DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

April 11, 2022

Administrator
Diamond Willow Of Grand Rapids
949 Sw 11th Avenue
Grand Rapids, MN 55744

RE: Project Number(s) SL24815015

Dear Administrator:

On April 5, 2022, the Minnesota Department of Health completed a follow-up evaluation of your facility to determine correction of orders found on the evaluation completed on February 8, 2022. The follow-up evaluation determined your agency had not corrected all of the state licensing orders issued pursuant to the February 8, 2022 evaluation.

In accordance with Minn. Stat. § 144G.31 Subd. 4 (a), state licensing orders issued pursuant to the last evaluation completed on February 8, 2022, found not corrected at the time of the April 5, 2022, follow-up evaluation and/or subject to penalty assessment are as follows:

1650-Service Plan, Implementation And Revisions To-144g.70 Subd. 4 (f) - $500.00
1730-Individualized Medication Management Plan-144g.71 Subd. 5
1940-Individualized Treatment Or Therapy Managemen-144g.72 Subd. 3
2310-Appropriate Care And Services-144g.91 Subd. 4

The details of the violations noted at the time of this follow-up evaluation completed on April 5, 2022 (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 evaluation completed on April 5, 2022, we identified the following violation(s):

0970-Waivers Of Liability Prohibited-144.50 Subd. 5

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is $500.00**. You will be invoiced after 15 days of the receipt of this notice, subject to appeal.

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

DOCUMENTATION OF ACTION TO COMPLY

In accordance with Minn. Stat. § 144G.30, Subd. 5(c), by the correction order date, the licensee must document in the provider's records any action taken to comply with the correction order by the correction order date. The commissioner may request a copy of this documentation and the assisted living facility's action to respond to the correction orders in future evaluations, upon a complaint investigation, and as otherwise needed.

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 have one opportunity to challenge the correction order issued, including the level and scope, and any fine assessed through the correction order reconsideration process. This written request must be received by the Department of Health within 15 calendar days of the correction order receipt date. Please send your written request via email to the following:

Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place
St. Paul, MN 55164-0970
Health.HRD.Appeals@state.mn.us

REQUESTING A HEARING

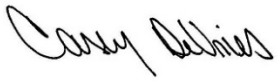
Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the Department of Health within 15 business days of the correction order receipt date. 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 Casey DeVries at 651-201-5917 .

Please note, it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

Sincerely,



Casey DeVries, Supervisor
Health Regulation Division
State Evaluation Team
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Email: casey.devries@state.mn.us
Phone: 651-201-5917 Fax: 651-215-6894

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	24815	A. BUILDING: _____ B. WING _____	R 04/05/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIAMOND WILLOW OF GRAND RAPIDS	949 SW 11TH AVENUE GRAND RAPIDS, MN 55744

(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 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: SL24815015 On April 4, 2022, through April 5, 2022, 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 8, 2022. At the time of the survey, there were ten (10) residents receiving services under the Assisted Living with Dementia Care license.	{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 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 SUBDIVISION 1-3.	
{0 800} SS=F	144G.45 Subd. 2 (a) (4) Fire protection and physical environment	{0 800}		

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{0 800}	Continued From page 1 (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: No further action required.	{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. (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	{0 810}		

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{0 810}	Continued From page 2 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: No further action required.	{0 810}		
0 970 SS=F	144.50 Subd. 5 Waivers of liability prohibited The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living agreement did not include language waiving the facility's liability for health, safety, or personal property of a resident. This had the potential to affect all residents. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a	0 970		

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0 970	Continued From page 3 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: R1's Service Plan - Waiver dated November 22, 2021, R2's Service Plan - Private Pay dated January 12, 2022, and R3's Service Plan - Waiver dated March 18, 2022, each contained a two-paragraph clause indicating the resident would waive the facility's liability as follows: "The responsible party and the resident understand that [licensee] is an assisted living setting and not a nursing home; and they understand that there is a difference between the two settings. In a nursing home, the resident has access to a licensed nurse - onsite 24 hours a day and inter-disciplinary teams for care planning and risk management (for the risks of falls, pressure ulcers, malnutrition, dehydration, choking, impaction, aspiration, etc), and a variety of other services which are not available in an assisted living setting. However, despite the additional services available in a nursing home setting, falls, pressure ulcers, malnutrition, dehydration, choking, impaction, aspiration, etc., do occur. In fact, these risks may occur in all settings, including the nursing home, assisted living, and home settings. Many times these risks are associated with the natural aging process and the residents medical conditions, and cannot be prevented even with optimal care. [Licensee] uses a RN Case Management model to minimize some of these risks and we work closely with the residents physician and other health care professionals to create a setting where health and quality are maximized.	0 970		

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0 970	Continued From page 4 The responsible party and the resident are willing to accept these risks, in order to experience what they have determined to be a higher quality of life in the assisted living setting. Although unlikely, the responsible party and the resident understand, acknowledge and accept that the consequences of high risk issues, such as falls, pressure ulcers, malnutrition, dehydration, choking, impaction, aspiration, etc., can be severe illness, pain and/or death. The responsible party and the resident agree that [licensee] will not be held responsible for the manifestation of a high risk issue or a complication relating to a high risk issue; nor held responsible for the consequences of the decision to place the resident in an assisted living setting rather than a nursing home." Page 5, first and second paragraph. On April 5, 2022, at approximately 12:12 p.m., licensed assisted living director (LALD)-A confirmed R1, R2 and R3's service agreements included the waiver of liability, and the same assisted living service agreement was used for all residents at the facility. The licensee's Contract Requirements policy dated, February 14, 2022, indicated the contracts must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful or unenforceable under state or federal law, nor include any provisions that required or implied a lesser standard of care or responsibility than is required by law. No further information available.	0 970		

