DEPARTMENT OF HEALTH

*Protecting, Maintaining and Improving the Health of All Minnesotans*

September 22, 2023

Licensee
Walker Methodist Plaza Gardens
100 Monroe Street
Anoka, MN  55303

RE: Project Number(s) SL32216015

Dear Licensee:

On September 20, 2023, the Minnesota Department of Health completed a follow-up survey of your facility to determine if orders from the March 22, 2023, survey were corrected. This follow-up survey verified that the facility is in substantial 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,

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

HHH

Electronically Delivered

April 11, 2023

Licensee
Walker Methodist Plaza Gardens
100 Monroe Street
Anoka, MN  55303

RE:  Project Number(s) SL32216015

Dear Licensee:

The Minnesota Department of Health completed an evaluation on March 22, 2023, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the evaluation, the Minnesota Department of Health 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.

**LICENSING ORDERS**
The enclosed State Form documents the state licensing orders. The Department of Health 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 . . ."

**IMPOSITION OF FINES**
In accordance with Minn. Stat. § 144G.31, Subd. 4, fines and enforcement actions may be imposed based on the level and scope of the violations and imposed immediately with no opportunity to correct the violation first as follows:

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.

In accordance with Minn. Stat. § 144G.20, Subd. 4 (a)(5), the Department of Health imposes fine amounts of either $1,000 or $5,000 to licensees who are found to be responsible for maltreatment. The Department of Health imposes a fine of $1,000 for each substantiated maltreatment violation

that consists of abuse, neglect, or financial exploitation according to Minn. Stat. § 626.5572, Subds. 2, 9, 17. The Department of Health also may impose a fine of $5,000 for each substantiated maltreatment violation consisting of sexual assault, death, or abuse resulting in serious injury.

In accordance with Minn. Stat. § 144G.31, Subd. 4 (a)(5)(b), when a fine is assessed against a facility for substantiated maltreatment, the commissioner shall not also impose an immediate fine under this chapter for the same circumstance.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, the following fines are assessed pursuant to this evaluation:

**St - 0 - 1290 - 144g.60 Subdivision 1 - Background Studies Required - $3,000.00**

**The total amount you are assessed is $3,000.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal. .

**DOCUMENTATION OF ACTION TO COMPLY**
Per Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document any action taken to comply with the correction order by the correction order date. A copy of the provider's records documenting those actions may be requested for follow-up evaluations. The licensee is not required to submit a plan of correction 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 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 Department of Health within 15 calendar days of the correction order receipt date.

A state licensing 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

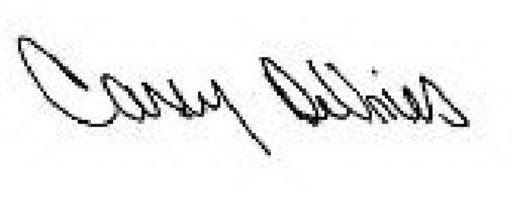
**REQUESTING A HEARING**

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 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. 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.

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in this letter and the results of this visit with the President of your organization's Governing Body. If you have any questions, please contact me.

Sincerely,



Casey DeVries, Supervisor
State Evaluation Team
Health Regulation Division
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN  55101-3879
Email: casey.devries@state.mn.us
Telephone: 651-201-5917 Fax: 651-281-9796

HHH

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 32216 | A. BUILDING: _____ B. WING _____ | 03/22/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| WALKER METHODIST PLAZA GARDENS | 100 MONROE STREET ANOKA, MN 55303 |

| (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 |
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| 0 000 | Initial Comments<br><br>******ATTENTION******<br><br>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)<br><br>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.<br><br>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.<br><br>INITIAL COMMENTS:<br>SL32216015-0<br><br>On March 20, 2023, to March 22, 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 71 active residents; 67 receiving services under the Assisted Living with Dementia Care license.<br><br>An immediate correction order was identified on March 20, 2023, issued for SL32216015-0, tag identification 1290.<br><br>On March 21, 2023, the immediacy of correction order 1290 was removed, however the scope and level remained unchanged. | 0 000 | Minnesota Department of Health is documenting the State Licensing 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.<br><br>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.<br><br>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.<br><br>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. | |
| 0 510 SS=E | 144G.41 Subd. 3 Infection control program<br><br>(a) All assisted living facilities must establish and maintain an infection control program that | 0 510 | | |

