyor observed ULP-E administering R4's scheduled morning medications. ULP-E's record lacked documentation of an annual performance review identifying areas of improvement needed and training needs. On May 31, 2023, at 11:34 a.m., administrative assistant (AA)-G stated he was responsible for maintaining employee records. AA-G stated he was unable to locate ULP-D's entire employee record. AA-G stated employee records consisted of three different folders and ULP-D's folder of training and competency evaluations were missing from her employee record. On May 31, 2023, at 11:56 a.m., AA-G stated CNS-B did not have a current annual performance review and last performance review was from a different position in 2010. AA-G further stated they were behind on completing annual performance reviews for employees. On May 31, 2023, at 12:06 p.m., the surveyor completed an interview with ULP-D over the phone. ULP-D stated she completed training and had to demonstrate competency to CNS-B before she was able to administer medications to residents. On June 1, 2023, at 8:42 a.m., CNS-B provided	0 650			

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0 650	Continued From page 9 the surveyor with ULP-E's additional employee documents and stated ULP-E did not have a current annual performance review completed for 2023, and she was behind on completing performance reviews. On June 1, 2023, at 9:40 a.m., the surveyor reviewed ULP-D's employee records with CNS-B and CNS-B confirmed ULP-D's employee record lacked documentation the required competency evaluations were completed noted above. CNS-B stated ULP-D's competency training's were competed; however, they were unable to locate the documentation the competency evaluations were completed. The licensee's Employee Records policy dated August 1, 2021, indicated employee records would be kept up-to-date and include: -records of all training and in-service education required and/or provided including record of competency testing as required; and -documentation of annual performance reviews that identify areas of improvement needed and training needs. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 650			
0 700 SS=F	144G.43 Subdivision 1 Resident record (b) Resident records, whether written or electronic, must be protected against loss, tampering, or unauthorized disclosure in compliance with chapter 13 and other applicable relevant federal and state laws. The facility shall establish and implement written procedures to	0 700			

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0 700	Continued From page 10 control use, storage, and security of resident records and establish criteria for release of resident information. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure resident's personal health and medical information was protected and kept private. This had the potential to affect all 18 residents. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: On May 30, 2023, from 10:30 a.m., through 2:52 p.m., the surveyor had several observations of the nursing office door being propped open and left unattended, binders of resident records stored on an open shelf hanging on the wall. On May 30, 2023, at 2:53 p.m., clinical nurse supervisor (CNS)-B and the surveyor observed the nursing office door propped open, no staff present, and resident records being unprotected. CNS-B stated the nursing office door should either be closed and locked, or staff need to be present while the door was opened. The licensee's Resident Record-Access and Storage dated August 1, 2021, indicated resident records would be kept confidential and locked in	0 700			

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0 700	Continued From page 11 a secured in an area only authorized by staff. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 700			
0 800 SS=D	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain the facility's physical environment in a continuous state of good repair and operation regarding the health, safety, and well-being of the residents. This had the potential to directly affect a limited number of 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 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). Findings include:	0 800			

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0 800	Continued From page 12 On a facility tour on May 30, 2023, at approximately 11:30 a.m. with maintenance (M)-C it was observed that the smoke alarm did not operate in the corner bedroom of 2-bedroom unit 117. Smoke alarms are required to be operational and maintained according to the manufacturer's installation instructions. This deficient condition was visually verified by M-C accompanying on the tour. TIME PERIOD FOR CORRECTION: Seven (7) days	0 800			
0 810 SS=F	144G.45 Subd. 2 (b)-(f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) employee actions to be taken in the event of 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	0 810			

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0 810	Continued From page 13 their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill. This MN Requirement is not met as evidenced by: Based on record review and interview, the licensee failed to maintain the facility's fire safety and evacuation plan with required elements. 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) 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). Findings include: A record review of available documentation and interview were conducted on May 30, 2023, at approximately 10:30 a.m. of documents provided by clinical nurse supervisor (CNS)-B and maintenance (M)-C on the fire safety and evacuation plan, fire safety and evacuation training, and evacuation drills for the facility.	0 810			

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0 810	Continued From page 14 Record review of the available documentation indicated that employees did not receive training on the facility fire safety and evacuation plan upon initial hire and twice per year thereafter. Employee training on the fire safety and evacuation plan is required to be conducted and documented separately from fire evacuation drills. All deficiencies were verified by CNS-B and M-C during the interview at approximately 12:30 p.m. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810			
01290 SS=F	144G.60 Subdivision 1 Background studies required (a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information. (b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12. (c) Termination of an employee in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure a background study was submitted and clearance was received in affiliation with the assisted living	01290			

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01290	Continued From page 15 license for one of three employees (unlicensed personnel (ULP)-D). 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: ULP-D ULP-D had a start date on June 7, 2022, to provide direct care under the assisted living licensee. On May 30, 2023, at 1:42 p.m., the surveyor observed ULP-D administering R1's scheduled afternoon medications. ULP-D's employee record contained a background study clearance, affiliated with the licensee's skilled nursing facility (SNF) dated June 1, 2022. On May 31, 2023, at 12:09 p.m., licensed assisted living director (LALD)-A reviewed ULP-D's background study and stated it was affiliated with the licensee's (SNF) and not the assisted living as required. The licensee's Background Studies policy dated August 1, 2021, indicated upon hire, the licensee would conduct a Minnesota Department of Human Services (DHS) Background Study using the MN DHS NetStudy online program on all employees, volunteers and contractors who have	01290			

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01290	Continued From page 16 or would have direct contact with the licensee's residents. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) day	01290			
01370 SS=D	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: (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,	01370			

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01370	Continued From page 17 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 observation, interview and record review, the licensee failed to ensure training and competency evaluations included all the required training for one of one (unlicensed personnel (ULP)-D). 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 had a start date of June 7, 2022, to provide direct care under the licensee's assisted living license. On May 30, 2023, at 1:42 p.m., the surveyor observed ULP-D administering R1's scheduled afternoon medications. ULP-D's employee record lacked R1 received the following training and competency evaluations:	01370			