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{01650}	Continued From page 5	{01650}		
{01650} SS=F	144G.70 Subd. 4 (f) Service plan, implementation and revisions to (f) The service plan must include: (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; (2) the identification of staff or categories of staff who will provide the services; (3) the schedule and methods of monitoring assessments of the resident; (4) the schedule and methods of monitoring staff providing services; and (5) a contingency plan that includes: (i) the action to be taken if the scheduled service cannot be provided; (ii) information and a method to contact the facility; (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 (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. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the service plan included all required content for three of three residents (R1, R2, R3) with records reviewed.	{01650}		

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{01650}	Continued From page 6 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: R1 R1's diagnoses included stroke, chronic kidney disease stage 3 and congestive heart failure. R1's service plan dated November 22, 2021, indicated R1 received services to include medication administration and assistance with bathing, grooming, toileting, ambulation, transfers and dressing. R1's service plan lacked the following required content: - 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. R1's Service Recap Summary dated March 2022, verified tasks and services were completed and signed off by unlicensed personnel and nursing staff from March 1, 2022, through March 31, 2022, and included the following completed services signed off by unlicensed personnel and licensed nursing staff: - activity coordination activities; - bathing assist Tuesday and Saturday; - bed mobility twice daily; - catheter care three times daily; - dressing assist twice daily;	{01650}		

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{01650}	Continued From page 7 - eating assist three times daily; - grooming assist twice daily; - mobility walking assist three times daily; - oral care twice daily; - reposition three times daily; - toileting three times daily; - transfer assist three times daily; - clinical monitoring follow up by nursing daily, Monday through Friday; - diet fluid restriction daily; - DME glucometer cleaning every Tuesday; - fall coordination three times daily; - housekeeping daily and weekly; - medication management daily and every 14 days by nursing; - monitor blood pressure every second Tuesday; - monitor bowel movements twice daily; - monitor oxygen saturation, temperature and pulse daily; - monitor behavior LPN charting 4th Wednesday of month; - skin coordination checks every Tuesday; - safety call pendant daily; - nail care every Tuesday; - brace application and removal daily; - diet food intake; and - monitor blood glucose daily. - DME (durable medical equipment) glucometer cleaning on Tuesdays; - monitor blood pressure on Tuesdays; - monitor bowel movement daily; - monitor oxygen saturation, pulse, respirations and temperature 2nd Tuesday of month; - monitor urine output every shift; - monthly licensed practical nurse (LPN) behavior charting 4th Wednesday of month; - skin coordination check every Tuesday; - task nail care by LPN every Tuesday; - treatment-brace application/removal daily; and - diet snack and drink.	{01650}		

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{01650}	Continued From page 8 R2 R2's diagnoses included dementia, hypertension and acute ischemic stroke. R2's service plan dated March 18, 2022, indicated R2 received services to include medication administration and assistance with bathing, grooming, toileting, ambulation, transfers and dressing. R2's service plan lacked the following required content: - 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. R2's Service Recap Summary dated March 2022, verified tasks and services were completed and signed off by unlicensed personnel and nursing staff from March 1, 2022, through March 31, 2022, and included the following completed services signed off by unlicensed personnel and licensed nursing staff: - behavioral refusal of care or medication daily; - skin coordination skin check every Thursday; - safety checks every two (2) hours daily; - eating assist three times daily; - bathing assist Tuesdays and Fridays; - bed mobility twice daily; - dressing assist twice daily; - grooming assist twice daily; - oral cares am and pm; - toileting three times daily; - transfer assist three times daily; - alarms, motion and tabs every shift; - behavior - anxiety; - cliical monitoring follow up by nursing Monday through Friday;	{01650}		

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{01650}	Continued From page 9 - diet snacks and drinks; - fall coordination; - medication management daily and every 7 days; - monitor bowel movements twice daily; - nail care every Friday; - monitor pulse, temperature and oxygen saturation daily; - monitor blood pressure every Friday; - housekeeping daily and weekly; and - activity coordination activity. R3 R3's diagnosis included bladder cancer. R3's service plan dated March 18, 2022, indicated R3 received services to include medication administration and assistance with bathing, grooming, toileting, transfers and dressing. R3's service plan lacked the following required content: - 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. R3's Service Recap Summary dated March 2022, verified tasks and services were completed and signed off by unlicensed personnel and nursing staff from March 1, 2022, through March 31, 2022, and included the following completed services signed off by unlicensed personnel and licensed nursing staff: - activity coordination activities daily; - anti-embolytic stocking care twice daily; - bathing assist every Tuesday and Saturday; - bed mobility twice daily; - dressing assist twice daily; - eating assist three times daily;	{01650}		

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{01650}	Continued From page 10 - grooming assist twice daily; - oral care am and pm; - toileting three times daily; - transfer assist three times daily; - housekeeping daily and weekly; - monitoring bowel movements twice daily; - monitoring weight monthly; - monitor oxygen saturation, temperature and pulse daily; - nail care every Tuesday; - skin coordination check every Tuesday; and - monitor blood pressure daily. On April 5, 2022, at approximately 12:17 p.m., licensed assisted living director (LALD)-A confirmed the service plan did not list the tasks being performed for managing and monitoring R1, R2 and R3's individual needs. Licensee's 4.14 Service Plans policy revised July 25, 2021, indicated all services provided to residents would be delivered after an up-to-date service plan is signed by the resident and registered nurse (RN). Additionally, the policy indicated a service plan must be revised, if needed, based on results of required resident monitoring and/or assessments. No further information was provided.	{01650}		
{01730} SS=D	144G.71 Subd. 5 Individualized medication management plan (a) For each resident receiving medication management services, the assisted living facility must prepare and include in the service plan a written statement of the medication management services that will be provided to the resident. The	{01730}		

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{01730}	Continued From page 11 facility must develop and maintain a current individualized medication management record for each resident based on the resident's assessment that must contain the following: (1) a statement describing the medication management services that will be provided; (2) a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; (3) documentation of specific resident instructions relating to the administration of medications; (4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis; (5) identification of medication management tasks that may be delegated to unlicensed personnel; (6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and (7) any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions. (b) The medication management record must be current and updated when there are any changes. (c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop and maintain a current	{01730}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	24815	A. BUILDING: _____ B. WING _____	R 04/05/2022

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{01730}	Continued From page 12	{01730}		

individualized medication management record for each resident to include all required content for one of three residents (R2) with records reviewed.

