



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

August 29, 2024

Licensee
Scandia Capital Partners LLC
1545 Harbor Street
Ogilvie, MN 56358

RE: Project Number(s) SL30706015

Dear Licensee:

On August 6, 2024, the Minnesota Department of Health completed a follow-up survey of your facility to determine if orders were corrected from the July 12, 2023, survey and follow up surveys completed on September 19, 2023; November 21, 2023; February 13, 2024; and May 13, 2024. The August 6, 2024, follow-up survey verified that the facility is back in compliance.

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

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Tim Hanna'.

Tim Hanna, Supervisor
State Engineering Services Section
Health Regulation Division
Email: Tim.Hanna@state.mn.us
Telephone: 507-208-8982 Fax: 1-866-890-9290

JMD



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

July 23, 2024

Licensee

Scandia Capital Partners LLC

1545 Harbor Street

Ogilvie, MN 56358

RE: Project Number(s) SL30706015

Dear Licensee:

On May 13, 2024, the Minnesota Department of Health (MDH) completed a follow-up survey of your facility to determine correction of orders found on the survey completed on July 12, 2023. This follow-up survey determined your facility had not corrected all of the state correction orders issued pursuant to the July 12, 2023 survey.

In accordance with Minn. Stat. § 144G.31 Subd. 4 (a), state correction orders issued pursuant to the last survey, completed on July 12, 2023, found not corrected at the time of the May 13, 2024, follow-up survey and/or subject to penalty assessment are as follows:

0820 - Fire Protection And Physical Environment - 144g.45 Subd. 2 - \$500.00

The details of the violations noted at the time of this follow-up survey completed on May 13, 2024 (listed above), are on the attached State Form. Brackets around the ID Prefix Tag in the left hand column, e.g., {2 ----} will identify the uncorrected tags.

Also, at the time of this follow-up survey completed on May 13, 2024, we identified the following violation(s):

0340 - Correction Orders - 144g.30 Subd. 5 - \$500.00

The details of the violation(s) noted at the time of this follow-up survey are delineated on the attached State Form. Only the ID Prefix Tag in the left hand column without brackets will identify these state correction orders. It is not necessary to develop a plan of correction.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$1,000.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

DOCUMENTATION OF ACTION TO COMPLY

In accordance with Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document actions taken to comply with the correction orders within the time period outlined on the state form; however, plans of correction are not required to be submitted for approval.

IMPOSITION OF FINES:

Level 1: no fines or enforcement.

Level 2: a fine of \$500 per violation, in addition to any enforcement mechanism authorized in §144G.20 for widespread violations;

Level 3: a fine of \$3,000 per violation per incident, in addition to any enforcement mechanism authorized in §144G.20.

Level 4: a fine of \$5,000 per incident, in addition to any enforcement mechanism authorized in §144G.20.

CORRECTION ORDER RECONSIDERATION PROCESS

In accordance with Minn. Stat. § 144G.32, Subd. 2, you may challenge the correction order(s) issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by MDH within 15 calendar days of the correction order receipt date.

A state correction order under Minn. Stat. § 144G.91, Subd. 8, Free from Maltreatment is associated with a maltreatment determination by the Office of Health Facility Complaints. If maltreatment is substantiated, you will receive a separate letter with the reconsideration process under Minn. Stat. § 626.557.

To submit a reconsideration request, please visit:

<https://forms.web.health.state.mn.us/form/HRDAppealsForm>

REQUESTING A HEARING

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

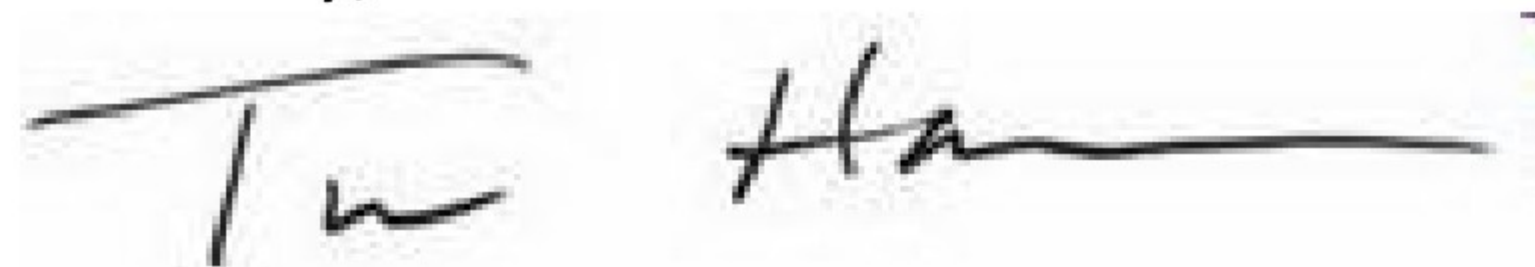
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To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration or a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at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

We urge you to review these orders carefully. If you have questions, please contact Tim Hanna at 507-208-8982.

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

Sincerely,



Tim Hanna, Supervisor
State Engineering Services Section
Email: Tim.Hanna@state.mn.us
Telephone: 507-208-8982 Fax: 1-866-890-9290

AH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30706	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 05/13/2024
NAME OF PROVIDER OR SUPPLIER VITACARE LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1545 HARBOR STREET OGILVIE, MN 56358			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
{0 000}	Initial Comments *****ATTENTION***** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER In accordance with Minnesota Statutes, section 144G.08 to 144G.95, this correction order(s) has been issued pursuant to a survey. Determination of whether a violation has been corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: Project # SL30706015-4 On May 13, 2024, the Minnesota Department of Health conducted a revisit at the above provider to follow-up on orders issued pursuant to a survey completed on February 13, 2024. At the time of the survey, there were seven (7) active resident receiving services under the Assisted Living Dementia Care license. As a result of the revisit, the following orders were reissued.	{0 000}			
{0 230} SS=C	144G.18 NOTIFICATION OF CHANGES IN INFORMATION A provisional licensee or licensee shall notify the commissioner in writing prior to a change in the manager or authorized agent and within 60 calendar days after any change in the information required in section 144G.12, subdivision 1, paragraph (a), clause (1), (3), (4), (17), or (18).	{0 230}			

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

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{0 230}	Continued From page 1 This MN Requirement is not met as evidenced by: No further action needed.	{0 230}			
0 340 SS=F	144G.30 Subd. 5 Correction orders a) A correction order may be issued whenever the commissioner finds upon survey or during a complaint investigation that a facility, a managerial official, an agent of the facility, or an employee of the facility is not in compliance with this chapter. The correction order shall cite the specific statute and document areas of noncompliance and the time allowed for correction. (b) The commissioner shall mail or email copies of any correction order to the facility within 30 calendar days after the survey exit date. A copy of each correction order and copies of any documentation supplied to the commissioner shall be kept on file by the facility and public documents shall be made available for viewing by any person upon request. Copies may be kept electronically. (c) By the correction order date, the facility must document in the facility's records any action taken to comply with the correction order. The commissioner may request a copy of this documentation and the facility's action to respond to the correction order in future surveys, upon a complaint investigation, and as otherwise needed. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to take corrective actions related to a citation originally issued on July 12, 2023, and reissued September 19, 2023, November 11,	0 340			