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| 0 510 | Continued From page 1<br><br>complies with accepted health care, medical, and nursing standards for infection control.<br>(b)The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities.<br>(c) The facility must maintain written evidence of compliance with this subdivision.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to establish and maintain an effective infection control program to comply with accepted health care, medical, and nursing standards for infection control related to gloving and hand hygiene for two of four unlicensed personnel ((ULP)-I, ULP-J).<br><br>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 pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).<br><br>The findings include:<br><br>ULP-I<br>On March 21, 2023, at 7:43 a.m., the evaluator observed ULP-I apply gloves and remove R9's soiled incontinence pull up. Without removing gloves and performing hand hygiene, ULP-I | 0 510 | | |

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| 0 510 | Continued From page 2<br><br>searched R9's room to locate a new incontinence pull up, contacted a team member on the walkie talkie, assisted R9 with hearing aid placement, and removed gloves. Without performing hand hygiene, ULP-I exited R9's room, located another employee to assist with R9's cares, entered R9's room, removed apple sauce from R9's refrigerator, exited R9's room, opened the medication cart, and at that point, performed hand hygiene.<br><br>On March 21, 2023, at 8:29 a.m., ULP-I stated they were trained to perform hand hygiene with medication administration, and with glove removal. In addition, ULP-I stated they forgot to carry sanitizer in their pocket that was provided by the licensee.<br><br>ULP-J<br>On March 21, 2023, at 8:02 a.m., the evaluator observed ULP-J with gloves on, apply a gait belt to R9, stand R9, and complete perineal care. Without removing gloves and performing hand hygiene, ULP-J raised all clothing items on R9's lower extremities, transferred R9 to the wheelchair, and removed gloves. Without performing hand hygiene, ULP-J brushed R9's hair, applied R9's glasses, placed wheelchair pedals, escorted R9 to the dining room, and performed hand hygiene.<br><br>On March 21, 2023, at 8:15 a.m., ULP-J stated they received training for hand hygiene, gloving, and infection control during orientation. ULP-J stated they were trained to perform hand hygiene before entering a resident room, after exiting a resident room, before assisting with meals, after completing perineal care, and after glove removal. The evaluator inquired why ULP-J did not remove gloves after perineal care and did not | 0 510 | | |

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| 0 510 | Continued From page 3<br><br>perform hand hygiene after glove removal. ULP-J stated, "I just wanted to hurry up and pull up her [R9] pants. I just didn't want her [R9] to fall since she wanted her pants up right away." In addition, ULP-J stated there were no sanitizers in resident's room and they performed hand hygiene the first time one was available.<br><br>On March 21, 2023, at 11:58 a.m., clinical nurse supervisor (CNS)-D stated staff were trained to perform hand hygiene before glove application, after glove removal, after completion of a dirty task, after exiting a resident room, before and after break, and "all the time." In addition, CNS-D stated the licensee completed random hand hygiene audits to monitor infection control practices.<br><br>The Center of Disease Control (CDC) Morbidity and Mortality Weekly Report (MMWR) Guidelines for Hand Hygiene in Health-Care Settings dated October 25, 2002, recommend hand hygiene to be completed before direct contact with patient [resident], moving from a contaminated-body site to a clean-body site during care, and after removing gloves.<br><br>The licensee's Handwashing- Hand Hygiene policy dated July 23, 2021, indicated all personnel shall follow the handwashing / hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors.<br><br>No further information provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days | 0 510 | | |