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01370	Continued From page 18 -preparation of modified diets as ordered by the licenses health professional; -communication skills that include preserving the dignity the client and showing respect for the client and the client's preferences, cultural background, and family; -understanding appropriate boundaries between staff and clients and the client's family; and -awareness of commonly used health technology equipment and assisted devices. On June 1, 2023, at 9:40 a.m., the surveyor reviewed ULP-D's employee records with clinical nurse supervisor (CNS)-B and CNS-B stated ULP-D's employee record indicated R1's did not complete the required training noted above. The licensee's Competency Training Evaluations policy dated August 1, 2021, indicated prior to delegation of services the licensee must make certain the ULP was trained in proper methods to perform the tasks or procedures for each client and are able to demonstrate the ability to competently follow the procedures and perform the tasks. Training and competency evaluations for all ULPs would include: --preparation of modified diets as ordered by the licenses health professional; -communication skills that include preserving the dignity the client and showing respect for the client and the client's preferences, cultural background, and family; -understanding appropriate boundaries between staff and clients and the client's family; and -awareness of commonly used health technology equipment and assisted devices. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one	01370			

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01370	Continued From page 19 (21) days	01370			
01470 SS=D	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 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	01470			

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01470	Continued From page 20 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, 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 observation, interview and record review, the licensee failed to ensure one of one employee, unlicensed personnel (ULP)-D's employee record contained orientation to assisted living facility licensing to include all the required topics. 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:	01470			

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01470	Continued From page 21 ULP-E had a start date of June 7, 2022, to provide direct care under the licensee's assisted living license. On May 30, 2023, at 1:42 p.m., the surveyor observed ULP-D administering R1's scheduled afternoon medications. ULP-D's employee record lacked evidence of completing the following assisted living orientation 144G requirement topics before providing assisted living services to the licensee's residents: - the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person On June 1, 2023, at 9:40 a.m., the surveyor reviewed ULP-D's employee records with clinical nurse supervisor (CNS)-B and CNS-B stated ULP-D's employee record or training transcripts did not include documentation R1 completed the required training noted above. The licensee's Orientation of Staff and Supervisors and Content dated August 1, 2021, indicated all staff of the licensee providing and supervising direct services must complete and orientation to Assisted Living licensing requirements and regulations before providing assisted living services to resident to include: -principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01470			

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01750 SS=D	144G.71 Subd. 7 Delegation of medication administration When administration of medications is delegated to unlicensed personnel, the assisted living facility must ensure that the registered nurse has: (1) instructed the unlicensed personnel in the proper methods to administer the medications, and the unlicensed personnel has demonstrated the ability to competently follow the procedures; (2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's records; and (3) communicated with the unlicensed personnel about the individual needs of the resident. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure specific instructions were in the resident record related to administering medications according to manufacturer's instructions for one of two residents (R1). 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: R1's diagnoses included high blood pressure, atrial fibrillation (irregular heartbeat), chronic kidney disease, and congestive heart failure.		01750		

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01750	Continued From page 23 R1's Service Plan dated July 29, 2021, indicated R1 services included medication management. R1's prescriber orders dated February 16, 2023, included Albuterol Sulfate HFA 108 micrograms (mcg) inhale two (2) puffs by mouth three (3) times a day for difficulty breathing. R1's May 2023, medication administration record (MAR) indicated R1 received Albuterol Sulfate HFA inhaler Advair 108 mcg inhale two (2) puffs three times a day for difficulty breathing. R1's MAR lacked specific written instructions for the use of the inhaler to include: to shake the inhaler, instruct the resident to take a breath and let it out, begin to breathe in slowly, and then compress the inhaler to release the medication. Hold breath for 5-10 seconds to allow medication to reach deeply into lungs. Wait at least one (1) minute in between puffs of same medication. On May 30, 2023, at 1:42 p.m., the surveyor observed unlicensed personnel (ULP)-D administer R1's Albuterol inhaler. ULP-D instructed R1 to take a deep breath in on the count of three, hold breath for three seconds and release. ULP-D immediately administered the second puff of the inhaler and did not wait one minute in between puffs. ULP-D did not instruct R1 to rinse mouth after the use of the inhaler. Immediately following the medication administration, ULP-D documented in R1's MAR medications administered. ULP-D stated she did not instruct R1 to rinse her mouth after the use of the inhaler, and R1's record did not include written instructions on inhaler administration. On May 31, 2023, at 7:05 a.m., the surveyor observed unlicensed personnel (ULP)-E	01750			

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01750	Continued From page 24 administer R1's Albuterol inhaler. ULP-E shook the inhaler and administered one puff directly into R1's mouth and R1 immediately exhaled the medication. ULP-E administered R1's medications then proceeded to administer the second puff of the inhaler into R1's mouth. ULP-E did not instruct R1 to inhale during each administration of the medication, hold breath, or instruct R1 to rinse out her mouth after the administration of the inhaler. After the administration of R1's inhaler, ULP-E reviewed R1's MAR and stated R1's record did not include instructions for R1 hold her breath after each puff, wait in one minute in between puffs or rinse mouth after use of the inhaler. On May 31, 2023, at 7:27 p.m., clinical nurse supervisor (CNS)-B stated when administering inhalers, staff were expected to shake the inhaler, instruct resident to inhale during the administration of the inhaler, hold breath for a few seconds then exhale, wait one minute in between puffs and rinse mouth after use. CNS-B stated R1's MAR did not include written instructions on the use of the inhaler and should be included on R1's MAR. The licensee's Delegation of Assisted Living Services policy dated August 1, 2021, indicated when medication management is delegated to a ULP, the RN would, specify, in writing, specific instructions for each resident and document those instructions in the resident records. The licensee's Inhaler policy dated August 1, 2021, indicated to remove cap from mouthpiece, shake the inhaler for 5-10 seconds, position inhaler upside down with mouthpiece on the bottom. Place the resident in an upright position and tilt the head back slightly and breathe out.	01750			