Minnesota Department of Health

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0 340	Continued From page 2 2023, February 13, 2024, and May 13, 2024, for failing to provide exit doors that were not a distinct hazard to life, [144G.45, Subd. 2. (g)]. 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 the potential to affect a large portion or all of the residents). On May 13, 2024, at 4:20 p.m., survey staff toured the facility with home health aide/house coordinator (HHA/HC)-J. HHA/HC-J stated the door locking had not changed since the state fire marshal was onsite April 22, 2024. HHA/HC-J explained since the facility was licensed for dementia care, the exit doors needed to be kept locked and would release if the smoke alarms were activated or if there was a loss of power. Survey staff noted that the facility was not equipped with an automatic fire sprinkler system or a central fire alarm system and only had single station smoke alarms installed. Any egress door in a locked facility must interconnect with the fire safety systems and must default to an unlocked position under activation of the fire alarm, fire sprinkler system, or a loss of power. During an interview on May 13, 2024, at 4:25 p.m., HHA/HC-J verified the exit doors were kept locked and entry of a code into the keypads was required to open these doors.	0 340			

Minnesota Department of Health

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0 340	Continued From page 3 No additional information was provided.	0 340			
{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: No further action needed.	{0 480}			
{0 660} SS=D	144G.42 Subd. 9 Tuberculosis prevention and control (a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: No further action needed.	{0 660}			

Minnesota Department of Health

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{0 820} SS=F	144G.45 Subd. 2 (g) Fire protection and physical environment (g) Existing construction or elements, including assisted living facilities that were registered as housing with services establishments under chapter 144D prior to August 1, 2021, shall be permitted to continue in use provided such use does not constitute a distinct hazard to life. Any existing elements that an authority having jurisdiction deems a distinct hazard to life must be corrected. The facility must document in the facility's records any actions taken to comply with a correction order, and must submit to the commissioner for review and approval prior to correction. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide exit doors that were not a distinct hazard to life. This had the potential to directly affect all residents, staff, and visitors. The findings include: On May 13, 2024, at 4:20 p.m., survey staff toured the facility with home health aide/house coordinator (HHA/HC)-J. During the facility tour, survey staff observed the following: Front exit door: The main front door was labeled as an emergency exit on the posted evacuation map. There was a keypad lock installed on the interior side of the door requiring entry of a code to unlock and open the door. HHA/HC-J demonstrated that the door lock would release once a code was entered into the keypad.	{0 820}			

Minnesota Department of Health

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{0 820}	Continued From page 5 Back exit door: The back door had an exit sign posted above it and this door was labeled as an emergency exit on the posted evacuation map. There was a keypad lock installed on the interior side of the door and when survey staff tried to open this door without entering a code, the door remained locked and would not open. HHA/HC-J stated the door locking had not changed since the state fire marshal was onsite April 22, 2024. HHA/HC-J explained since the facility was licensed for dementia care, the exit doors needed to be kept locked and would release if the smoke alarms were activated or if there was a loss of power. Survey staff noted that the facility was not equipped with an automatic fire sprinkler system or a central fire alarm system and only had single station smoke alarms installed. Any egress door in a locked facility must interconnect with the fire safety systems and must default to an unlocked position under activation of the fire alarm, fire sprinkler system, or a loss of power. During an interview on May 13, 2024, at 4:25 p.m., HHA/HC-J stated the exit doors were kept locked and entry of a code into the keypads was required to open these doors.	{0 820}			
{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	{01290}			

Minnesota Department of Health

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{01290}	Continued From page 6 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: No further action needed.	{01290}			
{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: No further action needed.	{01750}			
{02110} SS=F	144G.82 Subd. 3 Policies (a) In addition to the policies and procedures	{02110}			

Minnesota Department of Health

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{02110}	Continued From page 7 required in the licensing of all facilities, the assisted living facility with dementia care licensee must develop and implement policies and procedures that address the: (1) philosophy of how services are provided based upon the assisted living facility licensee's values, mission, and promotion of person-centered care and how the philosophy shall be implemented; (2) evaluation of behavioral symptoms and design of supports for intervention plans, including nonpharmacological practices that are person-centered and evidence-informed; (3) wandering and egress prevention that provides detailed instructions to staff in the event a resident elopes; (4) medication management, including an assessment of residents for the use and effects of medications, including psychotropic medications; (5) staff training specific to dementia care; (6) description of life enrichment programs and how activities are implemented; (7) description of family support programs and efforts to keep the family engaged; (8) limiting the use of public address and intercom systems for emergencies and evacuation drills only; (9) transportation coordination and assistance to and from outside medical appointments; and (10) safekeeping of residents' possessions. (b) The policies and procedures must be provided to residents and the residents' legal and designated representatives at the time of move-in. This MN Requirement is not met as evidenced by: No further action needed.	{02110}			

Minnesota Department of Health

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Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
April 2, 2024

Licensee
Scandia Capital Partners, LLC
1545 Harbor Street
Ogilvie, MN 56358

RE: Project Number(s) SL30706015

Dear Licensee:

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In accordance with Minn. Stat. § 144G.31 Subd. 4 (a), state correction orders issued pursuant to the last survey, completed on July 12, 2023, found not corrected at the time of the February 13, 2024, follow-up survey and/or subject to penalty assessment are as follows:

0820-Fire Protection And Physical Environment-144g.45 Subd. 2 (g) - \$500.00

The details of the violations noted at the time of this follow-up survey completed on February 13, 2024 (listed above), are on the attached State Form. Brackets around the ID Prefix Tag in the left hand column, e.g., {2 ----} will identify the uncorrected tags.

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

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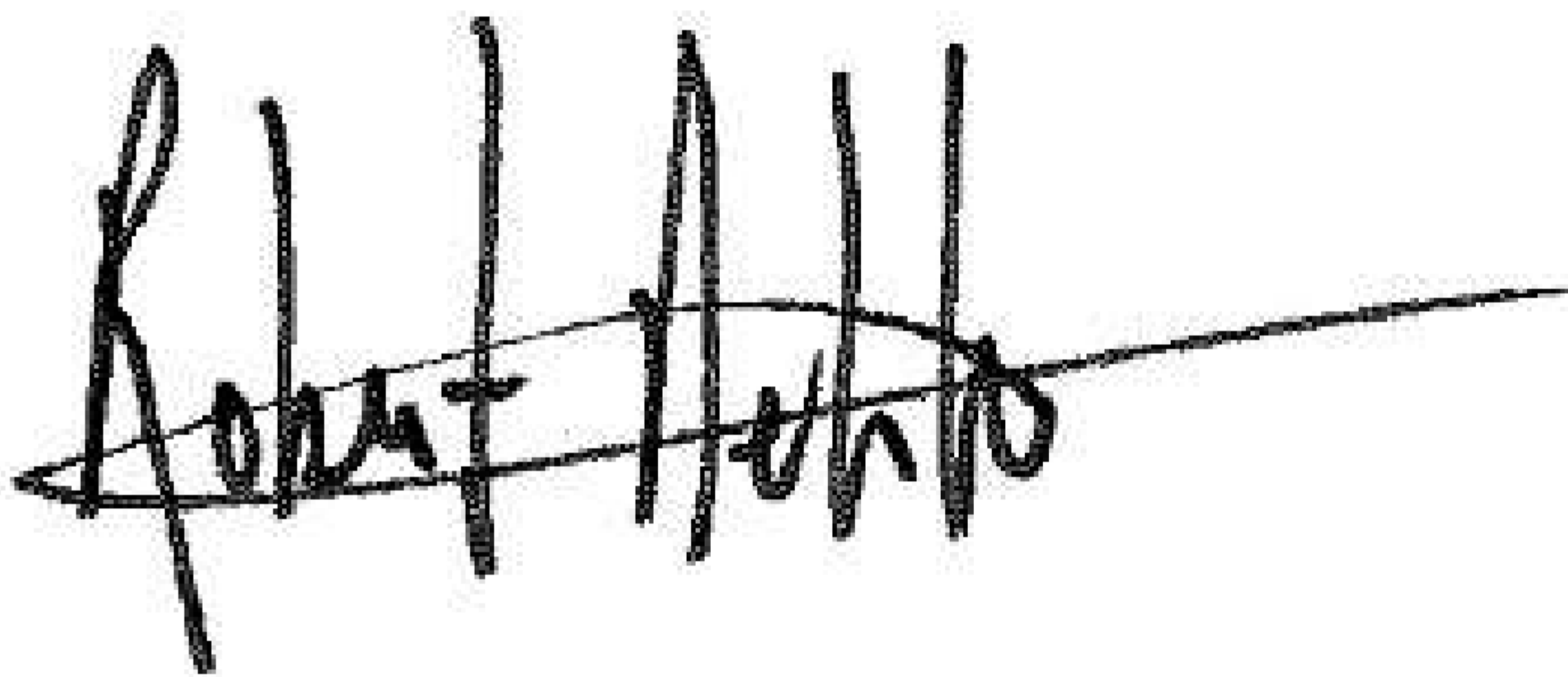
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We urge you to review these orders carefully. If you have questions, please contact Bob Dehler at 651-201-3710.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Robert Dehler", with a long horizontal line extending to the right.