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| 0 680 | Continued From page 4 | 0 680 | | |
| 0 680 SS=F | 144G.42 Subd. 10 Disaster planning and emergency preparedness<br><br>(a) The facility must meet the following requirements:<br>(1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency;<br>(2) post an emergency disaster plan prominently;<br>(3) provide building emergency exit diagrams to all residents;<br>(4) post emergency exit diagrams on each floor; and<br>(5) have a written policy and procedure regarding missing residents.<br>(b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site.<br>(c) The facility must meet any additional requirements adopted in rule.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to develop a written emergency preparedness plan (EPP) with all the required content. This had the potential to affect all residents, employees, and visitors to the facility.<br><br>This practice resulted in a level two violation (a violation that did not harm a resident's health or | 0 680 | | |

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| 0 680 | Continued From page 5<br><br>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).<br><br>The findings include:<br><br>On March 20, 2023, at approximately 11:35 a.m., licensed assisted living director (LALD)-C provided a binder and indicated the contents were the licensee's EPP.<br><br>The licensee's EPP lacked:<br>- documentation of annual review;<br>- documentation of missing resident quarterly review;<br>- evacuation plan; and<br>- emergency exercises as required per Appendix Z.<br><br>On March 20, 2023, at approximately 1:30 p.m., director of operations (DO)-E acknowledged the licensee's emergency preparedness plan lacked the above listed required content.<br><br>The licensee's Emergency Preparedness Training, Drills and Exercises Plan document dated 2021 - 2022, indicated the licensee's EPP would include emergency exercises as required per Appendix Z.<br><br>No further information provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 0 680 | | |

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| 01290 | Continued From page 6 | 01290 | | |
| 01290 SS=I | 144G.60 Subdivision 1 Background studies required<br><br>(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.<br>(b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12.<br>(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.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to ensure a background study was submitted and received in affiliation with the assisted living license for one of two employees (registered nurse (RN)-A).<br><br>This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to 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).<br><br>The findings include:<br><br>RN-A's Registered Nursing license was issued on | 01290 | On March 21, 2023, the immediacy of correction order 1290 was removed, however the scope and level remained unchanged. | |

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| 01290 | Continued From page 7<br>August 20, 1991.<br><br>RN-A had a hire date of July 19, 2021, to provide direct services under the comprehensive license, and began providing assisted living services on August 1, 2021.<br><br>RN-A's Position Description signed April 27, 2022, indicated RN-A was responsible to assess resident's needs and implement appropriate person-centered care services to meet resident's individualized needs. In addition, RN-A was responsible for the training, evaluation, delegation, and supervision of the licensed practical nurse (LPN) and the unlicensed personnel (ULP).<br><br>RN-A's employee record contained a background study dated July 12, 2021, affiliated to licensee's former HFID 20443. RN-A's record lacked evidence the licensee submitted a background study for RN-A under the current assisted living with dementia care license and affiliated to the current HFID number.<br><br>On March 20, 2023, at 1:17 p.m., business office manager (BOM)-F verified RN-A was not affiliated with current HIFD. BOM-F stated some background studies were lost when the licensee changed licensures.<br><br>On March 20, 2023, at 1:19 p.m., human resources (HR)-G stated five to ten background studies were lost through the Department of Human Services. The evaluator inquired if they had completed another background study after the licensee became aware of the missing background studies. HR-G stated they were not given the instruction to re-run them. | 01290 | | |

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| 01290 | Continued From page 8<br><br>On March 20, 2023, at 1:37 p.m., the evaluator observed Minnesota Department of Human Services NETStudy2.0 (web-based system used to submit background study requests) which indicated RN-A had separated from licensee's former HFID on July 9, 2021, and lacked a background study affiliated with licensee's current HFID 32216.<br><br>The licensee's Background Checks Human Resources policy dated July 1, 2021, indicated background checks would be conducted and the result would be obtained before a potential team member may begin employment or engagement with licensee.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: IMMEDIATE | 01290 | | |
| 01640 SS=F | 144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to<br><br>(a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan.<br>(b) The service plan and any revisions must include a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities.<br>(c) The facility must implement and provide all services required by the current service plan. | 01640 | | |

