



STATE LICENSING COMPLIANCE REPORT

Report #: HL366308442C

Date Concluded: November 8, 2024

Name, Address, and County of Facility

Investigated:

Royal Age Assisted Living LLC
7047 Goodview Ave South
Cottage Grove, MN 55016
Washington County

Facility Type: Assisted Living Facility (ALF)

Evaluator's Name:

Lisa Coil, RN, BSN, 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, 144G (ALL). 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.

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36630	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/05/2024
NAME OF PROVIDER OR SUPPLIER ROYAL AGE ASSISTED LIVING LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 7047 GOODVIEW AVENUE SOUTH COTTAGE GROVE, MN 55016		
(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: #HL366308442C On November 5, 2024, the Minnesota Department of Health conducted a complaint investigation at the above provider, and the following correction orders are issued. At the time of the complaint investigation, there were 4 residents receiving services under the provider ' s Assisted Living license. The following correction order is issued/orders are issued for #HL366308442C , tag identification 0830.	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.		

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36630	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/05/2024
NAME OF PROVIDER OR SUPPLIER ROYAL AGE ASSISTED LIVING LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 7047 GOODVIEW AVENUE SOUTH COTTAGE GROVE, MN 55016		
(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
0 830	Continued From page 1	0 830			
0 830 SS=F	144G.45 Subd. 3 Local laws apply Assisted living facilities shall comply with all applicable state and local governing laws, regulations, standards, ordinances, and codes for fire safety, building, and zoning requirements. This MN Requirement is not met as evidenced by: Assisted living facilities must comply with all applicable state and local governing laws, regulations, standards, ordinances, and codes for fire safety and building requirements. Based on observation, interview, and record review, the licensee failed to obtain the required building permit from the local Building Official. 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: On November 5, 2024, at 2:40 p.m., survey staff toured the facility with Licensed Assisted Living Director (LALD)-A and registered nurse (RN)-B. During the facility tour, survey staff observed a room in the basement which was under construction. Three back walls were encased with shower walls, there was no sink or toilet. Near the shower area, there was a black plastic pipe coming out of the wall curved down towards the floor. There was a second pipe coming out of the	0 830			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36630	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/05/2024
NAME OF PROVIDER OR SUPPLIER ROYAL AGE ASSISTED LIVING LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 7047 GOODVIEW AVENUE SOUTH COTTAGE GROVE, MN 55016		
(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
0 830	Continued From page 2 floor curved up towards the one coming out of the wall. The two pipes were not connected and did not have caps on them. Both pipes had jagged cut lines on them. During an interview on November 5, 2024, at 2:50 p.m., LALD-A stated they started renovating the bathroom prior to turning the home into an assisted living facility and never finished it. LALD-A stated the city told him once the home became an assisted living facility, he needed to hire a professional plumber to put covers on the two open pipes. The LALD stated he still needed to hire a plumber to come and do the work. Review of a letter addressed to LALD-A and RN-B, from the City of Cottage Grove's Chief Building Official, dated September 24, 2024, indicated a basement vent, and sink drain were uncapped allowing sewer gases to leak into the home. The letter further indicated several locations of PVC piping were connected to existing ABS pipe which is not allowed per the plumbing code. The letter indicated there was no record of a permit for the basement bathroom plumbing work and requested a plumbing permit application be submitted to the Building Division. The letter indicated the condition must be corrected for the safety of the residence and had a compliance deadline of October 18, 2024. Review of a second letter addressed to LALD-A and RN-B, from the City of Cottage Grove's Chief Building Official, dated October 22, 2024, indicated it was a final warning for unpermitted plumbing work. The base of the letter detailed the same information as the September 24, 2024, letter. This letter indicated the compliance deadline was November 4, 2024, or a criminal citation would be issued.	0 830			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36630	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/05/2024
NAME OF PROVIDER OR SUPPLIER ROYAL AGE ASSISTED LIVING LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 7047 GOODVIEW AVENUE SOUTH COTTAGE GROVE, MN 55016		
(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
0 830	Continued From page 3 During an interview on November 7, 2024, at 10:30 a.m., LALD-A stated he contacted the City of Cottage Grove's Chief Building Official and requested an extension on the compliance deadline. The LALD-A stated he was granted an extension until November 29, 2024. The LALD-A stated he has two plumbers scheduled to come to the home and will be submitting permit application to the city as soon as he chooses a plumber to complete the work. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 830			