Bob Dehler, P.E.
Engineering Manager
Engineering Services Section
Health Regulation Division
Email: Robert.Dehler@state.mn.us
Telephone: 651-201-3710

PMB

Minnesota Department of Health

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{0 000}	Initial Comments *****ATTENTION***** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER In accordance with Minnesota Statutes, section 144G.08 to 144G.95, this correction order(s) has been issued pursuant to a survey. Determination of whether a violation has been corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: Project # SL30706015-3 On February 13, 2024, the Minnesota Department of Health conducted a revisit at the above provider to follow-up on orders issued pursuant to a survey completed on November 21, 2023. At the time of the survey, there were seven (7) active resident receiving services under the Assisted Living Dementia Care license. As a result of the revisit, the following orders were reissued.	{0 000}			
{0 230} SS=C	144G.18 NOTIFICATION OF CHANGES IN INFORMATION A provisional licensee or licensee shall notify the commissioner in writing prior to a change in the manager or authorized agent and within 60 calendar days after any change in the information required in section 144G.12, subdivision 1, paragraph (a), clause (1), (3), (4), (17), or (18).	{0 230}			

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: 30706	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 02/13/2024
NAME OF PROVIDER OR SUPPLIER VITACARE LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1545 HARBOR STREET OGILVIE, MN 56358			
(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
{0 230}	Continued From page 1 This MN Requirement is not met as evidenced by: No further action needed.	{0 230}			
{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: No further action needed.	{0 480}			
{0 660} SS=D	144G.42 Subd. 9 Tuberculosis prevention and control (a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced	{0 660}			

Minnesota Department of Health

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{0 660}	Continued From page 2 by: No further action needed.	{0 660}			
{0 820} SS=F	144G.45 Subd. 2 (g) Fire protection and physical environment (g) Existing construction or elements, including assisted living facilities that were registered as housing with services establishments under chapter 144D prior to August 1, 2021, shall be permitted to continue in use provided such use does not constitute a distinct hazard to life. Any existing elements that an authority having jurisdiction deems a distinct hazard to life must be corrected. The facility must document in the facility's records any actions taken to comply with a correction order, and must submit to the commissioner for review and approval prior to correction. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to obtain written verification from the local fire official approving the installed exit door locking arrangements. 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 the potential to affect a large portion or all of the residents). The findings include:	{0 820}			

Minnesota Department of Health

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{0 820}	Continued From page 3 On February 13, 2024, at 11:45 a.m., survey staff toured the facility with executive director (ED)-M. During the facility tour, survey staff observed the following: An automatic fire sprinkler system was not installed in the facility. Front exit door: The front door had an exit sign posted on it and this door was designated as an emergency exit on the posted evacuation map. There was a keypad lock installed on the interior side of this door that required entry of a code to exit. Back exit door: The back door was designated as an emergency exit on the posted evacuation map. There was a keypad lock installed on the interior side of this door that required entry of a code to exit. During the facility tour interview, ED-M verified the door locking arrangements on the exit doors. ED-M explained a new door-locking system had been installed on both exit doors. ED-M demonstrated these doors released within 15 seconds when the smoke alarms were activated and when there was a loss of power. During an interview on February 13, 2024, at 12:00 p.m., with ED-M, survey staff requested written verification showing the local fire official had approved the exit door locking arrangements. ED-M provided a printed copy of an email from survey staff dated December 1, 2023, with the subject line SL30706015-2 Door Locking at Ogilvie ALFDC. At the bottom of the email, there were 2 signatures, one identified as CPT and the other as Ogilvie Fire Chief. Survey staff explained	{0 820}			

Minnesota Department of Health

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{0 820}	Continued From page 4	{0 820}			
	the signatures at the bottom of this printed email did not show written verification from the local fire official approving the installed exit door locking arrangements for the exit doors.				
{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: No further action needed.	{01290}			
{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	{01750}			

Minnesota Department of Health

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{01750}	Continued From page 5 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: No further action needed.	{01750}			
{02110} SS=F	144G.82 Subd. 3 Policies (a) In addition to the policies and procedures required in the licensing of all facilities, the assisted living facility with dementia care licensee must develop and implement policies and procedures that address the: (1) philosophy of how services are provided based upon the assisted living facility licensee's values, mission, and promotion of person-centered care and how the philosophy shall be implemented; (2) evaluation of behavioral symptoms and design of supports for intervention plans, including nonpharmacological practices that are person-centered and evidence-informed; (3) wandering and egress prevention that provides detailed instructions to staff in the event a resident elopes; (4) medication management, including an assessment of residents for the use and effects of medications, including psychotropic medications; (5) staff training specific to dementia care; (6) description of life enrichment programs and how activities are implemented; (7) description of family support programs and efforts to keep the family engaged; (8) limiting the use of public address and intercom systems for emergencies and	{02110}			

Minnesota Department of Health

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{02110}	Continued From page 6 evacuation drills only; (9) transportation coordination and assistance to and from outside medical appointments; and (10) safekeeping of residents' possessions. (b) The policies and procedures must be provided to residents and the residents' legal and designated representatives at the time of move-in. This MN Requirement is not met as evidenced by: No further action needed.	{02110}			



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
December 13, 2023

Licensee
Scandia Capital Partners, LLC
1545 Harbor Street
Ogilvie, MN 56358

RE: Project Number(s) SL30706015

Dear Licensee:

On November 21, 2023, the Minnesota Department of Health (MDH) completed a follow-up survey of your facility to determine correction of orders found on the survey completed on July 2, 2023. This follow-up survey determined your facility had not corrected all of the state correction orders issued pursuant to the July 2, 2023 survey.