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| 01640 | Continued From page 9<br><br>(d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable.<br>(e) Staff providing services must be informed of the current written service plan.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to ensure the current service plan included a signature or other authentication by the resident or resident's designated representative and the licensee to document agreement on the services to be provided for three of four residents (R2, R3, R5).<br><br>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).<br><br>The findings include:<br><br>R2<br>R2 was admitted to the licensee for assisted living services March 21, 2022.<br><br>R2's diagnoses included anxiety disorder, hypertension (HTN), other functional intestinal disorders, and unstable gait.<br><br>R2's Service Plan Agreement was printed March 20, 2023, during the survey, and indicated R2 received assistance with bathing, escorts, | 01640 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 32216 | A. BUILDING: _____ B. WING _____ | 03/22/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| WALKER METHODIST PLAZA GARDENS | 100 MONROE STREET ANOKA, MN 55303 |

| (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 |
|---|---|---|---|---|
| 01640 | Continued From page 10<br><br>dressing, grooming, laundry, toileting, medication management, and oxygen management.<br>Although the service plan agreement printed on March 20, 2023, contained a signature by R2, R2's record lacked a service plan completed prior to the survey with a signature or other authentication by the resident or resident's designated representative and the licensee to document agreement of services to be provided.<br><br>On March 21, 2023, at 11:22 a.m., licensed assisted living director (LALD)-C stated they were unable to locate a signed service plan prior to the service plan listed above for R2 and they were auditing resident's charts to ensure residents had updated service plans.<br><br>R3<br>R3 was admitted to the licensee on May 2, 2018, and began receiving assisted living services on August 1, 2021.<br><br>R3's diagnoses included Huntington's disease, glaucoma, and macular degeneration.<br><br>R3's signed service plan dated April 21, 2021, indicated R3 received stand by transfer assistance, comfort/safety checks, stand by bathroom assistance, treatment and therapy management, medication administration, assistance of one person for bathing, assistance of one person for dressing, stand by assistance for grooming, vital signs, housekeeping, laundry, and behavior management.<br><br>R3's unsigned service plan printed March 20, 2023, indicated R3 had 15 service plan revisions after the signed service plan dated April 21, 2021. The following service plan revisions were identified: | 01640 | | |

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|---|---|---|---|---|
| 01640 | Continued From page 11<br>- meal reminders effective July 14, 2022;<br>- hydration program effective January 15, 2021;<br>- assistance of one person for dressing effective June 17, 2020;<br>- nail care effective July 14, 2022;<br>- stand by assistance with grooming effective July 19, 2022;<br>- daily vital signs monitoring effective April 4, 2022;<br>- housekeeping effective February 24, 2020;<br>- change bed linens effective July 14, 2022;<br>- laundry effective January 8, 2023;<br>- medication review effective July 13, 2021;<br>- complex medication administration effective July 19, 2022;<br>- assistance of two with mechanical lift for bed transfers effective July 14, 2022;<br>- behavior management effective October 10, 2020;<br>- safety checks effective July 19, 2022; and<br>- assistance of two with mechanical lift for toileting effective July 19, 2022.<br><br>On March 21, 2023, at 11:23 a.m., LALD-C stated R3's last signed service plan was from April 21, 2021. LALD-C stated they are working on updating everyone's service plans.<br><br>R5<br>R5 was admitted on January 21, 2021.<br><br>R5 diagnoses include dementia, coronary artery disease, and diabetes II.<br><br>R5's Service Plan Agreement signed January 22, 2022, was identified by LALD-C as R5's service plan.<br><br>On March 21, 2023, at 9:15 a.m., LALD-C provided the evaluator with R5's Service Plan | 01640 | | |