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:

R2
R2's diagnoses included dementia, hypertension and acute ischemic stroke.

R2's service plan dated March 18, 2022, indicated R2 received services to include medication administration.

R2's Medication Administration Summary dated March 2022, included one mild pain reliever, one blood thinner, one thyroid replacement, one stomach acid reducer, one heart rate stabilizer, one anti-depressant, one anti-psychotic and three vitamin supplements.

R2's medication management record did not include the following:
- medication management services provided by nurse and unlicensed personnel;
- identification of medication management tasks that may be delegated to ULP;
- any resident-specific requirements relating to documenting medication administration, verification that all medications are administered

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{01730}	Continued From page 13 as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions. On April 5, 2022, at approximately 12:23 p.m., licensed assisted living director (LALD)-A confirmed R2's individualized medication management record lacked the required content noted above. A policy pertaining to individualized medication management plans was requested, but not received. No further information was provided.	{01730}		
{01940} SS=D	144G.72 Subd. 3 Individualized treatment or therapy managemen For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following: (1) a statement of the type of services that will be provided; (2) documentation of specific resident instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy	{01940}		

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{01940}	Continued From page 14 services; and (5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop an individualized treatment management plan with all required content for one of three residents (R1) who received ordered treatments. 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: R1's diagnoses included stroke, chronic kidney disease stage 3 and congestive heart failure. R1's service plan dated November 22, 2021, indicated R1 received services to include medication administration and assistance with bathing, grooming, toileting, ambulation, transfers and dressing.	{01940}		

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{01940}	Continued From page 15 R1's prescriber orders dated July 25, 2021, included orders to wear braces on both knees when walking, catheter cares three times a day and monitor blood glucose one day a week and monthly. R1's Service Recap Summary dated March 2022 indicated unlicensed personnel had signed off and completed the tasks of glucose check three times daily, catheter cares three times daily and brace application/removal twice daily March 1, 2022, through March 31, 2022. R1's record lacked evidence the registered nurse had developed an individualized treatment management plan with the required content for blood glucose monitoring including: - identification of treatment or therapy tasks that will be delegated to unlicensed personnel; - procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and - any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed and monitoring of treatment or therapy to prevent possible complications or adverse reactions. On April 5, 2022, at approximately 12:32 p.m., licensed assisted living director (LALD)-A confirmed an individualized treatment and therapy management plan had not been developed with all required content for R1. The licensee's Development of Treatment or Therapy Management Plans policy revised December 8, 2020, indicated the registered nurse was responsible to develop and assure that the	{01940}		

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{01940}	Continued From page 16 staff are deemed competent to perform and record treatments or therapies. The plan did not address the requirements of an individualized treatment and therapy management plan. No further information was provided.	{01940}		
{02040} SS=F	144G.81 Subdivision 1 Fire protection and physical environment An assisted living facility with dementia care that has a secured dementia care unit must meet the requirements of section 144G.45 and the following additional requirements: (1) a hazard vulnerability assessment or safety risk must be performed on and around the property. The hazards indicated on the assessment must be assessed and mitigated to protect the residents from harm; and (2) the facility shall be protected throughout by an approved supervised automatic sprinkler system by August 1, 2029. This MN Requirement is not met as evidenced by: No further action required.	{02040}		
{02310} SS=D	144G.91 Subd. 4 Appropriate care and services (a) Residents have the right to care and assisted living services that are appropriate based on the resident's needs and according to an up-to-date service plan subject to accepted health care standards. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide care and services	{02310}		

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{02310}	Continued From page 17	{02310}		

according to acceptable health care standards, medical or nursing standards for one of two residents (R2) who utilized a tab alarm with records reviewed.

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:

R2's record lacked evidence that the registered nurse (RN) completed an assessment/reassessment prior to the placement of a tab alarm (a device attached to an individual with two connectors that makes alerting sounds when one end is disconnected from an object to which it is attached).

On April 5, 2022, at 11:13 a.m., the surveyor reviewed R2's Service Recap Summary dated March 2022. The Service Recap Summary indicated unlicensed personnel signed off and completed alarm, motion and tab tasks three times daily March1, 2022, through March 31, 2022.

R2's Assessment dated March 3, 2022, did not include an assessment for the use of tab or motion alarms.

On April 5, 2022, at approximately 12:41 p.m., licensed assisted living director (LALD)-A confirmed R2's current assessment did not reflect

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{02310}	Continued From page 18 the residents' individual needs for use of an alarm. A document titled Training Requirements Nursing Staff, signed by clinical nurse supervisor (CNS)-B and dated December 3, 2021, indicated the use of alarms would be assessed by the registered nurse and written in the plan of care with specific instructions detailing when to use the alarm, which chair, how to secure the alarm, where it is placed and certain times of day. Additionally, the document indicated all staff need to be trained and deemed competent on the use of alarms. No further information was provided.	{02310}		

Electronically Delivered

February 28, 2022

Administrator
Diamond Willow Of Grand Rapids
949 Southwest 11th Avenue
Grand Rapids, MN 55744

RE: Project Number(s) SL24815015

Dear Administrator:

The Minnesota Department of Health completed an evaluation on February 8, 2022, 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.

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, no immediate fines are assessed.

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 surveys. 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 general reconsideration requests to: **Health.HRD.Appeals@state.mn.us**.