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01750	Continued From page 25 Instruct the resident to the number of puffs ordered and to close their mouth around the mouthpiece. Instruct the resident to take a breath and let it out, begin to breathe in slowly, and then compress the inhaler to release the medication. Hold breath for 5-10 seconds to allow medication to reach deeply into lungs. Wait at least one (1) minute in between puffs of same medication. Provide resident the opportunity to rinse out mouth. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01750			
01910 SS=D	144G.71 Subd. 22 Disposition of medications (a) Any current medications being managed by the assisted living facility must be provided to the resident when the resident's service plan ends or medication management services are no longer part of the service plan. Medications for a resident who is deceased or that have been discontinued or have expired may be provided for disposal. (b) The facility shall dispose of any medications remaining with the facility that are discontinued or expired or upon the termination of the service contract or the resident's death according to state and federal regulations for disposition of medications and controlled substances. (c) Upon disposition, the facility must document in the resident's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition.	01910			

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01910	Continued From page 26 This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to document in the resident's record the required content on disposition of the medications for one of one resident (R3) upon discharge. 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 discharged on May 11, 2023. R3's May 2023, Medication Administration Record indicated R3 received the following medications: -acetaminophen (pain reliever) 500 milligrams (mg) two tablets daily; -atorvastatin calcium (used to treat high cholesterol) 20 mg one tablet at hour of sleep (hs); -calcium carbonate/vitamin D (supplements) 600/200 mg one tablet daily; -carbidopa-levodopa (used to treat Parkinson's disease) 25/100 mg one tablet daily; -citalopram hydrobromide (used to treat mood disorders and anxiety) 20 mg one tablet daily; -Claritin (used to treat allergy symptoms) 10 mg one tablet daily; -Lasix (used to treat fluid retention) 20 mg one tablet daily;	01910			

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01910	Continued From page 27 -losartan potassium (used to treat high blood pressure) 100 mg one tablet daily; -melatonin (used to treat sleep disorders) 3 mg one tablet at bedtime -myrbetriq (used to treat overactive bladder) extended release 5 mg one table daily; -potassium chloride (supplement) 20 mEq one tablet daily; -spironolactone (used to treat high blood pressure) 25 mg one tablet daily; and -vitamin D (supplement) 1000 units (u) tablet daily. R3's Discharge Summary dated May 11, 2023, indicated R3 received meals, shower assistance, medication set up, applying and removing compression stockings, laundry and housekeeping. R3's Discharge Summary indicated the licensee would send R3's current medication to the skilled nursing facility (SNF) and dispose of the remaining medications in the Rx Destroyer (a liquid solution used to dissolve medications); however, the summary lacked a list of the medications sent with R3 and medications the licensee destroyed to include: -the name of the medication; -the prescription number; -strength; -quantity disposed; -to whom the medications were given to; and -and names of staff and individuals involved in the disposition. On May 31, 2023, p.m., at 8:42 a.m., clinical nurse supervisor (CNS)-B stated R3 was discharged to the attached SNF after a hospitalization stay and R3's current medications were sent to the SNF and the medications R3's was not taking were destroyed in the Rx Destroyer. CNS-B stated there was no	01910			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30694	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/01/2023
NAME OF PROVIDER OR SUPPLIER CARLTON PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 813 3RD STREET ATKINSON, MN 55718			
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01910	Continued From page 28 documentation in R3's record of the disposition of R3's medications sent to the SNF and the medications destroyed by the licensee. The licensee's Disposition or Disposal of Medications policy dated August 1, 2023, indicated upon disposition, the facility must document in the resident's record the disposition of the expired medication including the medication's name, strength, prescription number as applicable, quantity, date of disposition, and names of staff (including a witness) and other individuals involved in the disposition. A copy of the destruction record will be kept of file at the facility for two (2) years. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01910			
01950 SS=D	144G.72 Subd. 4 Administration of treatments and therapy Ordered or prescribed treatments or therapies must be administered by a nurse, physician, or other licensed health professional authorized to perform the treatment or therapy, or may be delegated or assigned to unlicensed personnel by the licensed health professional according to the appropriate practice standards for delegation or assignment. When administration of a treatment or therapy is delegated or assigned to unlicensed personnel, the facility must ensure that the registered nurse or authorized licensed health professional has: (1) instructed the unlicensed personnel in the proper methods with respect to each resident and the unlicensed personnel has demonstrated the	01950			

Minnesota Department of Health

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01950	Continued From page 29 ability to competently follow the procedures; (2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's record; and This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure instructions, specified in writing, for each resident and documented those instructions in the resident's record for one of one resident (R1) who received weight monitoring. 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: R1's diagnoses included high blood pressure, atrial fibrillation (irregular heart beat), chronic kidney disease, and congestive heart failure. R1's prescriber orders dated February 26, 2023, included daily weight before breakfast. R1's Treatment/Therapy Management Plan dated April 1, 2021, indicated R1 received daily weight monitoring. R1's Treatment Administration Record (TAR) dated May 1, 2022, through May 31, 2023, directed to ensure R1's weight was obtained before breakfast and observe for weighing herself	01950			

Minnesota Department of Health

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01950	Continued From page 30 properly daily. R1's record lacked specific written instructions for monitoring R1's weight to include written instructions on how to use R1's weight monitoring device provided by the heart center. On May 31, 2023, at 1:20 p.m., the clinical nurse supervisor (CNS)-B stated R1's record did not include specific instructions with regards to the use of R1's scale and monitoring system. CNS-B stated R1's weight was being monitored by the heart center with the use of an electronic device the ULPs used to answer specific health condition questions about R1 and enter R1's weight. The licensee's Treatment and Therapy Management Plan dated August 1, 2021, indicated the licensee would develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following: -documentation of specific resident instructions relating to the treatments or therapy administration; and -any resident-specific requirements relating to documentation of treatment and therapy received. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01950			



Minnesota Department of Health
Minnesota Department of Health
PO Box 64975
St. Paul, MN 55164-0975
651-201-4500

Type: Full
Date: 05/30/23
Time: 10:30:00
Report: 8010231093

Food and Beverage Establishment Inspection Report

Page 1

Location:

Carlton Place
813 3rd Street
Carlton, MN55718
Carlton County, 09

Establishment Info:

ID #: 0037782
Risk:
Announced Inspection: Yes

License Categories:

Expires on: / /

Operator:

Phone #: 2183848441
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.