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|---|---|---|---|---|
| 01640 | Continued From page 12<br><br>Agreement signed March 20, 2023, during the survey, and stated the document was R5's current service plan and included services R5 received. The service plan included 19 identified services which were revised after the previously signed service plan dated January 22, 2022. The following service plan revisions were identified as effective May 4, 2022:<br>- resident/family meeting;<br>- bathing set-up;<br>- dining set-up 7:30a.m., 11:45 a.m.;<br>- dining set up 4:30p.m.;<br>- dressing set-up 5:30a.m.;<br>- dressing set-up 7:30a.m.;<br>- grooming reminder/set-up 7:10p.m.;<br>- nailcare provided by nurse;<br>- grooming reminder/set-up 5:35a.m.;<br>- bed linen change;<br>- daily apartment tidy;<br>- laundry;<br>- blood glucose check;<br>- complex medication administration;<br>- medication eye drops 6:45a.m., 11:30a.m.;<br>- medication administration oral 6:45a.m., 11:30a.m.;<br>- medication administration oral 5:00p.m.;<br>- medication eye drops 5:00p.m.; and<br>- safety check falls.<br><br>On March 21, 2023, at approximately 10:45 a.m., RN regional director of health services (RDHS)-M indicated the licensee's expectation was all current service plans that have a revision, are signed by the RN who completed the document and then the resident or the resident's designated representative.<br><br>On March 21, 2023, at 12:02 p.m., clinical nurse supervisor (CNS)-D stated service plans should be signed by resident or resident representative | 01640 | | |

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|---|---|---|---|---|
| 01640 | Continued From page 13<br><br>with the initial service plan and with changes to the service plan. In addition, CNS-D stated they were unsure why R2's record lacked additional signed service plans and they believe other service plans may have been misfiled.<br><br>The licensee's Resident Assessment and Service Agreements Assisted Living dated December 1, 2022, indicated the service agreement and any revisions must include a signature or other authentication by the community and by the resident or resident's representative, documenting agreement on the services to be provided.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 01640 | | |
| 01650 SS=F | 144G.70 Subd. 4 (f) Service plan, implementation and revisions to<br><br>(f) The service plan must include:<br>(1) a description of the services to be provided, the fees for services, and the frequency of each service, according to the resident's current assessment and resident preferences;<br>(2) the identification of staff or categories of staff who will provide the services;<br>(3) the schedule and methods of monitoring assessments of the resident;<br>(4) the schedule and methods of monitoring staff providing services; and<br>(5) a contingency plan that includes:<br>(i) the action to be taken if the scheduled service cannot be provided;<br>(ii) information and a method to contact the facility; | 01650 | | |

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|---|---|---|---|---|
| 01650 | Continued From page 14<br><br>(iii) the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency; and<br>(iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to ensure the service plan included all required content for four of four residents (R2, R3, R5, R6).<br><br>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).<br><br>The findings include:<br><br>R2<br>R2 was admitted to the licensee for assisted living services March 21, 2022.<br><br>R2's record included an undated signed Service Plan Agreement printed March 20, 2023, during the survey. R2's service plan indicated R2 received assistance with bathing, escorts, | 01650 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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|---|---|---|---|---|
| 01650 | Continued From page 15<br><br>dressing, grooming, laundry, toileting, medication management, and oxygen management.<br><br>R3<br>R3 was admitted to the licensee March 2, 2018, and started receiving assisted living services August 1, 2021.<br><br>R3's record included a signed service plan dated April 21, 2021. R3's service plan indicated R3 received stand by transfer assistance, comfort/safety checks, stand by bathroom assistance, treatment and therapy management, medication administration, assistance of one person for bathing, assistance of one person for dressing, stand by assistance for grooming, vital signs, housekeeping, laundry, and behavior management.<br><br>R5<br>R5 was admitted to the licensee January 21, 2021, and started receiving assisted living services August 1, 2021.<br><br>R5's record included a Service Plan Agreement dated March 20, 2023. R5's service plan indicated R5 received assistance with bathing, dining, dressing, grooming, laundry, blood glucose check, and medication management.<br><br>R6<br>R6 was admitted to the licensee for assisted living services March 10, 2023.<br><br>R6's record included a Service Plan Agreement dated March 13, 2023. R6's service plan indicated R6 received assistance with dining, dressing, grooming, medication management, oxygen, repositioning, bed transfer, and toileting. | 01650 | | |