In accordance with Minn. Stat. § 144G.31 Subd. 4 (a), state correction orders issued pursuant to the last survey, completed on July 12, 2023, found not corrected at the time of the November 21, 2023, follow-up survey and/or subject to penalty assessment are as follows:

0820-Fire Protection And Physical Environment-144g.45 Subd. 2 (g)

The details of the violations noted at the time of this follow-up survey completed on November 21, 2023 (listed above), are on the attached State Form. Brackets around the ID Prefix Tag in the left hand column, e.g., {2 ----} will identify the uncorrected tags.

In accordance with Minn. Stat. § 144G.31 Subd. 4, MDH may assess fines 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.

IMPOSITION OF FINES:

Level 1: no fines or enforcement.

Level 2: a fine of \$500 per violation, in addition to any enforcement mechanism authorized in §144G.20 for widespread violations;

Level 3: a fine of \$3,000 per violation per incident, in addition to any enforcement mechanism authorized in §144G.20.

Level 4: a fine of \$5,000 per incident, in addition to any enforcement mechanism authorized in §144G.20.

CORRECTION ORDER RECONSIDERATION PROCESS

In accordance with Minn. Stat. § 144G.32, Subd. 2, you may challenge the correction order(s) issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by 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

We urge you to review these orders carefully. If you have questions, please contact Tim Hanna at 507-208-8982.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Tim Hanna", with a long horizontal flourish extending to the right.

Tim Hanna, Interim Supervisor
State Engineering Services Section
Health Regulation Division
Email: Tim.Hanna@state.mn.us
Telephone: 507-208-8982 Fax: 1-866-890-9290

PMB

Minnesota Department of Health

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{0 000}	Initial Comments *****ATTENTION***** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER In accordance with Minnesota Statutes, section 144G.08 to 144G.95, this correction order(s) has been issued pursuant to a survey. Determination of whether a violation has been corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: Project # SL30706015-2 On November 21, 2023, the Minnesota Department of Health conducted a revisit at the above provider to follow-up on orders issued pursuant to a survey completed on September 19, 2023. At the time of the survey, there were eight (8) active resident receiving services under the Assisted Living Dementia Care license. As a result of the revisit, the following orders were reissued.	{0 000}			
{0 230} SS=C	144G.18 NOTIFICATION OF CHANGES IN INFORMATION A provisional licensee or licensee shall notify the commissioner in writing prior to a change in the manager or authorized agent and within 60 calendar days after any change in the information required in section 144G.12, subdivision 1, paragraph (a), clause (1), (3), (4), (17), or (18).	{0 230}			

Minnesota Department of Health

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

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Minnesota Department of Health

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{0 230}	Continued From page 1	{0 230}			
	This MN Requirement is not met as evidenced by: No further action needed.				
{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: No further action needed.	{0 480}			
{0 660} SS=D	144G.42 Subd. 9 Tuberculosis prevention and control (a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced	{0 660}			

Minnesota Department of Health

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{0 660}	Continued From page 2	{0 660}			
	by: No further action needed.				
{0 820} SS=D	144G.45 Subd. 2 (g) Fire protection and physical environment (g) Existing construction or elements, including assisted living facilities that were registered as housing with services establishments under chapter 144D prior to August 1, 2021, shall be permitted to continue in use provided such use does not constitute a distinct hazard to life. Any existing elements that an authority having jurisdiction deems a distinct hazard to life must be corrected. The facility must document in the facility's records any actions taken to comply with a correction order, and must submit to the commissioner for review and approval prior to correction. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to properly maintain two exit doors. 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 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:	{0 820}			

Minnesota Department of Health

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{0 820}	Continued From page 3 On November 21, 2023, at 3:20 p.m., survey staff toured the facility with licensed assisted living director (LALD)-A. During the facility tour, survey staff observed the following: Front exit door: The front door was designated as an emergency exit on the posted evacuation map. There was a keypad lock installed on this door with a thumb turn deadbolt lock above it. LALD-A stated that this thumb turn lock had been disabled. Survey staff observed that when the thumb turn was rotated, the deadbolt did not engage. Upon further observation, it was found that the bolt had been removed from this thumb turn lock. LALD-A stated that the licensee is planning to remove the non-functional thumb turn deadbolt lock from this door. In the event of an emergency, a non-functional door lock could be confusing for the building occupants and delay exiting. LALD-A explained that a new door-locking system had been installed on this door. LALD-A demonstrated that the door would release within 15 seconds if the smoke alarms were activated or if there was a loss of power. Back exit door: The back door was designated as an emergency exit on the posted evacuation map. There were two keypad locks installed on this door. LALD-A stated that the top keypad lock was broken. Survey staff observed that that the top lock was missing parts on the exterior side of the door and that tape had been placed over the bolt. LALD-A stated that the licensee is planning to remove the broken keypad lock from this door. In the event of an emergency, a broken door lock could be confusing for the building occupants and delay exiting.	{0 820}			

Minnesota Department of Health

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{0 820}	Continued From page 4 LALD-A explained that a new door-locking system had been installed on this door. LALD-A stated that the release mechanism for this door could not be demonstrated at the time of survey because they thought the battery had died for the bottom battery-operated keypad lock on this door. These door locking arrangements on the exit doors were verified by LALD-A at the end of the facility tour.	{0 820}			
{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: No further action needed.	{01290}			
{01750} SS=D	144G.71 Subd. 7 Delegation of medication administration When administration of medications is delegated	{01750}			

Minnesota Department of Health

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{01750}	Continued From page 5 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: No further action needed.	{01750}			
{02110} SS=F	144G.82 Subd. 3 Policies (a) In addition to the policies and procedures required in the licensing of all facilities, the assisted living facility with dementia care licensee must develop and implement policies and procedures that address the: (1) philosophy of how services are provided based upon the assisted living facility licensee's values, mission, and promotion of person-centered care and how the philosophy shall be implemented; (2) evaluation of behavioral symptoms and design of supports for intervention plans, including nonpharmacological practices that are person-centered and evidence-informed; (3) wandering and egress prevention that provides detailed instructions to staff in the event a resident elopes; (4) medication management, including an assessment of residents for the use and effects of medications, including psychotropic medications;	{02110}			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30706	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 11/21/2023
NAME OF PROVIDER OR SUPPLIER VITACARE LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1545 HARBOR STREET OGILVIE, MN 56358			
(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	
{02110}	Continued From page 6 (5) staff training specific to dementia care; (6) description of life enrichment programs and how activities are implemented; (7) description of family support programs and efforts to keep the family engaged; (8) limiting the use of public address and intercom systems for emergencies and evacuation drills only; (9) transportation coordination and assistance to and from outside medical appointments; and (10) safekeeping of residents' possessions. (b) The policies and procedures must be provided to residents and the residents' legal and designated representatives at the time of move-in. This MN Requirement is not met as evidenced by: No further action needed.	{02110}			



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

October 9, 2023

Licensee

Scandia Capital Partners, LLC

1545 Harbor Street

Ogilvie, MN 56358

RE: Project Number(s) SL30706015

Dear Licensee:

On September 19, 2023, the Minnesota Department of Health (MDH) completed a follow-up survey of your facility to determine correction of orders found on the survey completed on July 12, 2023. This follow-up survey determined your facility had not corrected all of the state correction orders issued pursuant to the July 12, 2023 survey.

The Department of Health concludes the licensee is in substantial compliance. State law requires the facility must take action to correct the state correction orders and document the actions taken to comply in the facility's records. The Department reserves the right to return to the facility at any time should the Department receive a complaint or deem it necessary to ensure the health, safety, and welfare of residents in your care.