Food and Equipment Temperatures

Process/Item: Upright Cooler

Temperature: 37 Degrees Fahrenheit - Location: MILK-AMANA

Violation Issued: No

Process/Item: Upright Freezer

Temperature: 38 Degrees Fahrenheit - Location: FOODS FROZEN-AMANA BOTTOM

Violation Issued: No

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

COMMENTS:

FOODS ARE PREPARED IN THE NURSING HOME MAIN KITCHEN AND TRANSPORTED TO THE ASSISTED LIVING SERVING KITCHEN TO BE PLATED AND SERVED TO THE RESIDENTS FOR BREAKFAST, LUNCH AND DINNER.

MILK IS POUR INTO GLASSES AND HELD IN THE AMANA REFRIGERATOR IN THE SERVING KITCHEN RIGHT BEFORE BREAKFAST, LUNCH OR DINNER.

HOT AND COLD FOOD TEMPERATURES ARE TAKEN AND RECORDED WHEN THE FOOD IS RECEIVED FROM THE MAIN KITCHEN.

ALL DIRTY DISHES AND UTENSILS ARE BROUGHT BACK TO THE NURSING HOME MAIN KITCHEN TO BE WASHED, RINSED AND SANITIZED IN THE COMMERCIAL DISHWASHER. THE SERVING KITCHEN DISHWASHER IS NOT USED.

ESTABLISHMENT IS USING PASTEURIZED EGGS.

Type: Full
Date: 05/30/23
Time: 10:30:00
Report: 8010231093
Carlton Place

Food and Beverage Establishment Inspection Report

Page 2

FOOD IS PREPARED FOR SAME DAY SERVICE. NO LEFTOVER FOODS ARE SERVED TO THE RESIDENTS.

DISCUSSED THE EXCLUSION OF EMPLOYEES ILL WITH VOMITING OR DIARRHEA FROM THE FOOD ESTABLISHMENT FOR 24 HOURS AFTER SYMPTOMS ARE GONE.

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 8010231093 of 05/30/23.

Certified Food Protection Manager Gail Bradford

Certification Number: FM44596 Expires: 03/02/25

Inspection report reviewed with person in charge and emailed.

Signed: _____

Allie Jarvis
RN

Signed: _____

8010

651-201-4500
health.foodlodging@state.mn.us

Report #: 8010231093

m

DEPARTMENT OF HEALTH

Minnesota Department of Health

Minnesota Department of Health

PO Box 64975

St. Paul, MN 55164-0975

No. of RF/PHI Categories Out

0

Date

05/30/23

No. of Repeat RF/PHI Categories Out

0

Time In

10:30:00

Legal Authority MN Rules Chapter 4626

Time Out

Carlton Place

Address

813 3rd Street

City/State

Carlton, MN

Zip Code

55718

Telephone

2183848441

License/Permit #

0037782

Permit Holder

Purpose of Inspection

Full

Est Type

Risk Category

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item

Mark "X" in appropriate box for COS and/or R

IN=in compliance

OUT= not in compliance

N/O= not observed

N/A= not applicable

COS=corrected on-site during inspection

R= repeat violation

Compliance Status

COS

R

Supervision

1

IN

OUTPIC knowledgeable; duties & oversight

2

IN

OUTN/ACertified food protection manager, duties

Employee Health

3

IN

OUTMgmt/Staff;knowledge,responsibilities&reporting

4

IN

OUTProper use of reporting, restriction & exclusion

5

IN

OUTProcedures for responding to vomiting & diarrheal events

Good Hygienic Practices

6

IN

OUTN/OProper eating, tasting, drinking, or tobacco use

7

IN

OUTN/ONo discharge from eyes, nose, & mouth

Preventing Contamination by Hands

8

IN

OUTN/OHands clean & properly washed

9

IN

OUTN/AN/ONo bare hand contact with RTE foods or pre-approved alternate pprocedure properly followed

10

IN

OUTAdequate handwashing sinks supplied/accessible

Approved Source

11

IN

OUTFood obtained from approved source

12INOUTN/AN/OFood received at proper temperature

13

IN

OUTFood in good condition, safe, & unadulterated

14INOUTN/AN/OREquired records available; shellstock tags, parasite destruction

Protection from Contamination

15

IN

OUTN/AN/OFood separated and protected

16

IN

OUTN/AFood contact surfaces: cleaned & sanitized

17

IN

OUTProper disposition of returned, previously served, reconditioned, & unsafe food

Compliance Status

COS

R

Time/Temperature Control for Safety

18INOUTN/AN/OProper cooking time & temperature

19INOUTN/AN/OProper reheating procedures for hot holding

20INOUTN/AN/OProper cooling time & temperature

21INOUTN/AN/OProper hot holding temperatures

22

IN

OUTN/AFood in good condition, safe, & unadulterated

23INOUTN/AN/OProper date marking & disposition

24INOUTN/AN/OTime as a public health control: procedures & records

Consumer Advisory

25INOUTN/AConsumer advisory provided for raw/undercooked food

Highly Susceptible Populations

26

IN

OUTN/AFood in good condition, safe, & unadulterated

Food and Color Additives and Toxic Substances

27INOUTN/AFood additives: approved & properly used

28

IN

OUTToxic substances properly identified, stored, & used

Conformance with Approved Procedures

29INOUTN/ACompliance with variance/specialized process/HACCP

Risk factors (RF) are improper practices or proceeedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions (PHI) are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is not in compliance

Mark "X" in appropriate box for COS and/or R

COS=corrected on-site during inspection

R= repeat violation

COS

R

Safe Food and Water

30

IN

OUTN/APasteurized eggs used where required

31Water & ice obtained from an approved source

32INOUTN/AVariance obtained for specialized processing methods

Food Temperature Control

33Proper cooling methods used; adequate equipment for temperature control

34INOUTN/AN/OPlant food properly cooked for hot holding

35INOUTN/AN/OProper cooling time & temperature

36Thermometers provided & accurate

Food Identification

37Food properly labled; original container

Prevention of Food Contamination

38Insects, rodents, & animals not present

39Contamination prevented during food prep, storage & display

40Personal cleanliness

41Wiping cloths: properly used & stored

42Washing fruits & vegetables

COS

R

Proper Use of Utensils

43In-use utensils: properly stored

44Utensils, equipment & linens: properly stored, dried, & handled

45Single-use/single service articles: properly stored & used

46Gloves used properly

Utensil Equipment and Vending

47Food & non-food contact surfaces cleanable, properly designed, constructed, & used

48Warewashing facilities: installed, maintained, & used; test strips

49Non-food contact surfaces clean

Physical Facilities

50Hot & cold water available; adequate pressure

51Plumbing installed; proper backflow devices

52Sewage & waste water properly disposed

53Toilet facilities: properly constructed, supplied, & cleaned

54Garbage & refuse properly disposed; facilities maintained

55Physical facilities installed, maintained, & clean

56Adequate ventilation & lighting; designated areas used

57Compliance with MCIAA

58Compliance with licensing & plan review

Food Recalls:

Person in Charge (Signature)

Date: 05/30/23

Inspector (Signature)



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

June 30, 2023

Licensee
Carlton Place
813 3rd Street
Atkinson, MN 55718

RE: Project Number(s) SL30694015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on June 1, 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 . . ."

