STATE LICENSING COMPLIANCE REPORT

Report #: HL311399742C

Date Concluded: October 23, 2023

Name, Address, and County of Facility Investigated:
Cedar Ridge Place
7115 Wayzata Boulevard
St. Louis Park, MN 55426
Hennepin County

Facility Type: Assisted Living Facility with Dementia Care (ALFDC)

Evaluator's Name: Peggy Boeck, RN
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
	31139	A. BUILDING: _____ B. WING _____	C 10/18/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDAR RIDGE PLACE	7115 WAYZATA BOULEVARD SAINT LOUIS PARK, MN 55426

(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, this correction order is 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: #HL311399742C On October 18, 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 17 residents receiving services under the provider's Assisted Living with Dementia Care license. The following correction order is issued for #HL311399742C tag identification 0680.	0 000		
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness (a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies	0 680		

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0 680	Continued From page 1 temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by: Based on interview and document review, the licensee failed to ensure they had completed a written Emergency Preparedness Plan (EPP) with all required content. This had the potential to affect all current residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and 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). Findings include:	0 680	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.	

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0 680	Continued From page 2 During an interview on October 18, 2023, at 11:00 a.m. unlicensed personnel (ULP)-C stated he did not know the location of the licensee's EPP. During an interview on October 18, 2023, at 12:30 p.m. ULP-E stated she did not know what the EPP was or where to find it. During an interview on October 18, 2023, at 1:00 p.m. registered nurse (RN)-B and director of clinical (DC)-F stated the licensee was working on their EPP and confirmed the licensee's EPP lacked the following required content: -documentation/completion of annual review of the EPP -up-to-date staff roles, succession planning, and delegation of authority documentation -identification of a qualified person to act in the absence of the administrator -policy/procedure for supplies (food, water, medical supplies, pharmaceutical supplies) identified, including supplies for transporting refrigerated medications, supplies used for resident identification as noted in the licensee's EPP -policy/procedure for a system to track the location of on-duty staff and residents -policy/procedure to address safe evacuation from the facility including consideration of care/treatment needs of residents, staff responsibilities, a transportation plan, identification of evacuation location(s), primary/alternate communication means with external sources of assistance -development of arrangements with other facilities/providers to receive residents in the event of limitations/cessation	0 680	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.	

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0 680	Continued From page 3 of operations of the facility -identification of a transportation plan/resources with written agreements -updated communication plan (to include names and contact information of all staff, entities providing services under agreement, resident's physicians, resident's families or representatives, other facilities, volunteers, and the Minnesota Office of Ombudsman for Long Term Care) and documentation of annual review of the communication plan -a method for sharing information and medical documentation for residents -a means to release resident information -a means of providing information about the general condition and location of residents In addition, the licensee failed to post the EPP prominently as required. TIME PERIOD FOR CORRECTION: Seven (7) Days	0 680		