In accordance with Minn. Stat. § 144G.31 Subd. 4 (a), state correction orders issued pursuant to the last survey, completed on July 12, 2023, found not corrected at the time of the September 19, 2023, follow-up survey and/or subject to penalty assessment are as follows:

0810-Fire Protection And Physical Environment-144g.45 Subd. 2 (b)-(f) - \$500.00

0820-Fire Protection And Physical Environment-144g.45 Subd. 2 (g) - \$500.00

The details of the violations noted at the time of this follow-up survey completed on September 19, 2023 (listed above), are on the attached State Form. Brackets around the ID Prefix Tag in the left hand column, e.g., {2 ----} will identify the uncorrected tags.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$1,000.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

DOCUMENTATION OF ACTION TO COMPLY

In accordance with Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document actions taken to comply with the correction orders within the time period outlined on the state form; however, plans of correction are not required to be submitted for approval.

IMPOSITION OF FINES:

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

CORRECTION ORDER RECONSIDERATION PROCESS

In accordance with Minn. Stat. § 144G.32, Subd. 2, you may challenge the correction order(s) issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by 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

REQUESTING A HEARING

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

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration **or** a hearing, but not both.

We urge you to review these orders carefully. If you have questions, please contact Jessie Chenze at 218-332-5175.

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

Sincerely,

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

Jessie Chenzie, Supervisor
State Evaluation Team
Email: jessie.chenze@state.mn.us
Telephone: 218-332-5175 Fax: 1-866-890-9290

PMB

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30706	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 09/19/2023
NAME OF PROVIDER OR SUPPLIER SCANDIA CAPITAL PARTNERS LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1545 HARBOR STREET OGILVIE, MN 56358			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
{0 000}	Initial Comments *****ATTENTION***** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER In accordance with Minnesota Statutes, section 144G.08 to 144G.95, this correction order(s) has been issued pursuant to a survey. Determination of whether a violation has been corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: Project # SL30706015-1 On September 19, 2023, the Minnesota Department of Health conducted a revisit at the above provider to follow-up on orders issued pursuant to a survey completed between July 10, 2023, and July 12, 2023. At the time of the survey, there were eight (8) active resident receiving services under the Assisted Living Dementia Care license. As a result of the revisit, the following orders were reissued.	{0 000}			
{0 230} SS=C	144G.18 NOTIFICATION OF CHANGES IN INFORMATION A provisional licensee or licensee shall notify the commissioner in writing prior to a change in the manager or authorized agent and within 60 calendar days after any change in the information required in section 144G.12, subdivision 1, paragraph (a), clause (1), (3), (4), (17), or (18).	{0 230}			

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: 30706	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 09/19/2023
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{0 230}	Continued From page 1 This MN Requirement is not met as evidenced by: No further action needed.	{0 230}			
{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: No further action needed.	{0 480}			
{0 660} SS=D	144G.42 Subd. 9 Tuberculosis prevention and control (a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced	{0 660}			

Minnesota Department of Health

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{0 660}	Continued From page 2 by: No further action needed.	{0 660}			
{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 provide the physical environment in a continuous state of good repair and operation with regard to the health, safety, and well-being of the residents. This had the potential to directly affect all residents and staff. 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). The findings include: On September 18, 2023, between 4:00 p.m. and 4:20 p.m., survey staff toured the facility with maintenance (M)-C. During the facility tour, survey staff observed that an upright cooler was	{0 800}			

Minnesota Department of Health

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{0 800}	Continued From page 3	{0 800}			
{0 810} SS=F	plugged into an adaptor in the mechanical room. M-C explained during the tour interview that one side of the electrical outlet was still not working and that this had not been repaired since the previous survey. This deficient condition was verified by M-C accompanying on the facility tour. 144G.45 Subd. 2 (b)-(f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) employee actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of	{0 810}			

Minnesota Department of Health

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{0 810}	Continued From page 4 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 develop a fire safety and evacuation plans with the required elements; failed to provide training to residents capable of assisting in their own evacuation; and failed to complete the required employee evacuation drills. This had the potential to affect all staff, residents, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) 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 September 18, 2023, between 4:20 p.m. and 4:50 p.m., a document review and interview were completed with the licensed assisted living director (LALD)-A. Record review of the available documentation indicated that the licensee had not developed and maintained fire safety and evacuation plans for the facility location. During the interview, LALD-A explained that the fire safety and evacuation plans had not been revised since the previous survey and confirmed that the plans lacked sufficient detail.	{0 810}			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30706	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 09/19/2023
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{0 810}	Continued From page 5 Record review of the available documentation indicated that the licensee did not have detailed fire protection procedures necessary for residents included in the fire safety and evacuation plans. During the interview, LALD-A explained that these procedures had not been revised since the previous survey and confirmed that these procedures lacked sufficient detail. Record review of the available documentation indicated that the licensee failed to provide annual training for residents capable of assisting in their own evacuation on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. Documentation was requested by survey staff but not provided. The LALD-A explained that residents were trained upon admission and that no additional training had been completed. Record review of the available documentation indicated that one evacuation drill, dated July 20, 2023, had been completed since the previous survey on July 12, 2023. This evacuation drill record did not include the time or shift. Four of the six most recently documented evacuation drills did not include the time or shift. Insufficient documentation was provided by the licensee to support that evacuation drills were being completed twice per year per shift with at least one evacuation drill every other month as required by statute. On September 18, 2023, at approximately 4:50 p.m., the LALD-A confirmed the findings during an interview and verified these deficient conditions.	{0 810}			

Minnesota Department of Health

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{0 820}	Continued From page 6	{0 820}			
{0 820} SS=F	144G.45 Subd. 2 (g) Fire protection and physical environment (g) Existing construction or elements, including assisted living facilities that were registered as housing with services establishments under chapter 144D prior to August 1, 2021, shall be permitted to continue in use provided such use does not constitute a distinct hazard to life. Any existing elements that an authority having jurisdiction deems a distinct hazard to life must be corrected. The facility must document in the facility's records any actions taken to comply with a correction order, and must submit to the commissioner for review and approval prior to correction. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide facilities that were not a distinct hazard to life. This had the potential to directly affect all residents and staff. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: On September 18, 2023, between 4:00 p.m. and 4:20 p.m., survey staff toured the facility with maintenance (M)-C. During the facility tour,	{0 820}			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30706	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 09/19/2023
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{0 820}	Continued From page 7 survey staff observed the following: There was a battery-operated keypad lock on the front door with a deadbolt lock installed above it. M-C explained that the deadbolt lock had been disabled and demonstrated that when the thumb turn was rotated the bolt did not engage. M-C explained that the battery-operated keypad lock required entry of a code into the keypad to unlock the door. The front door was designated as an emergency exit on the posted evacuation map. There were two battery-operated keypad locks installed on the back door. M-C stated that the top battery-operated keypad lock was disabled. M-C explained that the bottom battery-operated keypad lock required entry of a code into the keypad to unlock the door. The back door was designated as an emergency exit on the posted evacuation map. Survey staff noted that the facility was not equipped with an automatic fire sprinkler system or a central fire alarm system and only had single station smoke alarms installed. Any egress door in a locked facility must interconnect with the fire safety systems and must default to an unlocked position under activation of the fire alarm, fire sprinkler system, or a loss of power. During an interview, M-C verified that the battery-operated keypad locks were the same ones that were observed during the previous survey that were not interconnected with any fire safety systems. These locking arrangements were verified by M-C and the licensed assisted living director (LALD)-A at the end of the facility tour.	{0 820}			