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.

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.

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

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,

A handwritten signature in black ink that reads "Jessica Chenze". The signature is written in a cursive, flowing style.

Jessica Chenze, Supervisor
State Evaluation Team
Email: jessica.chenzie@state.mn.us
Telephone: 218-332-5175 Fax: 651-281-9796

PMB

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30694	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 06/01/2023
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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: SL30694015 On May 30, 2023, through June 1, 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 18 active residents receiving services under the Assisted Living license.	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.		
0 100 SS=F	144G.10 Subdivision 1 License required (a)(1)?Beginning August 1, 2021, no assisted living facility may operate in Minnesota unless it is	0 100			

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

TITLE

(X6) DATE

Minnesota Department of Health

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

Minnesota Department of Health

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0 100	Continued From page 2 This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the owner failed to maintain current licensure to provide assisted living services to 18 residents. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). Findings include: On May 30, 2023, at 9:36 a.m., the surveyor entered the facility and observed the facility license hanging on the wall at the main entrance. The licensee held an Assisted Living License for a capacity of 24 residents and was effective August 1, 2022, and expired April 30, 2023. On May 30, 2023, at 10:30 a.m., during the facility tour with clinical nurse supervisor (CNS)-B stated she was aware the Assisted Living licensee expired April 30, 2023, and stated licensed assisted living director (LALD)-A was aware and was working with the Minnesota Department of Health (MDH) on getting the license renewed. CNS-B confirmed the licensee had 18 residents residing in the Assisted Living receiving services by the licensee. On May 31, 2023, at 7:05 a.m., the surveyor observed unlicensed personnel (ULP)-E administering R1's scheduled morning medications.	0 100			

Minnesota Department of Health

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0 100	Continued From page 3 On March 31, 2023, at 11:51 p.m., p.m., LALD-A confirmed the facility's Assisted Living license expired on April 30, 2023, and stated the application was submitted and fees have been paid; however, there was a hold up on getting one of the licensee's board members fingerprints completed to continue with the licensee renewal process. LALD-A stated she had email communications with MDH regarding the delay and continues to work with MDH until the Assisted Living licensee was renewed. The licensee's Assisted Living License and Posting policy date August 1, 2021, indicated the licensee would maintain a current Assisted Living License issued by the Minnesota Department of Health. The licensee would submit an annual license renewal request to Minnesota Department of Health at least 30 days before the expiration of the current license. The issue license would be posted at the main entrance of the facility. No further information provided. TIME PERIOD OF CORRECTION: Twenty-one (21) Days	0 100			
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: (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:	0 480			

Minnesota Department of Health

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0 480	Continued From page 4 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 May 30, 20023, for the specific Minnesota Food Code deficiencies. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 480			
0 630 SS=F	144G.42 Subd. 6 (b) Compliance with requirements for reporting ma (b) The facility must develop and implement an individual abuse prevention plan for each vulnerable adult. The plan shall contain an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults; the person's risk of abusing other vulnerable adults; and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. For purposes of the abuse prevention plan, abuse includes self-abuse.	0 630			

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0 630	Continued From page 5 This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure an individual abuse prevention plan (IAPP) was developed to include all the required content for two of two (R1, R2) residents. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, 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: R1's diagnoses included high blood pressure, atrial fibrillation (irregular heartbeat), chronic kidney disease, and congestive heart failure. R1's Service Plan dated July 29, 2021, included medication management, bathing assistance, weight monitoring, assistance with compression stockings, meals, housekeeping, laundry, and safety checks. On May 30, 2023, at 1:42 p.m., the surveyor observed unlicensed personnel (ULP)-D administer R1's afternoon medications. R2's diagnosis included mild cognitive impairment. R2's Service Plan dated October 13, 2022, included medication management, bathing assist,	0 630			

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0 630	Continued From page 6 meals, laundry, housekeeping, and safety checks. R1 and R2's Vulnerability Assessment/Abuse Prevention Plan dated August 19, 2020, and October 13, 2022, respectively, identified areas of vulnerabilities with interventions; however, lacked a review of R1 and R2's susceptibility to abuse by another individual and the risk of self-abuse. On June 1, 2023, at 10:28 a.m., clinical nurse supervisor (CNS)-B confirmed R1 and R2's IAPP did not assess R1 and R2's susceptibility to abuse by another individual and the risk of self-abuse. CNS-B stated all of the Vulnerability Assessments/Abuse Prevention Plans were the same for all residents. The licensee's Individual Abuse Prevention Plan dated August 1, 2021, the licensee would develop and implement an IAPP for each vulnerable adult. The plan would contain an individualized review or assessment of the person's susceptibility to abuse by another individual, including: -other vulnerable adults; -the person's risk of abusing other vulnerable adult; 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. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 630			

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0 650	Continued From page 7	0 650			
0 650 SS=E	144G.42 Subd. 8 Employee records (a) The facility must maintain current records of each paid employee, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following information: (1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules; (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision; (4) documentation of annual performance reviews that identify areas of improvement needed and training needs; (5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and (6) documentation of the background study as required under section 144.057. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure employee records contained the required content for three of three employees (clinical nurse supervisor (CNS)-B), unlicensed personnel (ULP)-D, ULP-E). 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	0 650			

