STATE LICENSING COMPLIANCE REPORT

Report #: HL200259839C

Date Concluded: September 25, 2023

Name, Address, and County of Facility Investigated:
Beacon Hill Assisted Living
5300 Beacon Hill Road
Minnetonka, MN 55345
Hennepin County

Facility Type: Assisted Living Facility (ALF)

Evaluator's Name: Michele Larson,
Special Investigator

The Minnesota Department of Health conducted a complaint investigation to determine compliance with state laws and rules governing the provision of care under Minnesota Statutes, Chapter 144G. The purpose of this complaint investigation was to review if facility policies and practices comply with applicable laws and rules. No maltreatment under Minnesota Statutes, Chapter 626 was alleged.

To view a copy of the correction orders, if any, please visit:
https://www.health.state.mn.us/facilities/regulation/directory/provcompselect.html, or call 651-201-4201 to be provided a copy via mail or email. If you are viewing this report on the MDH website, please see the attached state form.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	20025	A. BUILDING: _____ B. WING _____	C 08/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEACON HILL	5300 BEACON HILL ROAD MINNETONKA, MN 55345

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments ******ATTENTION****** ASSISTED LIVING PROVIDER CORRECTION ORDER In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a complaint investigation. Determination of whether a violation is corrected requires compliance with all requirements provided at the statute number indicated below. When a Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: #HL200259839C On August 31, 2023, the Minnesota Department of Health conducted a complaint investigation at the above provider, and the following correction order is issued. At the time of the complaint investigation, there were 38 residents receiving services under the provider's Assisted Living license. The following correction order is issued for #HL200259839C, tag identification 470.	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 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 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 evaluators' 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 SUBDIVISION 1-3.	
0 470 SS=F	144G.41 Subdivision 1 Minimum requirements (11) develop and implement a staffing plan for	0 470		

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0 470	Continued From page 1 determining its staffing level that: (i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility; (ii) ensures sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; and (iii) ensures that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility; (12) ensure that one or more persons are available 24 hours per day, seven days per week, who are responsible for responding to the requests of residents for assistance with health or safety needs. Such persons must be: (i) awake; (ii) located in the same building, in an attached building, or on a contiguous campus with the facility in order to respond within a reasonable amount of time; (iii) capable of communicating with residents; (iv) capable of providing or summoning the appropriate assistance; and (v) capable of following directions; This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure they had sufficient staff to meet the scheduled needs of four of four (R1, R2, R3, R4) resident's reviewed The licensee's facility staffed one unlicensed personnel (ULP) during hours from 11:00 p.m. until 7:00 a.m. The licensee utilized the local fire department to provide lift assistance for residents who had unwitnessed falls during the overnight shift. The facility failure to staff ULP's sufficient in numbers	0 470		

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0 470	Continued From page 2 on the night shift, had the potential to affect all 38 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 the potential to affect a large portion or all of the residents). The findings include: Minnesota Rule 4659.0180, Subpart 5, indicates a minimum of two direct-care staff must be scheduled and available to assist at all times whenever a resident requires the assistance of two direct-care staff for scheduled and reasonably foreseeable and unscheduled needs, as reflected in the resident's assessments and service plans. On August 31, 2023, at 6:30 a.m., the investigator entered the licensee's facility. The facility had three floors with a total of 50 available beds. ULP-A stated she was the only scheduled ULP who worked the overnight shift from 11:00 p.m. to 7:00 a.m. During the entrance conference on August 31, 2023, at 8:10 a.m., licensed assisted living director (LALD)-B stated 38 residents resided in the facility. LALD-B stated there were three ULP's who worked morning shift (7:00 a.m.-3:00 p.m.), three ULP's who worked evening shift (3:00 p.m.-11:00 p.m.), and one ULP who worked the overnight shift (11:00 p.m.-7:00 a.m.). LALD-B stated the facility used a full mechanical sling lift	0 470		