Minnesota Department of Health

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{01290}	Continued From page 8	{01290}			
{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: No further action needed.	{01290}			
{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.	{01750}			

Minnesota Department of Health

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{01750}	Continued From page 9 This MN Requirement is not met as evidenced by: No further action needed.	{01750}			
{02110} SS=F	144G.82 Subd. 3 Policies (a) In addition to the policies and procedures required in the licensing of all facilities, the assisted living facility with dementia care licensee must develop and implement policies and procedures that address the: (1) philosophy of how services are provided based upon the assisted living facility licensee's values, mission, and promotion of person-centered care and how the philosophy shall be implemented; (2) evaluation of behavioral symptoms and design of supports for intervention plans, including nonpharmacological practices that are person-centered and evidence-informed; (3) wandering and egress prevention that provides detailed instructions to staff in the event a resident elopes; (4) medication management, including an assessment of residents for the use and effects of medications, including psychotropic medications; (5) staff training specific to dementia care; (6) description of life enrichment programs and how activities are implemented; (7) description of family support programs and efforts to keep the family engaged; (8) limiting the use of public address and intercom systems for emergencies and evacuation drills only; (9) transportation coordination and assistance to and from outside medical appointments; and (10) safekeeping of residents' possessions. (b) The policies and procedures must be provided	{02110}			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30706	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 09/19/2023
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{02110}	Continued From page 10 to residents and the residents' legal and designated representatives at the time of move-in. This MN Requirement is not met as evidenced by: No further action needed.	{02110}			



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

July 26, 2023

Licensee
Scandia Capital Partners LLC
1545 Harbor Street
Ogilvie, MN 56358

RE: Project Number(s) SL30706015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on July 12, 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,



Jessie Chenze, Supervisor
State Evaluation Team
Email: jessie.chenze@state.mn.us
Telephone: 218-332-5175 Fax: 651-281-9796

JMD

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30706	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/12/2023
NAME OF PROVIDER OR SUPPLIER SCANDIA CAPITAL PARTNERS LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1545 HARBOR STREET OGILVIE, MN 56358		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
0 000	Initial Comments *****ATTENTION***** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(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: SL20705015 On July 10, 2023, through July 12, 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 8 residents receiving services under the Assisted Living with Dementia Care 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.		
0 230 SS=C	144G.18 NOTIFICATION OF CHANGES IN INFORMATION A provisional licensee or licensee shall notify the	0 230			

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

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0 230	Continued From page 1 commissioner in writing prior to a change in the manager or authorized agent and within 60 calendar days after any change in the information required in section 144G.12, subdivision 1, paragraph (a), clause (1), (3), (4), (17), or (18). This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to notify the commissioner in writing prior to a change in the manager or authorized agent within 60 calendar days of the change. This had a potential to affect all residents, staff and visitors of the licensee. This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect 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: On July 10, 2023, at 7:40 a.m., the surveyor emailed the state evaluations survey notification letter to the licensee's licensed assisted living director (LALD) on file with the Minnesota Department of Health (MDH) On July 10, 2023, at 9:50 a.m., the surveyor called the phone number listed on file with MDH and there was no answer. On July 10, 2023, at 11:15 a.m., upon entry to the facility, assistant director (AD)-B stated the LALD on file with MDH has not been employed at the facility for some time and LALD/clinical nurse	0 230		

Minnesota Department of Health

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0 230	Continued From page 2 supervisor (CNS)-A started the beginning of May 2023. On July 10, 2023, at 4:00 p.m., owner (O)-G stated via telephone he thought all of the information was correct when the ownership changed. He is not sure why it is not correct. Additionally, he stated a renewal license is in process with the correct contact information. On July 11, 2023, at 8:00 a.m., the survey observed a posting in the entry way of the facility noting as of May 3, 2023, of the new LALD/CNS-A. On July 11, 2023, at 11:35 a.m., the LALD/CNS-A stated she took over as the LALD/CNS the beginning of May, 2023, and she updated the Board of Executives for Long Term Services and Supports (BELTSS) of her position. She stated the new licensure renewal is in progress and the new contact information should be updated. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 230			
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 3 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 July 11, 2023, for the specific Minnesota Food Code deficiencies. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 480			
0 660 SS=D	144G.42 Subd. 9 Tuberculosis prevention and control (a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) The facility must maintain written evidence of compliance with this subdivision.	0 660			

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0 660	Continued From page 4 This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to screen for active tuberculosis (TB) (either a two-step skin test (TST) or blood test) for one of three employees (unlicensed personnel (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 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: The facility TB risk assessment dated April 20, 2023, indicated the licensee was a low risk setting for TB transmission. ULP-E was hired February 16, 2023, to provide direct care services to residents of the facility. ULP-E's employee record lacked evidence of step two of the two-step tuberculin skin test (TST). ULP-E's record contained a history and symptoms screen dated February 27, 2023, and step one of the TST given on February 27, 2023, with a negative result on March 1, 2023. No documentation of a second step in ULP-E's employee record was found. On June 11, 2023, at 2:00 p.m., licensed assisted living director (LALD)/clinical nurse supervisor (CNS)-A stated only the first step was completed.	0 660			

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0 660	Continued From page 5 LALD/CNS-A is unsure why the second step was not completed as she was on leave during this time. The licensee's Tuberculosis Prevention and Screening policy, dated April 17, 2023, indicated the licensee will maintain a TB prevention and control program based on the current guidelines issued by the Centers of Disease Control and Health Prevention (CDC) and information from the Minnesota Department of Health guidelines, and regulations for tuberculosis in Minnesota health care settings will be followed. In addition, upon hire all staff will be tested for tuberculosis with either a two-step Mantoux or and Interferon Gamma Release Assay (IGRA) laboratory blood test. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 660			
0 780 SS=F	144G.45 Subd. 2 (a) (1) Fire protection and physical environment (a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: (1) for dwellings or sleeping units, as defined in the State Fire Code: (i) provide smoke alarms in each room used for sleeping purposes; (ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms; (iii) provide smoke alarms on each story within a dwelling unit, including basements, but	0 780			

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0 780	Continued From page 6 not including crawl spaces and unoccupied attics; (iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and (v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated; This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide interconnected smoke alarms that complied with fire protection requirements. This had the potential to directly affect all residents and staff. 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 July 12, 2023, between 9:30 a.m. and 10:30 a.m., survey staff toured the facility with maintenance (M)-C. During the facility tour, survey staff observed the following: 1. When the smoke alarm in resident room 1 was tested by M-C, it did not cause the smoke alarm to actuate in resident room 2. 2. When the smoke alarm in resident room 2 was	0 780			

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0 780	Continued From page 7 tested by M-C, it did not cause the smoke alarm to actuate in resident room 1. 3. When the smoke alarm in resident room 6 was tested by M-C, it did not cause the smoke alarm to actuate in resident room 5. 4. When the smoke alarm in resident room 4 was tested by M-C, it did not cause the smoke alarm to actuate in resident room 5. During the facility tour interview, M-C confirmed that smoke alarms were not interconnected so that actuation of one alarm caused all alarms in the dwelling unit to operate and verified these deficient conditions. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 780			
0 800 SS=F	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 provide the physical environment in a continuous state of good repair and operation with regard to the health, safety, and well-being of the residents. This had the potential to directly	0 800			