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0 650	Continued From page 8 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: CNS-B CNS-B had a start date of January 17, 2013, to provide and supervise direct care services to the licensee's residents. CNS-B's employee record lacked an annual performance review for 2023, identifying areas of improvement needed and training needs. ULP-D ULP-D had a start date of June 7, 2022, to provide direct care under the licensee's assisted living license. On May 30, 2023, at 1:42 p.m., the surveyor observed ULP-D administering R1's scheduled afternoon medications. ULP-D's employee record lacked documentation of the following competency evaluations: -care of teeth, gums, and oral prosthetic devices; -standby assistance techniques and how to perform them; -reading and recording temperature, pulse, and respirations of the client; -safe transfer techniques and ambulation; -range of motioning and positioning; and -other RN/professionally delegated tasks(i.e., monitoring vital signs, catheter or stoma care, Broda chair, mechanical lifts).	0 650			

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0 650	Continued From page 9 ULP-E ULP-E had a start date of August 18, 1989, to provide direct care under the licensee's assisted living license. On May 31, 2023, at 8:07 a.m., the surveyor observed ULP-E administering R4's scheduled morning medications. ULP-E's record lacked documentation of an annual performance review identifying areas of improvement needed and training needs. On May 31, 2023, at 11:34 a.m., administrative assistant (AA)-G stated he was responsible for maintaining employee records. AA-G stated he was unable to locate ULP-D's entire employee record. AA-G stated employee records consisted of three different folders and ULP-D's folder of training and competency evaluations were missing from her employee record. On May 31, 2023, at 11:56 a.m., AA-G stated CNS-B did not have a current annual performance review and last performance review was from a different position in 2010. AA-G further stated they were behind on completing annual performance reviews for employees. On May 31, 2023, at 12:06 p.m., the surveyor completed an interview with ULP-D over the phone. ULP-D stated she completed training and had to demonstrate competency to CNS-B before she was able to administer medications to residents. On June 1, 2023, at 8:42 a.m., CNS-B provided the surveyor with ULP-E's additional employee documents and stated ULP-E did not have a current annual performance review completed for	0 650			

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0 650	Continued From page 10 2023, and she was behind on completing performance reviews. On June 1, 2023, at 9:40 a.m., the surveyor reviewed ULP-D's employee records with CNS-B and CNS-B confirmed ULP-D's employee record lacked documentation the required competency evaluations were completed noted above. CNS-B stated ULP-D's competency training's were competed; however, they were unable to locate the documentation the competency evaluations were completed. The licensee's Employee Records policy dated August 1, 2021, indicated employee records would be kept up-to-date and include: -records of all training and in-service education required and/or provided including record of competency testing as required; and -documentation of annual performance reviews that identify areas of improvement needed and training needs. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 650			
0 700 SS=F	144G.43 Subdivision 1 Resident record (b) Resident records, whether written or electronic, must be protected against loss, tampering, or unauthorized disclosure in compliance with chapter 13 and other applicable relevant federal and state laws. The facility shall establish and implement written procedures to control use, storage, and security of resident records and establish criteria for release of resident information.	0 700			

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0 700	Continued From page 11 This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure resident's personal health and medical information was protected and kept private. This had the potential to affect all 18 residents. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: On May 30, 2023, from 10:30 a.m., through 2:52 p.m., the surveyor had several observations of the nursing office door being propped open and left unattended, binders of resident records stored on an open shelf hanging on the wall. On May 30, 2023, at 2:53 p.m., clinical nurse supervisor (CNS)-B and the surveyor observed the nursing office door propped open, no staff present, and resident records being unprotected. CNS-B stated the nursing office door should either be closed and locked, or staff need to be present while the door was opened. The licensee's Resident Record-Access and Storage dated August 1, 2021, indicated resident records would be kept confidential and locked in a secured in an area only authorized by staff. No further information was provided.	0 700			

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0 700	Continued From page 12	0 700			
	TIME PERIOD FOR CORRECTION: Twenty-One (21) days				
0 800 SS=D	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain the facility's physical environment in a continuous state of good repair and operation regarding the health, safety, and well-being of the residents. This had the potential to directly affect a limited number of 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 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). Findings include: On a facility tour on May 30, 2023, at approximately 11:30 a.m. with maintenance (M)-C	0 800			

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0 800	Continued From page 13 it was observed that the smoke alarm did not operate in the corner bedroom of 2-bedroom unit 117. Smoke alarms are required to be operational and maintained according to the manufacturer's installation instructions. This deficient condition was visually verified by M-C accompanying on the tour. TIME PERIOD FOR CORRECTION: Seven (7) days	0 800			
0 810 SS=F	144G.45 Subd. 2 (b)-(f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) employee actions to be taken in the event of 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	0 810			

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0 810	Continued From page 14 training shall be made available to residents at least once per year. (f) Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill. This MN Requirement is not met as evidenced by: Based on record review and interview, the licensee failed to maintain the facility's fire safety and evacuation plan with required elements. 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) 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). Findings include: A record review of available documentation and interview were conducted on May 30, 2023, at approximately 10:30 a.m. of documents provided by clinical nurse supervisor (CNS)-B and maintenance (M)-C on the fire safety and evacuation plan, fire safety and evacuation training, and evacuation drills for the facility. Record review of the available documentation indicated that employees did not receive training on the facility fire safety and evacuation plan	0 810			

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0 810	Continued From page 15 upon initial hire and twice per year thereafter. Employee training on the fire safety and evacuation plan is required to be conducted and documented separately from fire evacuation drills. All deficiencies were verified by CNS-B and M-C during the interview at approximately 12:30 p.m. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810			
01290 SS=F	144G.60 Subdivision 1 Background studies required (a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information. (b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12. (c) Termination of an employee in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure a background study was submitted and clearance was received in affiliation with the assisted living license for one of three employees (unlicensed personnel (ULP)-D).	01290			

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01290	Continued From page 16 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: ULP-D ULP-D had a start date on June 7, 2022, to provide direct care under the assisted living licensee. On May 30, 2023, at 1:42 p.m., the surveyor observed ULP-D administering R1's scheduled afternoon medications. ULP-D's employee record contained a background study clearance, affiliated with the licensee's skilled nursing facility (SNF) dated June 1, 2022. On May 31, 2023, at 12:09 p.m., licensed assisted living director (LALD)-A reviewed ULP-D's background study and stated it was affiliated with the licensee's (SNF) and not the assisted living as required. The licensee's Background Studies policy dated August 1, 2021, indicated upon hire, the licensee would conduct a Minnesota Department of Human Services (DHS) Background Study using the MN DHS NetStudy online program on all employees, volunteers and contractors who have or would have direct contact with the licensee's residents.	01290			