Please address your cover letter for general reconsideration requests to:
Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place

Free from Maltreatment reconsideration requests should addressed to:
Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place

St. Paul, MN 55164-0970 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 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
Health Regulation Division
State Evaluation Team
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Telephone: 651-201-5917 Fax: 651-215-9697

PMB

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0 000	Initial Comments Initial comments ******ATTENTION****** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders have 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: SL#24815015 On February 7, 2022, through February 8, 2022, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders were issued. At the time of the survey, there were twelve (12) residents receiving services under the Assisted Living with Dementia license.	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 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 SUBDIVISION 1-3.	
0 470 SS=F	144G.41 Subdivision 1 Minimum requirements	0 470		

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0 470	Continued From page 1 (11) develop and implement a staffing plan for determining its staffing level that: (i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility; (ii) ensures sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; and (iii) ensures that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility; (12) ensure that one or more persons are available 24 hours per day, seven days per week, who are responsible for responding to the requests of residents for assistance with health or safety needs. Such persons must be: (i) awake; (ii) located in the same building, in an attached building, or on a contiguous campus with the facility in order to respond within a reasonable amount of time; (iii) capable of communicating with residents; (iv) capable of providing or summoning the appropriate assistance; and (v) capable of following directions; This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop and implement a staffing plan. This had the potential to affect all twelve (12) 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	0 470		

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0 470	Continued From page 2 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: The licensee held an assisted living facility with dementia care license. The facility was licensed for a capacity of 26 residents and had a current census of 12 residents. During the entrance conference on February 7, 2022, at approximately 11:00 a.m., clinical nurse supervisor (CNS)-B and licensed assisted living director (LALD)-A stated CNS-B was the individual responsible for developing a staffing plan. On February 7, 2022, at 11:00 a.m., LALD-A indicated the staff schedule was created based on the needs of the residents and posted every two weeks. LALD-A and CNS-B stated the required staffing plan and matrix were not developed as required. A policy pertaining to a staffing plan was requested, but not received. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 470		
0 630 SS=D	144G.42 Subd. 6 Compliance with requirements for reporting ma (b) The facility must develop and implement an individual abuse prevention plan for each	0 630		

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0 630	Continued From page 3 vulnerable adult. The plan shall contain an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults; the person's risk of abusing other vulnerable adults; and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. For purposes of the abuse prevention plan, abuse includes self-abuse. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to develop an individual abuse prevention plan with the required content for one of two residents (R2) with records reviewed. 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: R2's diagnoses included dementia, hypertension and acute ischemic stroke. R2's service plan dated January 2, 2022, indicated R2 received services including medication administration and assistance with bathing, grooming, toileting, ambulation, transfers and dressing. On February 7, 2022, at approximately 1:37 p.m.,	0 630		

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0 630	Continued From page 4 the surveyor observed unlicensed personnel (ULP)-D assisting R2 transfer from R2's wheelchair to recliner. ULP-D attached a tab alarm (a device that loudly alerts when seperated from a connected surface) from R2's shirt to R2's recliner. ULP-D stated, "that's in case she [R2] tries to stand up." R2's Individual Abuse Prevention Plan dated January 18, 2022, identified areas of vulnerability with hearing impairment; right sided blindness; difficulty weighing advice, disoriented occasionally, memory problems and could be resistive to cares and medications at times. R2's individual abuse prevention plan did not include a review of R2's risk of abusing other vulnerable adults and indicated R2 did not have any areas of vulnerability requiring intervention for risk to abuse themselves despite notation of the above mentioned areas of vulnerability. On February 8, 2022, at 8:24 a.m., licensed assisted living director (LALD)-A confirmed R2's Individual Abuse Prevention Plan did not address the above noted areas of risk. A policy pertaining to Individual Abuse Prevention plans was requested, but not received. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 630		
0 660 SS=D	144G.42 Subd. 9 Tuberculosis prevention and control (a) The facility must establish and maintain a comprehensive tuberculosis infection control	0 660		

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0 660	Continued From page 5 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: Based on observation, interview, and record review, the licensee failed to maintain a tuberculosis (TB) prevention and control program, based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC). The licensee failed to ensure history and symptoms screenings and screening for active TB (either a two-step tuberculin skin test (TST) or blood test) were completed and documented for one of two employees (unlicensed personnel (ULP)-C) with employee records reviewed. 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:	0 660		

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0 660	Continued From page 6 SCREEN FOR ACTIVE/LATENT TB ULP-C's employee record lacked documentation of a completed two-step screening for active/latent TB. ULP-C was hired on January 6, 2022, to provide direct cares to licensee's residents. On February 7, 2022, at approximately 1:37 p.m., the surveyor observed ULP-C assist R1 pivot transfer from R1's wheelchair to R1's recliner. On February 8, 2022, at 12:06 p.m., licensed assisted living director (LALD)-A confirmed ULP-C had not received a screening for active TB. TB TRAINING ULP-C's employee record lacked documentation of TB training at time of hire. On February 8, 2022, at 12:08 p.m., LALD-A confirmed ULP-C had not received TB training as required. Licensee's 7.12 Tuberculosis and Staff Screening policy, dated December 24, 2019, indicated all assisted living staff whose job functions require work with the same air space of assisted living residents shall be screened and tested for TB. Additionally, the same policy indicated employees would be trained regarding TB at time of hire. The Minnesota Department of Health (MDH) guidelines, Regulations for Tuberculosis Control in Minnesota Health Care Settings, dated July 2013, and the CDC guidelines, indicated a TB	0 660		

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0 660	Continued From page 7 infection control program should include a facility TB risk assessment. The guidelines also indicated an employee may begin working with patients after a negative TB history and symptom screen (no symptoms of active TB disease) and a negative IGRA (serum blood test) or TST (first step) dated within 90 days before hire. The second TST may be performed after the HCW (health care worker) starts working with patients. Baseline TB screening should be documented in the employee's record. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 660		
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 affect all residents and staff. This practice resulted in a level two violation (a violation that did not harm a resident's health or	0 800		

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0 800	Continued From page 8 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 February 8, 2022, between 10:00 a.m. and 11:20 a.m., survey staff toured the facility with maintenance (M)-E. During the facility tour, survey staff observed the following: 1. Two electrical panels located in hallways were not provided with locks. M-E confirmed during the facility tour that the electrical panels were not locked. M-E stated that locks were already purchased and needed to be installed on the electrical panels. 2. One hallway emergency light did not work when tested in the Mississippi Building. M-E confirmed during the facility tour that this light required repair. 3. One sprinkler head was not provided with an escutcheon in the salon. M-E confirmed during the facility tour that the escutcheon was missing and required replacement. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) 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	0 810		