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0 800	Continued From page 8 affect all residents and staff. 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 July 12, 2023, between 9:30 a.m. and 10:30 a.m., survey staff toured the facility with maintenance (M)-C. During the facility tour, survey staff observed the following: 1. The egress window in resident bedroom 1 was obstructed by a screw, which prevented this window from opening to provide at least 20 inches in width. M-C removed the screw during the facility tour. All paths of egress must provide unobstructed exiting for occupants and access for emergency responders in the event of an emergency. 2. A refrigerator was plugged into a multi-plug adaptor in the mechanical room. M-C explained during the tour interview that one side of the electrical outlet was not working properly so the refrigerator could not be plugged directly into the wall outlet until this was repaired. 3. Refrigeration units in the mechanical room were located in a position that obstructed access to the electrical panels. 4. An electrical receptacle extended above the floor surface in the living room, creating a trip hazard. 5. Smooth floor transitions were not provided between the carpet in resident rooms and the	0 800			

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0 800	Continued From page 9 hallway tile floors. The carpet was frayed in several locations, creating a trip hazard. 6. At the front door, an unsecured piece of metal was used as a threshold ramp. 7. Burnt used cigarettes were observed being disposed of in a tin can stored next to the building on the back patio, creating a potential fire hazard. A listed disposal container for cigarettes was not provided. These deficient conditions were verified by M-C accompanying on the facility 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.	0 810			

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0 810	Continued From page 10 (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop a fire safety and evacuation plans with required elements; failed to provide the required employee training on fire safety and evacuation; failed to provide training to residents capable of assisting in their own evacuation; and failed to complete the required employee evacuation drills. This had the potential to affect all staff, residents, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) 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 July 12, 2023, between 9:30 a.m. and 10:30 a.m., survey staff toured the facility with maintenance (M)-C.	0 810			

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0 810	Continued From page 11 On July 12, 2023, between 10:30 a.m. and 11:35 a.m., documents were reviewed by survey staff. 1. Record review of the available documentation indicated that the fire safety and evacuation plans had not been developed and maintained for the facility location. a. The facility site map page was blank in the plans. b. Record review of the available documentation indicated that the licensee had not developed plans with employee actions on how to move or evacuate residents in the event of a fire or similar emergency from this facility location. The plans indicated to use the RACE and PASS acronyms and included vague instructions for employees. The plans did not provide complete actions for employees to take in the event of a fire or similar emergency. c. Record review of the available documentation indicated that the licensee had not developed fire protection procedures necessary for residents at this facility location. The fire protection procedures for residents in the protocol were limited to putting blankets over clients and moving them outside. d. The plans reference pull fire alarms, which were not observed during the facility tour. The plans reference fire doors which were not identified in the plans. e. Profiles for 4 of the 8 residents were included in the plans that identified unique or unusual resident needs for movement or evacuation. The licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A explained during an interview that the resident profiles will be updated. 2. Records were not provided to support that employee training on the facility fire safety and evacuation plans had been completed. The fire	0 810			

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0 810	Continued From page 12 emergency policy stated that employees are trained annually on fire procedures. The employee training frequency of upon hiring and at least twice per year thereafter was not met. The LALD/CNS-A explained during an interview that the licensee had only been documenting evacuation drills. 3. The licensee failed to provide annual fire safety and evacuation training for residents. Documentation was requested by survey staff but not provided. 4. The licensee failed to meet the required evacuation drill frequency. Evacuation drill records were provided dated 07/06/2022, 08/31/2022, 11/05/2022, 12/27/2022, 01/26/2023, and 04/13/2023. The time or shift was not documented on 4 of the drill records. The evacuation drill frequency of twice per year per shift with at least one evacuation drill every other month was not met. On July 12, 2023, at approximately 11:45 a.m., the LALD/CNS-A and M-C confirmed the findings during an interview and verified these deficient conditions. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810			
0 820 SS=F	144G.45 Subd. 2 (g) Fire protection and physical environment (g) Existing construction or elements, including assisted living facilities that were registered as housing with services establishments under	0 820			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30706	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/12/2023
NAME OF PROVIDER OR SUPPLIER SCANDIA CAPITAL PARTNERS LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1545 HARBOR STREET OGILVIE, MN 56358		
(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
0 820	Continued From page 13 chapter 144D prior to August 1, 2021, shall be permitted to continue in use provided such use does not constitute a distinct hazard to life. Any existing elements that an authority having jurisdiction deems a distinct hazard to life must be corrected. The facility must document in the facility's records any actions taken to comply with a correction order, and must submit to the commissioner for review and approval prior to correction. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide facilities that were not a distinct hazard to life. This had the potential to directly affect all residents and staff. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: On July 12, 2023, between 9:30 a.m. and 10:30 a.m., survey staff toured the facility with maintenance (M)-C. During the facility tour, survey staff observed that there was a battery-operated keypad lock on the front door with a deadbolt lock above it. It was also observed that the back door of the facility had two separate battery-operated keypad	0 820			

Minnesota Department of Health

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0 820	Continued From page 14 locks on it. Survey staff noted that the facility was not equipped with an automatic fire sprinkler system or a central fire alarm system and only had single station smoke alarms installed. Any egress door in a locked facility must interconnect with the fire safety systems and must default to an unlocked position under activation of the fire alarm, fire sprinkler system, or a loss of power. During an interview, M-C stated that the locks were battery operated and verified that they were not interconnected with any fire safety systems. The M-C removed the battery from the front door keypad lock during the tour and demonstrated that with the battery removed a code entered into the keypad was not required to open this door. M-C stated that they believed that the locks would default to unlocked if the batteries died, but this could not be verified by survey staff at the time of observation. These deficient conditions were verified by M-C accompanying on the facility tour. TIME PERIOD FOR CORRECTION: Seven (7) days	0 820			
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	01290			

Minnesota Department of Health

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01290	Continued From page 15 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 received an affiliation with the assisted living with dementia care license for two of two employees (unlicensed personnel (ULP)-C, 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 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: ULP-C ULP-C was hired on July 13, 2015, under the comprehensive home care license and began providing assisted living services on August 1, 2021. On July 11, 2023, at 7:30 a.m., the surveyor observed ULP-C administer R1's scheduled medications. ULP-C's employee record contained a background study, submitted by a separate	01290			

Minnesota Department of Health

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01290	Continued From page 16 location operated by the same corporation dated December 20, 2022. ULP-C's employee record lacked evidence the licensee affiliated a background study for their license. ULP-E ULP-E was hired on February 16, 2023, and began providing assisted living services to the residents in the facility. On July 11, 2023, at 2:30 p.m., assistant airector (AD)-B stated she has been providing assistance to the residents at the facility. The staff schedule from July 1 through July 11, 2023, indicated ULP-E had worked six (6) shifts. ULP-E's employee record contained a background study, submitted by a separate location operated by the same corporation dated February 27, 2023. ULP-E's employee record lacked evidence the licensee affiliated a background study for their license. On July 11, 2023, at 2:47 p.m., AD-B stated the licensee's agent who would perform the background studies left employment, and no one was able to perform the background studies for the location. AD-B stated she was currently working on getting these background studies corrected. The licensee's Background Check policy dated April 17, 2023, indicated all employers; as well as contractors, and regularly scheduled volunteers of the facility with direct resident contact will undergo a background study through DHS. Only those with satisfactory results will continue to work with the facility and its residents. No further information was provided.	01290			