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01290	Continued From page 17 No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) day	01290			
01370 SS=D	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: (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	01370			

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01370	Continued From page 18 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 observation, interview and record review, the licensee failed to ensure training and competency evaluations included all the required training for one of one (unlicensed personnel (ULP)-D). 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 had a start date of June 7, 2022, to provide direct care under the licensee's assisted living license. On May 30, 2023, at 1:42 p.m., the surveyor observed ULP-D administering R1's scheduled afternoon medications. ULP-D's employee record lacked R1 received the following training and competency evaluations: -preparation of modified diets as ordered by the licenses health professional; -communication skills that include preserving the	01370			

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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
01370	Continued From page 19 dignity the client and showing respect for the client and the client's preferences, cultural background, and family; -understanding appropriate boundaries between staff and clients and the client's family; and -awareness of commonly used health technology equipment and assisted devices. On June 1, 2023, at 9:40 a.m., the surveyor reviewed ULP-D's employee records with clinical nurse supervisor (CNS)-B and CNS-B stated ULP-D's employee record indicated R1's did not complete the required training noted above. The licensee's Competency Training Evaluations policy dated August 1, 2021, indicated prior to delegation of services the licensee must make certain the ULP was trained in proper methods to perform the tasks or procedures for each client and are able to demonstrate the ability to competently follow the procedures and perform the tasks. Training and competency evaluations for all ULPs would include: --preparation of modified diets as ordered by the licenses health professional; -communication skills that include preserving the dignity the client and showing respect for the client and the client's preferences, cultural background, and family; -understanding appropriate boundaries between staff and clients and the client's family; and -awareness of commonly used health technology equipment and assisted devices. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01370			

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01470	Continued From page 20	01470			
01470 SS=D	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 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	01470			

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01470	Continued From page 21 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, 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 observation, interview and record review, the licensee failed to ensure one of one employee, unlicensed personnel (ULP)-D's employee record contained orientation to assisted living facility licensing to include all the required topics. 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-E had a start date of June 7, 2022, to	01470			

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01470	Continued From page 22 provide direct care under the licensee's assisted living license. On May 30, 2023, at 1:42 p.m., the surveyor observed ULP-D administering R1's scheduled afternoon medications. ULP-D's employee record lacked evidence of completing the following assisted living orientation 144G requirement topics before providing assisted living services to the licensee's residents: - the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person On June 1, 2023, at 9:40 a.m., the surveyor reviewed ULP-D's employee records with clinical nurse supervisor (CNS)-B and CNS-B stated ULP-D's employee record or training transcripts did not include documentation R1 completed the required training noted above. The licensee's Orientation of Staff and Supervisors and Content dated August 1, 2021, indicated all staff of the licensee providing and supervising direct services must complete and orientation to Assisted Living licensing requirements and regulations before providing assisted living services to resident to include: -principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01470			

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01750	Continued From page 23	01750			
01750 SS=D	144G.71 Subd. 7 Delegation of medication administration When administration of medications is delegated to unlicensed personnel, the assisted living facility must ensure that the registered nurse has: (1) instructed the unlicensed personnel in the proper methods to administer the medications, and the unlicensed personnel has demonstrated the ability to competently follow the procedures; (2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's records; and (3) communicated with the unlicensed personnel about the individual needs of the resident. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure specific instructions were in the resident record related to administering medications according to manufacturer's instructions for one of two residents (R1). 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: R1's diagnoses included high blood pressure, atrial fibrillation (irregular heartbeat), chronic kidney disease, and congestive heart failure.	01750			

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01750	Continued From page 24 R1's Service Plan dated July 29, 2021, indicated R1 services included medication management. R1's prescriber orders dated February 16, 2023, included Albuterol Sulfate HFA 108 micrograms (mcg) inhale two (2) puffs by mouth three (3) times a day for difficulty breathing. R1's May 2023, medication administration record (MAR) indicated R1 received Albuterol Sulfate HFA inhaler Advair 108 mcg inhale two (2) puffs three times a day for difficulty breathing. R1's MAR lacked specific written instructions for the use of the inhaler to include: to shake the inhaler, instruct the resident to take a breath and let it out, begin to breathe in slowly, and then compress the inhaler to release the medication. Hold breath for 5-10 seconds to allow medication to reach deeply into lungs. Wait at least one (1) minute in between puffs of same medication. On May 30, 2023, at 1:42 p.m., the surveyor observed unlicensed personnel (ULP)-D administer R1's Albuterol inhaler. ULP-D instructed R1 to take a deep breath in on the count of three, hold breath for three seconds and release. ULP-D immediately administered the second puff of the inhaler and did not wait one minute in between puffs. ULP-D did not instruct R1 to rinse mouth after the use of the inhaler. Immediately following the medication administration, ULP-D documented in R1's MAR medications administered. ULP-D stated she did not instruct R1 to rinse her mouth after the use of the inhaler, and R1's record did not include written instructions on inhaler administration. On May 31, 2023, at 7:05 a.m., the surveyor observed unlicensed personnel (ULP)-E	01750			

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01750	Continued From page 25 administer R1's Albuterol inhaler. ULP-E shook the inhaler and administered one puff directly into R1's mouth and R1 immediately exhaled the medication. ULP-E administered R1's medications then proceeded to administer the second puff of the inhaler into R1's mouth. ULP-E did not instruct R1 to inhale during each administration of the medication, hold breath, or instruct R1 to rinse out her mouth after the administration of the inhaler. After the administration of R1's inhaler, ULP-E reviewed R1's MAR and stated R1's record did not include instructions for R1 hold her breath after each puff, wait in one minute in between puffs or rinse mouth after use of the inhaler. On May 31, 2023, at 7:27 p.m., clinical nurse supervisor (CNS)-B stated when administering inhalers, staff were expected to shake the inhaler, instruct resident to inhale during the administration of the inhaler, hold breath for a few seconds then exhale, wait one minute in between puffs and rinse mouth after use. CNS-B stated R1's MAR did not include written instructions on the use of the inhaler and should be included on R1's MAR. The licensee's Delegation of Assisted Living Services policy dated August 1, 2021, indicated when medication management is delegated to a ULP, the RN would, specify, in writing, specific instructions for each resident and document those instructions in the resident records. The licensee's Inhaler policy dated August 1, 2021, indicated to remove cap from mouthpiece, shake the inhaler for 5-10 seconds, position inhaler upside down with mouthpiece on the bottom. Place the resident in an upright position and tilt the head back slightly and breathe out.	01750			