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0 810	Continued From page 9 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 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 document review and interview, the licensee failed to provide the required training, evacuation drill frequency, and accurate plans for fire safety and evacuation. This had the potential to 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	0 810		

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0 810	Continued From page 10 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 February 8, 2022, at approximately 11:25 a.m., the licensed assisted living director (LALD)-A provided documents for review. At approximately 12:05 p.m., survey staff requested copies of evacuation drill logs from the LALD-A, but none were provided. Documents were reviewed by survey staff on February 8, 2022, between 11:45 a.m. and 12:30 p.m. 1. Documentation on staff training for fire safety and evacuation was not provided. 2. Documentation on resident training for fire safety and evacuation was not provided. 3. The licensee failed to document the required employee evacuation drills. 4. The location and number of resident sleeping rooms was not included in the fire safety and evacuation plans. On February 8, 2022, between 12:40 p.m. and 12:55 p.m., during the exit interview with the LALD-A, they confirmed that documentation for staff and resident training for fire safety and evacuation was not available and that evacuation drill frequency was not met. The LALD-A additionally confirmed that the fire safety and evacuation plans required revision. No further information was provided.	0 810		

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0 810	Continued From page 11 TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810		
0 900 SS=D	144G.50 Subdivision 1 Contract required (a) An assisted living facility may not offer or provide housing or assisted living services to any individual unless it has executed a written contract with the resident. (b) The contract must contain all the terms concerning the provision of: (1) housing; (2) assisted living services, whether provided directly by the facility or by management agreement or other agreement; and (3) the resident's service plan, if applicable. (c) A facility must: (1) offer to prospective residents and provide to the Office of Ombudsman for Long-Term Care a complete unsigned copy of its contract; and (2) give a complete copy of any signed contract and any addendums, and all supporting documents and attachments, to the resident promptly after a contract and any addendum has been signed. (d) A contract under this section is a consumer contract under sections 325G.29 to 325G.37. (e) Before or at the time of execution of the contract, the facility must offer the resident the opportunity to identify a designated representative according to subdivision 3. (f) The resident must agree in writing to any additions or amendments to the contract. Upon	0 900		

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0 900	Continued From page 12 agreement between the resident and the facility, a new contract or an addendum to the existing contract must be executed and signed. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to develop and execute a written contract, prior to the start of services, with the required content to provided assisted living services for one of two residents (R1) with records reviewed. 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: R1's records lacked a written contract to include all of the terms concerning the provisions of the following as required: (1) housing; (2) assisted living services, whether provided directly by the facility or by management agreement or other agreement; and (3) the resident's service plan, if applicable. In addition, R1's records lacked evidence the contract had been fully executed as the facility must: - give a complete copy of any signed contract and any addendums, and all supporting documents and attachments, to the resident promptly after a contract and any addendum has been signed.	0 900		

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0 900	Continued From page 13 R1's diagnoses included stroke, chronic kidney disease stage 3 and congestive heart failure. R1's service plan dated November 22, 2021, indicated R1 received services to include medication administration and assistance with bathing, grooming, toileting, ambulation, transfers and dressing. On February 7, 2022, at approximately 1:37 p.m., the surveyor observed unlicensed personnel (ULP)-C assist R1 pivot transfer from R1's wheelchair to R1's recliner. Following the transfer ULP-C provided R1's catheter cares. On February 7, 2022, at approximately 3:55 p.m., licensed assisted living director (LALD)-A stated a written assisted living contract had been developed on or around July 2021 for R1 and the licensee mailed to R1's family for signatures. LALD-A confirmed licensee did not have documentation of the efforts to contact the family and did not have a signed assisted living contract for R1. A policy pertaining to written assisted living contracts was requested, but not provided. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 900		
01370 SS=D	144G.61 Subd. 2 Training and evaluation of unlicensed personn (a) Training and competency evaluations for all	01370		

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01370	Continued From page 14 unlicensed personnel must include the following: (1) documentation requirements for all services provided; (2) reports of changes in the resident's condition to the supervisor designated by the facility; (3) basic infection control, including blood-borne pathogens; (4) maintenance of a clean and safe environment; (5) appropriate and safe techniques in personal hygiene and grooming, including: (i) hair care and bathing; (ii) care of teeth, gums, and oral prosthetic devices; (iii) care and use of hearing aids; and (iv) dressing and assisting with toileting; (6) training on the prevention of falls; (7) standby assistance techniques and how to perform them; (8) medication, exercise, and treatment reminders; (9) basic nutrition, meal preparation, food safety, and assistance with eating; (10) preparation of modified diets as ordered by a licensed health professional; (11) communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family; (12) awareness of confidentiality and privacy; (13) understanding appropriate boundaries between staff and residents and the resident's family; (14) procedures to use in handling various emergency situations; and (15) awareness of commonly used health technology equipment and assistive devices. This MN Requirement is not met as evidenced by:	01370		

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01370	Continued From page 15 Based on observation, interview and record review, the licensee failed to ensure training was completed in all required areas for one of two employees (unlicensed personnel (ULP)-C) with records reviewed. 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: ULP-C was hired on January 6, 2022, to provide direct cares to licensee's residents. ULP-C's employee file lacked documentation of competency evaluations by a registered nurse (RN) for the following topics: - documentation requirements for all services provided; - reports of changes in the resident's condition to the supervisor designated by the home care provider; - maintenance of a clean and safe environment; - appropriate and safe techniques in personal hygiene and grooming, including: (i) hair care and bathing; (ii) care of teeth, gums and oral prosthetic devices; (iii) care and use of hearing aides; and (iv) dressing and assisting with toileting. - training on the prevention of falls for providers working with the elderly or individuals at risk of falls; - standby assistance techniques and how to	01370		