Minnesota Department of Health

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01290	Continued From page 17	01290			
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 the registered nurse (RN) prepared in writing specific instructions for one of one resident (R5) who received medication administration. 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:	01750			

Minnesota Department of Health

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01750	Continued From page 18 On July 10, 2023, at 11:20 a.m., licensed assisted living director (LALD)/clinical nurse supervisor (CNS)-A stated the licensee provided medication management to residents. R5's diagnoses included diabetes (low blood sugar), hypertension (high blood pressure) and dry eyes. R5's service plan dated June 28, 2023, indicated R5 received assistance with medication management, including administration. On July 11, 2023, at 7:30 a.m., the surveyor observed unlicensed personnel (ULP)-C prepare medications for R5's using a medication administration record (MAR). The MAR was missing routes for all of R5's medications. ULP-C stated she knew what routes to use, and she will have one of the RN's correct it. Additionally, she stated when a new resident is admitted to the facility, the nurses or assistant director (AD) will type the first MAR, then the pharmacy provides the MAR the following months. R5's July 2023 MAR included the following instructions: -Glyburide 10 milligrams (mg), two (2) times daily, 30 minutes before meals, diagnosis (DX): diabetes, side effects (SE): hypoglycemic disorder (low blood sugar), nausea, heartburn. -Glargine insulin 14 units daily at bedtime (HS), DX: diabetes, SE: hypoglycemia, edema. -lisinopril 40 mg once daily, DX: blood pressure, SE: dizziness, cough, hypotension. -Metformin hydrochloric acid (HCL) 1000 mg, 2 times daily, DX: diabetes, SE: headache, nausea, vomiting. -carboxymethylcellulose 0.25% 2 times daily as	01750			

Minnesota Department of Health

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01750	Continued From page 19 needed (PRN), DX: dry eyes, SE: eye irritation, eye redness, blurred vision. -glucose chew four (4) mg, three (3) times daily, PRN, DX: low blood sugar, SE: sweating, pale skin, shortness of breath (SOB). On July 11, 2023 at 9:04 a.m., LALD/CNS-A stated R5's MAR was incomplete due to no routes in the medication instructions. Additionally, she stated new residents MAR's are typed up by the RN or the AD, she is unsure who prepared the MAR, but she will make sure the MAR is retyped to include the routes. The licensee's Delegation of Nursing tasks policy dated April 17, 2023, indicated a RN may delegate medication administration to unlicensed personnel only after the RN has developed specific written instructions for each resident and documented those instructions in a resident's medication record/MAR. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01750			
02110 SS=F	144G.82 Subd. 3 Policies (a) In addition to the policies and procedures required in the licensing of all facilities, the assisted living facility with dementia care licensee must develop and implement policies and procedures that address the: (1) philosophy of how services are provided based upon the assisted living facility licensee's values, mission, and promotion of person-centered care and how the philosophy shall be implemented;	02110			

Minnesota Department of Health

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02110	Continued From page 20 (2) evaluation of behavioral symptoms and design of supports for intervention plans, including nonpharmacological practices that are person-centered and evidence-informed; (3) wandering and egress prevention that provides detailed instructions to staff in the event a resident elopes; (4) medication management, including an assessment of residents for the use and effects of medications, including psychotropic medications; (5) staff training specific to dementia care; (6) description of life enrichment programs and how activities are implemented; (7) description of family support programs and efforts to keep the family engaged; (8) limiting the use of public address and intercom systems for emergencies and evacuation drills only; (9) transportation coordination and assistance to and from outside medical appointments; and (10) safekeeping of residents' possessions. (b) The policies and procedures must be provided to residents and the residents' legal and designated representatives at the time of move-in. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop and implement one of the required policies and procedures related to dementia care. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems	02110			

Minnesota Department of Health

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02110	Continued From page 21 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: The licensee was licensed as an Assisted Living with Dementia Care facility on August 1, 2021. On March 12, 2023, at 12:00 p.m., licensed assisted living director (LALD)/clinical nurse supervisor (CNS)-A stated the licensee was missing the safekeeping of residents' possessions policy. She is unsure how this policy was missed but will complete this policy. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	02110			

Type: Full
Date: 07/11/23
Time: 12:00:00
Report: 6808231145

Food and Beverage Establishment Inspection Report

Page 1

Location:

Scandia
1545 Harbor Street
Ogilvie,
Kanabec County, 33

Establishment Info:

ID #: 0030706
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #:
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.

The following orders were issued during this inspection.

4-700 Sanitizing Equipment and Utensils

4-703.11B **** Priority 1 ****

MN Rule 4626.0905B Sanitize food contact surfaces of equipment and utensils after cleaning by using mechanical hot water operations that achieve a utensil surface temperature of 160 degrees F (71 degrees C) and are set up and maintained in accordance with the specifications of NSF International and the manufacturer's data plate.

THE FINAL RINSE TEMPERATURE IN THE DISHWASHER MUST REACH 160 DEGREES. THIS MUST BE VERIFIED WITH A MAXIMUM TEMPERATURE MEASURING DEVICE. YOUR RECORDS INDICATE THAT THE MAXIMUM TEMPERATURE DID NOT ALWAYS REACH 160 DEGREES. THE SANI CYCLE MUST BE USED.

Comply By: 07/11/23

3-500C Microbial Control: date marking

3-501.17B **** Priority 2 ****

MN Rule 4626.0400B Mark the refrigerated, ready-to-eat, TCS food prepared and packaged in a processing plant and opened and held for more than 24 hours in the food establishment using an effective method to indicate the date by which the food must be consumed on the premises, sold, or discarded. The date must not exceed the manufacturer's use-by-date.

DATE THE LUNCH MEATS ONCE OPENED.

Comply By: 07/11/23

Type: Full
Date: 07/11/23
Time: 12:00:00
Report: 6808231145
Scandia

Food and Beverage Establishment
Inspection Report

4-300 Equipment Numbers and Capacities

4-302.13B ** Priority 2 **

MN Rule 4626.0710B Provide a readily accessible, irreversible registering temperature indicator for measuring the utensil surface temperature in mechanical hot water warewashing operations.

PROVIDE A THERMOMETER OR THERMO-LABELS TO MEASURE THE FINAL RINSE TEMPERATURE IN THE DISHWASHER.

Comply By: 07/17/23

4-500 Equipment Maintenance and Operation

4-501.11AB

MN Rule 4626.0735AB All equipment and components must be in good repair and maintained and adjusted in accordance with manufacturer's specifications.

REPLACE THE BROKEN SHELVING (ONES THAT ARE TAPED) IN THE DOOR OF THE KENMORE REFRIGERATOR.

Comply By: 08/12/23

Food and Equipment Temperatures

Process/Item: Upright Cooler
Temperature: 38 Degrees Fahrenheit - Location: HAM IN KENMORE
Violation Issued: No

Process/Item: Upright Cooler
Temperature: 40 Degrees Fahrenheit - Location: FRIGIDAIRE IN BACK ROOM
Violation Issued: No

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

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 6808231145 of 07/11/23.

Certified Food Protection ManagerMorgan Brandt

Certification Number: Expires: 04/20/24

Inspection report reviewed with person in charge and emailed.

Signed: Establishment Representative

Signed: Lee Ann Austin
Lee Ann Austin
Public Health Sanitarian
St. Cloud
320-223-7341
leeann.austin@state.mn.us