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|---|---|---|---|---|
| 01650 | Continued From page 16<br><br>R2, R3, R5, and R6's service plan lacked methods of monitoring assessments of the resident.<br><br>On March 21, 2021, at 10:52 a.m., regional director of health services (RDHS)-M stated all service plans would lack the method of monitoring assessments of the resident however, the method would be listed in the licensee's policy. RDHS-M stated the licensee was unaware the service plan lacked the content listed above because it was not cited by the Minnesota Department of Health (MDH) at a sister facility.<br><br>The licensee's Resident Assessments and Service Agreements Assisted Living dated December 1, 2022, indicated the service agreement must include the content listed above.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 01650 | | |
| 01760 SS=D | 144G.71 Subd. 8 Documentation of administration of medication<br><br>Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not | 01760 | | |

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|---|---|---|---|---|
| 01760 | Continued From page 17<br><br>administered as prescribed and in compliance with the resident's medication management plan.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to ensure medications were administered as ordered or per manufacturer's instructions for two of eight residents (R7, R8).<br><br>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).<br><br>The findings include:<br><br>R7<br>R7's diagnoses included unspecified dementia without behavioral disturbance, major depressive disorder, and essential hypertension.<br><br>R7's service plan dated January 10, 2023, indicated R7 received services to include complex medication administration- resident has complex medications (e.g., oral, topical, eye drops, inhalers). See MAR for specific medication instructions.<br><br>On March 21, 2023, at 7:42 a.m., the evaluator observed unlicensed personnel (ULP)-L prepare medications for R7. ULP-L placed all the oral medications into one medication cup, including a chewable aspirin and gave the medications to R7. | 01760 | | |

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|---|---|---|---|---|
| 01760 | Continued From page 18<br><br>R7 swallowed all the medications including the chewable aspirin.<br><br>R7's prescribers orders, dated November 11, 2022, included the following:<br>acetaminophen 500mg<br>amlodipine besylate 5mg<br>aspirin tablet chewable 81mg<br>fluticasone propionate suspension 50 mcg/act<br>levothyroxine sodium tablet 88mcg<br>lisinopril tablet 10mg<br>Microzide capsule 12.5mg<br>Senokot S tablet 8.6-50mg<br>sertraline hcl tablet 75mg<br><br>R7's medication administration record (MAR) from March 2023, indicated:<br>- aspirin 81mg chewable tablet, chew and swallow 1 tab by mouth daily with a meal<br><br>On March 21, 2023, at 7:55 a.m., ULP-L stated the resident can chew the aspirin if she wants and further stated, "I guess I should have told her which pill was the chewable".<br><br>On March 21, 2023, at 9:25 a.m., clinical nurse supervisor (CNS)-D stated the expectation for chewable medications was for staff to place the chewable in a separate cup for administration.<br><br>R8<br>R8's diagnoses included Huntington's disease, anemia, and hypertension.<br><br>R8's service plan dated January 18, 2023, indicated R8 received services to include complex medication administration- resident has complex medications (e.g., oral, topical, eye drops, inhalers). See MAR for specific medication instructions. Medication: eye drops- administer | 01760 | | |

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| 01760 | Continued From page 19<br><br>meds per MAR. Must wait 5 minutes between each drop. See MAR for specific instructions.<br><br>On March 21, 2023, at 7:15 a.m., the evaluator observed ULP-L prepare and administer medications to include oral medication and two different eye drops for R8. At 7:26 a.m., ULP-L administered the first eye drop, Combigan 0.2-0.5%, one drop into both eyes. At 7:28 a.m., ULP-L administered the second eye drop, timolol maleate 0.5%, one drop into both eyes. R8's MAR did not instruct to wait any amount of time between administering eye drops.<br><br>R8's prescriber orders, dated October 28, 2022, included:<br>acetazolamide 250mg<br>aspirin 81mg chew<br>calcium carbonate-vitamin D 600-200mg<br>carvedilol 12.5 mg<br>Combigan 0.2-0.5% soln one drop into both eyes twice a day<br>fluorometholone 0.1% susp<br>lisinopril 5mg<br>multi vitamin tabs<br>Synthroid 75mcg<br>timolol maleate 0.5% soln one drop in both eyes twice a day<br>vitamin B 12 1000mcg<br>vitamin C 500mg<br>vitamin E 400u<br>latanoprost 0.005% soln<br>Travatan z 0.004% soln<br>Zocor 20mg<br><br>On March 21, 2023, at 7:34 a.m., ULP-L stated if the MAR gives instruction to wait a certain amount of time between administering eye drops, she waits that amount of time, but there were no instructions on the MAR to wait. | 01760 | | |