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01370	Continued From page 16 perform them; - medication, exercise, and treatment reminders; - basic nutrition, meal preparation, food safety, and assistance with eating; - preparation of modified diets as ordered by a licensed health professional; - communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family; - awareness of confidentiality and privacy; and - awareness of commonly used health technology equipment and assistive devices. On February 7, 2022, at approximately 1:37 p.m., the surveyor observed ULP-C assist R1 pivot transfer from R1's wheelchair to R1's recliner. On February 8, 2022, at approximately 10:33 a.m., licensed assisted living director (LALD)-A confirmed ULP-C's personnel file did not contain documentation ULP-C completed training and competency in all required areas. The licensee's 3.04 Training and Competency Evaluations for Unlicensed Personnel policy, dated February 12, 2017, indicated when a registered nurse delegates tasks, they must make certain that prior to the delegation, unlicensed personnel is trained in the proper methods to perform the tasks and able to demonstrate the ability to competently follow the procedures and perform the tasks. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01370		

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01380	Continued From page 17	01380		
01380 SS=D	144G.61 Subd. 2 Training and evaluation of unlicensed personn (b) In addition to paragraph (a), training and competency evaluation for unlicensed personnel providing assisted living services must include: (1) observing, reporting, and documenting resident status; (2) basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel; (3) reading and recording temperature, pulse, and respirations of the resident; (4) recognizing physical, emotional, cognitive, and developmental needs of the resident; (5) safe transfer techniques and ambulation; (6) range of motioning and positioning; and (7) administering medications or treatments as required. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure training and competency was completed for one of two employees (unlicensed personnel (ULP)-C) to include all required content with records reviewed. 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).	01380		

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01380	Continued From page 18 The findings include: ULP-C was hired on January 6, 2022, to provide direct cares to licensee's residents. ULP-C's employee file lacked documentation of competency evaluations by a registered nurse (RN) for the following topics: - observation, reporting, and documenting of resident status; - reading and recording temperature, pulse and respirations of the resident; - recognizing physical, emotional, cognitive, and developmental needs of the resident; - safe transfer techniques and ambulation; - range of motioning and positioning; - administering medications or treatments as required; and - other RN/professionally delegated tasks. On February 7, 2022, at approximately 1:37 p.m., the surveyor observed ULP-C assist R1 pivot transfer from R1's wheelchair to R1's recliner. Following the transfer, ULP-C provided R1's catheter cares. On February 8, 2022, at approximately 10:33 a.m., licensed assisted living director (LALD)-A confirmed ULP-C's personnel file did not contain documentation ULP-C completed training and competency in all required areas. The licensee's 3.04 Training and Competency Evaluations for Unlicensed Personnel policy, dated February 12, 2017, indicated when a registered nurse delegates tasks, they must make certain that prior to the delegation unlicensed personnel is trained in the proper methods to perform the tasks and able to demonstrate the ability to competently follow the	01380		

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01380	Continued From page 19 procedures and perform the tasks. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01380		
01440 SS=D	144G.62 Subd. 4 Supervision of staff providing delegated nurs (a) Staff who perform delegated nursing or therapy tasks must be supervised by an appropriate licensed health professional or a registered nurse according to the assisted living facility's policy where the services are being provided to verify that the work is being performed competently and to identify problems and solutions related to the staff person's ability to perform the tasks. Supervision of staff performing medication or treatment administration shall be provided by a registered nurse or appropriate licensed health professional and must include observation of the staff administering the medication or treatment and the interaction with the resident. (b) The direct supervision of staff performing delegated tasks must be provided within 30 calendar days after the date on which the individual begins working for the facility and first performs the delegated tasks for residents and thereafter as needed based on performance. This requirement also applies to staff who have not performed delegated tasks for one year or longer. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure a registered nurse (RN) conducted direct supervision of staff	01440		

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01440	Continued From page 20 carrying out a delegated task within 30 days of providing nursing services for one of two employees (unlicensed personnel (ULP)-C) with records reviewed. 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 February 7, 2022, at approximately 1:37 p.m., the surveyor observed ULP-C assist R1 pivot transfer from R1's wheelchair to R1's recliner. Following the transfer, ULP-C provided R1's catheter cares. On February 7, 2022, at 1:58 p.m., the surveyor observed ULP-C conduct a glucose check for R1. ULP-C was hired on January 6, 2022, to provide direct care services to licensee's residents. ULP-C's employee record lacked documentation the RN supervised ULP-C performing the delegated tasks within 30 days of hire. During an interview on February 7, 2022, at approximately 2:05 p.m., ULP-C stated the RN provided the training for staff, however, ULP-C could not recall if she had received a supervisory visit by the RN of her performing medication administration or any other tasks. On February 8, 2022, at approximately 10:11	01440		

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01440	Continued From page 21 a.m., licensed assisted living director (LALD)-A confirmed the RN did not complete a 30-day supervisory for ULP-C. Licensee's Supervision of ULP policy, dated February 12, 2017, indicated direct supervision of staff performing delegated tasks must be provided within 30 days after the individual begins working for the home care provider. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01440		
01470 SS=F	144G.63 Subd. 2 Content of required orientation (a) The orientation must contain the following topics: (1) an overview of this chapter; (2) an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person; (3) handling of emergencies and use of emergency services; (4) compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC); (5) the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; (6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person; (7) handling of residents' complaints, reporting of complaints, and where to report complaints,	01470		

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01470	Continued From page 22 including information on the Office of Health Facility Complaints; (8) consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services; and (9) a review of the types of assisted living services the employee will be providing and the facility's category of licensure. (b) In addition to the topics in paragraph (a), orientation may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics: (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and the challenges it poses to communication; (2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or (3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure employees received orientation to 144G licensing requirements for three of three employees	01470		

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01470	Continued From page 23 (clinical nurse supervisor (CNS)-B, unlicensed personnel (ULP)-C and ULP-D) with employee records reviewed. This had potential to affect all twelve (12) residents. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: During the entrance conference on February 7, 2021, at approximately 11:00 a.m., clinical nurse supervisor (CNS)-B and licensed assisted living director (LALD)-A stated they understood assisted living licensure regulation and requirements. CNS-B CNS-B was hired on August 24, 2021, to provide direct care to residents and to supervise unlicensed personnel. Review of a document titled Assessment History for R1 dated August 7, 2021, to February 7, 2022, indicated CNS-B had provided assessment services for R1 on January 7, 2022. CNS-B's employee record lacked evidence of orientation to the following requirements as part of the orientation to assisted living: - an overview of this chapter; - an introduction and review of the facility's policies and procedures related to the provision of	01470		