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0 470	Continued From page 3 (Hoyer) to assist residents off the floor after an unwitnessed fall. LALD-B stated the facility averaged around two calls per month to the fire department for lift assistance during the overnight shift. R1 R1's record was reviewed. R1 admitted to the licensee's facility on August 18, 2021. R1's diagnoses included difficulty walking and muscle weakness. R1 was unable to walk and required frequent support and observation. R1's service plan dated February 17, 2023, indicated R1 required total assistance with personal cares, transfers, mobility, medication management, and toileting. R1's progress note dated March 22, 2023, at 10:38 a.m., indicated R1 required two staff to assist her with transfers due to increased fatigue and weakness. A two-person lift assist was added to R1's service plan until R1 regained her strength. R1's assessment dated April 25, 2023, indicated R1 had two falls within the past 90 days. R1's individual abuse prevention plan (IAPP) dated April 25, 2023, indicated R1 needed someone to push her wheelchair and assist with all transfers, and required the assist of two staff when she was weaker. R1 was unable to evacuate the facility without two staff assistance. R2 R2's record was reviewed. R2 admitted to the licensee's facility on March 18, 2023. R2's diagnoses included left-sided weakness due to a stroke. R2 used a four-wheeled walker for	0 470		

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0 470	Continued From page 4 mobility. R2's progress note dated May 23, 2023, at 3:33 a.m., indicated R2 was found on the floor by her bed. The ULP was instructed to follow facility's fall protocol for unwitnessed fall and assist the resident using a full mechanical sling lift. R2's incident report dated May 23, 2023, at 3:00 a.m., indicated R2 fell inside her apartment. The overnight ULP called 911 for lift assist. R2's assessment dated June 20, 2023, indicated R2 had three falls within the past 90 days. R2's IAPP dated June 20, 2023, indicated R2 was unable to evacuate the facility without staff assistance, and required verbal and physical cueing and direction to evacuate safely. R2's service plan dated June 26, 2023, indicated R2 required staff assistance with toileting, escorts, personal cares, and medication management. R3 R3's record was reviewed. R3 admitted to the licensee's facility on December 11, 2019. R3's diagnoses included repeated falls. R3's IAPP dated July 6, 2023, indicated R3 fell eight times within the past 90 days. R3 was unable to evacuate the facility without staff assistance. R3's assessment dated July 6, 2023, indicated R3 had eight falls within the past 90 days. R3 was unsteady, shaky, and shuffled when he walked. R3's care plan dated July 6, 2023, indicated R3	0 470		

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0 470	Continued From page 5 used a manual wheelchair. R3 required full staff assistance with wheelchair mobility due to multiple falls and unsteady gait. R4 R4's record was reviewed. R4 admitted to the licensee's facility on July 17, 2019. R4's diagnoses included difficulty walking. R4 was unable to walk and required frequent support and observation. R4 used a wheelchair for mobility. R4's assessment dated June 16, 2023, indicated R4 had one fall within the past 90 days. R4 required toileting assistance at 2:00 a.m. R4's IAPP dated June 16, 2023, indicated R4 was unable to evacuate the facility without staff assistance. R4 required assistance to get into her wheelchair and to propel her wheelchair. R4's legs were not able to support her weight. R4's service plan dated June 16, 2023, indicated R4 required full staff assistance with personal cares, transfers, mobility, medication management, and toileting. On August 31, 2023, at 12:15 p.m., R4 stated she called for staff assistance two times per week during the overnight shift. R4 stated transferring from her wheelchair to the toilet was difficult. R4 stated it took longer for staff to respond to her calls during the night. On August 31, 2023, at 10:45 a.m., LALD-B stated he overstaffed shifts based upon the facility's staffing plan and resident acuity level. LALD-B stated facility staff were directed to use the mechanical sling lift to lift the resident from the floor for all resident falls during the night.	0 470		

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0 470	Continued From page 6 Review of the fire department's reports regarding calls from the licensee's facility indicated between January 1, 2023, and August 31, 2023, the fire department responded to several calls for lift assistance during the overnight shifts due to one staff person scheduled. The licensee's policy titled Minnesota Assisted Living Direct Care Staffing Plan, dated August 12, 2021, indicated the licensee's purpose was to provide an adequate number of qualified direct-care staff to meet residents' needs 24-hours a day, seven days a week. Licensee's sites licensed as assisted living or assisted living with dementia care in Minnesota, the clinical administrator, and the licensed assisted living director (LALD) were accountable for the implementation of the staffing plan. From the hours of 10:00 p.m. to 6:00 a.m., direct-care staff would respond to a resident request for assistance with health or safety needs within a reasonable amount of time. A minimum of two direct-care staff would be scheduled and available to always assist whenever the service plan indicated a resident required the assistance of two. TIME PERIOD TO CORRECT: Seven (7) days.	0 470		