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| 01760 | Continued From page 20<br><br>On March 21, 2023, at 9:25 a.m., CNS-D stated staff should be waiting between administering eye drops, and instructions were not on the MAR as the staff are trained to wait which is the standard.<br><br>Manufacturer's instructions for Combigan eye drops indicate if you are using more than one eye drop product, wait 5 to 10 minutes before using the second product.<br><br>Manufacturer's instructions for timolol eye drops indicate if you are using more than one drop in the same eye, wait at least 5 minutes before instilling the next drop.<br><br>The licensee's Medication Management Services Assisted Living policy dated December 9, 2019, and last revised June 25, 2021, indicated the registered nurse will:<br>A.instruct the unlicensed personnel in the proper methods to administer the medications<br>B.witness and document that the ULP has demonstrated the ability to competently follow the procedures<br>C. specify in writing, specific instructions for each resident and document those instructions in the resident's electronic medical record<br>D. communicate with the ULP about the individual resident needs<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days | 01760 | | |

Minnesota Department of Health
Food Pools & Lodging Services
P.O. Box 64975
St Paul, MN 55164-0975
651 201 4500

Type: Full
Date: *03/20/23*
Time: 15:07:24
Report: 8058231059

# Food and Beverage Establishment Inspection Report



**Location:**
Walker Methodist Plaza Gardens
100 Monroe Street
Anoka, MN55303
Anoka County, 02

**Establishment Info:**
ID #: 0038004
Risk:
Announced Inspection: No

**License Categories:**

Expires on: / /

**Operator:**

Phone #: 7634537125
ID #:

The violations listed in this report include any previously issued orders and deficiencies identified during this inspection. Compliance dates are shown for each item.

No NEW orders were issued during this inspection.

**Surface and Equipment Sanitizers**

Quaternary Ammonia: = 200 PPM at Degrees Fahrenheit
Location: 3 COMP SINK
Violation Issued: No

Hot Water: = --- at 160 Degrees Fahrenheit
Location: DISH MACHINE
Violation Issued: No

**Food and Equipment Temperatures**

Process/Item: LETTUCE
Temperature: 41 Degrees Fahrenheit - Location: WALK IN
Violation Issued: No

Process/Item: TOMATO
Temperature: 48 Degrees Fahrenheit - Location: WALK IN
Violation Issued: No

Process/Item: HAM
Temperature: 39 Degrees Fahrenheit - Location: WALK IN
Violation Issued: No

Process/Item: MASHED P.
Temperature: 38 Degrees Fahrenheit - Location: WALK IN
Violation Issued: No

Process/Item: ROAST PORK
Temperature: 35 Degrees Fahrenheit - Location: WALK IN
Violation Issued: No

Type: Full
Date: *03/20/23*
Time: 15:07:24
Report: 8058231059
Walker Methodist Plaza Gardens

# Food and Beverage Establishment Inspection Report

Process/Item: BURGER
Temperature: 185 Degrees Fahrenheit - Location: HOT WELL
Violation Issued: No

Process/Item: TOMATO SOUP
Temperature: 180 Degrees Fahrenheit - Location: HOT WELL
Violation Issued: No

Process/Item: TOMATO
Temperature: 41 Degrees Fahrenheit - Location: PREP
Violation Issued: No

Process/Item: SAUSAGE
Temperature: 41 Degrees Fahrenheit - Location: PREP
Violation Issued: No

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

FULL COMMERCIAL KITCHEN

HRD INSPECTOR ASHLEY CREWS

NO NEW ORDERS

**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 8058231059 of 03/20/23.

Certified Food Protection Manager: JOSEPH MAHMOOD

Certification Number: 106263 Expires: 05/05/24

**Inspection report reviewed with person in charge and emailed.**

Signed: _____
Establishment Representative

Signed: _____
Inspector Number 8058
Sanitarian 3
MDH Metro Office
651 201 4500
health.foodlodging@state.mn.us