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01470	Continued From page 24 assisted living services by the individual staff person; - compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC); and - the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person. ULP-C On February 7, 2022, at 1:58 p.m., the surveyor observed ULP-C conduct a glucose check for R1. ULP-C was hired on January 6, 2022, to provide direct care services to residents at the assisted living. ULP-C's employee record lacked documentation of the following required orientation: - an overview of this chapter; - an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person; - compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC); - the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person; - the handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints; - consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care	01470		

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01470	Continued From page 25 Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocay services; and - a review of the types of assisted living services the employee will be providing and the facility's category of licensure. ULP-D On February 7, 2022, at 1:37 p.m., the surveyor observed ULP-D assisting R2 with ambulation and a transfer from R2's wheelchair to a recliner. ULP-D then placed a tab alarm (a device that loudly alerts when separated from a connected surface) onto R2's shirt and connected it to the recliner. ULP-D was hired on April 6, 2020, to provide direct care services to residents at the assisted living. ULP-D's employee record lacked documentation of the following required orientation: - an overview of this chapter; - an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person; - compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC); - the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person; and - consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human	01470		

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01470	Continued From page 26 Services, county-managed care advocates, or other relevant advocacy services. On February 8, 2022, at approximately 2:17 p.m., LALD-A confirmed CNS-B, ULP-D and ULP-C did not receive the required assisted living licensure orientation. Licensee's 3.01 Orientation for Home Care Staff policy revised December 23, 2019, indicated all staff providing and supervising direct services must complete an orientation to assisted living facility requirements and regulations before providing assisted living services to residents. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01470		
01650 SS=E	144G.70 Subd. 4 Service plan, implementation, and revisions t (f) The service plan must include: (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; (2) the identification of staff or categories of staff who will provide the services; (3) the schedule and methods of monitoring assessments of the resident; (4) the schedule and methods of monitoring staff providing services; and (5) a contingency plan that includes: (i) the action to be taken if the scheduled service cannot be provided; (ii) information and a method to contact the facility;	01650		

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01650	Continued From page 27 (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 (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. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure the service plan included all required content for two of two residents (R1, R2) with records reviewed. 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). The findings include: R1 R1's diagnoses included stroke, chronic kidney disease stage 3 and congestive heart failure. R1's service plan dated November 22, 2021, indicated R1 received services to include medication administration and assistance with	01650		

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01650	Continued From page 28 bathing, grooming, toileting, ambulation, transfers and dressing. On February 7, 2022, at approximately 1:37 p.m., the surveyor observed unlicensed personnel (ULP)-C assist R1 with a pivot transfer from R1's wheelchair to R1's recliner. Following the transfer, ULP-C provided R1's catheter cares. R1's service plan lacked the following required content: - 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; -the identification of staff or categories of staff who will provide the services; R1's Service Recap Summary dated January 2022, included the following completed services signed off by unlicensed personnel and licensed nursing staff: - DME (durable medical equipment) glucometer cleaning on Tuesdays; - monitor blood pressure on Tuesdays; - monitor bowel movement daily; - monitor oxygen saturation, pulse, respirations and temperature 2nd Tuesday of month; - monitor urine output every shift; - monthly licensed practical nurse (LPN) behavior charting 4th Wednesday of month; - skin coordination check every Tuesday; - task nail care by LPN every Tuesday; - treatment-brace application/removal daily; and - diet snack and drink. R2 R2's diagnoses included dementia, hypertension and acute ischemic stroke.	01650		

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01650	Continued From page 29 R2's service plan dated January 2, 2022, indicated R2 received services to include medication administration and assistance with bathing, grooming, toileting, ambulation, transfers and dressing. On February 7, 2022, at approximately 1:37 p.m., the surveyor observed ULP-D assist R2 transfer from R2's wheelchair to R2's recliner. ULP-D attached a tab alarm (device that alarms when separated from a connected surface) from R2's shirt to R2's recliner. R2's service plan lacked the following required content: - 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; and - the identification of staff or categories of staff who will provide the services. R2's Service Recap Summary dated January 2022, included the following completed services signed off by unlicensed personnel and licensed nursing staff: - behavioral refusal of care or medication daily; - skin coordination skin check every Thursday; - safety checks every two (2) hours daily; - alarm-tabs daily; - diet snack and drink daily; - med management every seven (7) days by licensed practical nurse (LPN); - monitor bowel movements daily; - monitor oxygen saturation, pulse, respirations daily; - monitor blood pressure every Friday; - monitor blood glucose daily; - as needed medication follow ups; and - monitor weight-routine.	01650		

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01650	Continued From page 30 On February 8, 2022, at approximately 8:28 a.m., licensed assisted living director (LALD)-A confirmed the service plan did not list the tasks being performed for managing and monitoring R1 and R2's individual needs. Licensee's 4.14 Service Plans policy revised July 25, 2021, indicated all services provided to residents would be delivered after an up-to-date service plan is sign by the resident and registered nurse (RN). Additionally, the policy indicated a service plan must be revised, if needed, based on results of required resident monitoring and/or assessments. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01650		
01730 SS=E	144G.71 Subd. 5 Individualized medication management plan (a) For each resident receiving medication management services, the assisted living facility must prepare and include in the service plan a written statement of the medication management services that will be provided to the resident. The facility must develop and maintain a current individualized medication management record for each resident based on the resident's assessment that must contain the following: (1) a statement describing the medication management services that will be provided; (2) a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's	01730		

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01730	Continued From page 31 directions; (3) documentation of specific resident instructions relating to the administration of medications; (4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis; (5) identification of medication management tasks that may be delegated to unlicensed personnel; (6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and (7) any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions. (b) The medication management record must be current and updated when there are any changes. (c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to develop and maintain a current individualized medication management record for each resident to include all required content for two of two residents (R1, R2) with records reviewed. 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	01730		

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01730	Continued From page 32	01730		

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).