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01750	Continued From page 26 Instruct the resident to the number of puffs ordered and to close their mouth around the mouthpiece. Instruct the resident to take a breath and let it out, begin to breathe in slowly, and then compress the inhaler to release the medication. Hold breath for 5-10 seconds to allow medication to reach deeply into lungs. Wait at least one (1) minute in between puffs of same medication. Provide resident the opportunity to rinse out mouth. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01750			
01910 SS=D	144G.71 Subd. 22 Disposition of medications (a) Any current medications being managed by the assisted living facility must be provided to the resident when the resident's service plan ends or medication management services are no longer part of the service plan. Medications for a resident who is deceased or that have been discontinued or have expired may be provided for disposal. (b) The facility shall dispose of any medications remaining with the facility that are discontinued or expired or upon the termination of the service contract or the resident's death according to state and federal regulations for disposition of medications and controlled substances. (c) Upon disposition, the facility must document in the resident's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition.	01910			

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01910	Continued From page 27 This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to document in the resident's record the required content on disposition of the medications for one of one resident (R3) upon discharge. 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 discharged on May 11, 2023. R3's May 2023, Medication Administration Record indicated R3 received the following medications: -acetaminophen (pain reliever) 500 milligrams (mg) two tablets daily; -atorvastatin calcium (used to treat high cholesterol) 20 mg one tablet at hour of sleep (hs); -calcium carbonate/vitamin D (supplements) 600/200 mg one tablet daily; -carbidopa-levodopa (used to treat Parkinson's disease) 25/100 mg one tablet daily; -citalopram hydrobromide (used to treat mood disorders and anxiety) 20 mg one tablet daily; -Claritin (used to treat allergy symptoms) 10 mg one tablet daily; -Lasix (used to treat fluid retention) 20 mg one tablet daily;	01910			

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01910	Continued From page 28 -losartan potassium (used to treat high blood pressure) 100 mg one tablet daily; -melatonin (used to treat sleep disorders) 3 mg one tablet at bedtime -myrbetriq (used to treat overactive bladder) extended release 5 mg one table daily; -potassium chloride (supplement) 20 mEq one tablet daily; -spironolactone (used to treat high blood pressure) 25 mg one tablet daily; and -vitamin D (supplement) 1000 units (u) tablet daily. R3's Discharge Summary dated May 11, 2023, indicated R3 received meals, shower assistance, medication set up, applying and removing compression stockings, laundry and housekeeping. R3's Discharge Summary indicated the licensee would send R3's current medication to the skilled nursing facility (SNF) and dispose of the remaining medications in the Rx Destroyer (a liquid solution used to dissolve medications); however, the summary lacked a list of the medications sent with R3 and medications the licensee destroyed to include: -the name of the medication; -the prescription number; -strength; -quantity disposed; -to whom the medications were given to; and -and names of staff and individuals involved in the disposition. On May 31, 2023, p.m., at 8:42 a.m., clinical nurse supervisor (CNS)-B stated R3 was discharged to the attached SNF after a hospitalization stay and R3's current medications were sent to the SNF and the medications R3's was not taking were destroyed in the Rx Destroyer. CNS-B stated there was no	01910			

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01910	Continued From page 29 documentation in R3's record of the disposition of R3's medications sent to the SNF and the medications destroyed by the licensee. The licensee's Disposition or Disposal of Medications policy dated August 1, 2023, indicated upon disposition, the facility must document in the resident's record the disposition of the expired medication including the medication's name, strength, prescription number as applicable, quantity, date of disposition, and names of staff (including a witness) and other individuals involved in the disposition. A copy of the destruction record will be kept of file at the facility for two (2) years. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01910			
01950 SS=D	144G.72 Subd. 4 Administration of treatments and therapy Ordered or prescribed treatments or therapies must be administered by a nurse, physician, or other licensed health professional authorized to perform the treatment or therapy, or may be delegated or assigned to unlicensed personnel by the licensed health professional according to the appropriate practice standards for delegation or assignment. When administration of a treatment or therapy is delegated or assigned to unlicensed personnel, the facility must ensure that the registered nurse or authorized licensed health professional has: (1) instructed the unlicensed personnel in the proper methods with respect to each resident and the unlicensed personnel has demonstrated the	01950			

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01950	Continued From page 30 ability to competently follow the procedures; (2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's record; and This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure instructions, specified in writing, for each resident and documented those instructions in the resident's record for one of one resident (R1) who received weight monitoring. 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: R1's diagnoses included high blood pressure, atrial fibrillation (irregular heart beat), chronic kidney disease, and congestive heart failure. R1's prescriber orders dated February 26, 2023, included daily weight before breakfast. R1's Treatment/Therapy Management Plan dated April 1, 2021, indicated R1 received daily weight monitoring. R1's Treatment Administration Record (TAR) dated May 1, 2022, through May 31, 2023, directed to ensure R1's weight was obtained before breakfast and observe for weighing herself	01950			

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01950	Continued From page 31 properly daily. R1's record lacked specific written instructions for monitoring R1's weight to include written instructions on how to use R1's weight monitoring device provided by the heart center. On May 31, 2023, at 1:20 p.m., the clinical nurse supervisor (CNS)-B stated R1's record did not include specific instructions with regards to the use of R1's scale and monitoring system. CNS-B stated R1's weight was being monitored by the heart center with the use of an electronic device the ULPs used to answer specific health condition questions about R1 and enter R1's weight. The licensee's Treatment and Therapy Management Plan dated August 1, 2021, indicated the licensee would develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following: -documentation of specific resident instructions relating to the treatments or therapy administration; and -any resident-specific requirements relating to documentation of treatment and therapy received. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01950			