The findings include:

During the entrance conference on February 7, 2022, at approximately 11:00 a.m., licensed assisted living director (LALD)-A and clinical nurse supervisor (CNS)-B confirmed the licensee provided medication management services to the residents in the facility.

R1
R1's diagnoses included stroke, chronic kidney disease stage 3 and congestive heart failure.

R1's service plan dated November 22, 2021, indicated R1 received services to include medication administration.

R1's prescriber orders dated July 21, 2021, included one mild pain reliever, two blood pressure reducers, one blood thinner, one stomach acid reducer, one blood clot preventative, one steroid inhaler and two vitamin supplements.

On February 7, 2022, at approximately 12:05 p.m., the surveyor observed unlicensed personnel (ULP)-C administer R1's noon medications.

R1's medication management record did not include the following:
- identification of persons responsible for monitoring medication supplies and ensuring that

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medication refills are ordered on a timely basis;
- medication management tasks that may be delegated to unlicensed personnel;
- resident specific requirements; and
- completion of medication reconciliation.

R2
R2's diagnoses included dementia, hypertension and acute ischemic stroke.

R2's service plan dated January 2, 2022, indicated R2 received services to include medication administration.

R2's Medication Administration Summary dated January 2022, included one mild pain reliever, one blood thinner, one thyroid replacement, one stomach acid reducer, one heart rate stabilizer, one anti-depressant, one anti-psychotic and one vitamin supplement.

On February 7, 2022, at approximately 1:43 p.m., the surveyor observed ULP-D administer R2's afternoon medication.

R2's medication management record did not include the following:
- medication management services provided by nurse and unlicensed personnel;
- identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis;
- identification of medication management tasks that may be delegated to ULP;
- any resident-specific requirements relating to documenting medication administration, verification that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions.

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01730	Continued From page 34 On February 8, 2022, at approximately 8:24 a.m., licensed assisted living director (LALD)-A confirmed R1 and R2's individualized medication management record lacked all required content noted above. A policy pertaining to individualized medication management plans was requested, but not received. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01730		
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 prior to delegating the nursing task of medication administration, the unlicensed personnel (ULP) were trained in the proper methods to perform the	01750		

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task or procedure for each resident, and were able to demonstrate the ability to competently follow the procedure for one of two employees (ULP)-C with records reviewed.

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:

ULP-C's employee record lacked evidence ULP-C demonstrated competency to the RN for medication administration to include inhalers.

ULP-C was hired on January 6, 2022, to provide direct care services to residents.

On January 7, 2022, at approximately 12:05 p.m., the surveyor observed ULP-C administering R1's noon medications including a steroid inhaler.

R1's Medication Management Record (MAR) for January 2022, indicated ULP-C administered medications to R1 on January 18, 19, 22, 23, 25, 26, 27 and 29, 2022.

On January 8, 2022, at approximately 2:43 p.m., licensed assisted living director (LALD)-A confirmed ULP-C's employee record indicated ULP-C had completed EduCare medication training on January 12, 2022, however, lacked documentation of medication administration competency by a registered nurse (RN) as required.

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01750	Continued From page 36 Licensee's 5.09 Medication Management Services Provided by Unlicensed Personnel policy revised December 24, 2019, indicated unlicensed personnel must demonstrate their ability to competently follow delegated medication administration to a RN and written records signed by a RN would be maintained regarding unlicensed personnel training and competency testing for delegated medication administration. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01750		
01760 SS=D	144G.71 Subd. 8 Documentation of administration of medication 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 administered as prescribed and in compliance with the resident's medication management plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure staff administered medications as ordered for one of	01760		

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01760	Continued From page 37 two residents (R1) with records reviewed. 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: R1's diagnoses included stroke, chronic kidney disease stage 3 and congestive heart failure. On February 7, 2022, at approximately 12:05 p.m., the surveyor observed unlicensed personnel (ULP)-C administer R1's noon medications. R1's medication administration summary (MAR) dated January 2022, indicated R1's physician ordered acetaminophen 325 milligrams (mg) take three (3) tabs by mouth twice daily. R1's MAR indicated acetaminophen was scheduled at 8:00 a.m. and 8:00 p.m. daily. R1's January 2022 MAR showed staff did not administer R1's acetaminophen doses as scheduled on the following dates and times: - 8:00 a.m., January 11, 12, 13, 17, 18, 19, 20, 21, 22, 23, 24, 2022 - "out" or "not here". - 8:00 p.m., January 11, 2022 - "out". R1's MAR dated January 2022, indicated R1's physician ordered famotadine 10 mg by mouth twice daily. R1's MAR indicated famotadine was scheduled for 8:00 a.m. and 8:00 p.m. daily.	01760		

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01760	Continued From page 38 R1's January 2022 MAR showed staff did not administer R1's famotadine doses as scheduled on the following dates and times: - 8:00 a.m., January 2, 3, 4, 5, 6, 7, 2022 - "out" or "not here". Nurse notified. - 8:00 p.m., January 1, 2, 3, 4, 5, 2022 - "out" or "not here". Nurse notified. R1's MAR dated January 2022, indicated R1's physician ordered ferrous gluconate 324 mg give one (1) tab by mouth Monday, Wednesday, Friday. R1's MAR indicated ferrous gluconate was scheduled to be administered at 8:00 a.m. R1's January 2022 MAR showed staff did not administer R1's ferrous gluconate doses as scheduled on the following dates and times: - 8:00 a.m., January 14, 17, 19, 21, 24, 26, 31, 2022 - "out" or "not here". On February 8, 2022, at approximately 2:19 p.m., licensed assisted living director (LALD)-A confirmed staff did not administer R1's prescribed medications as ordered. A policy pertaining to medication supplies and ordering was requested, but not received. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760		
01940 SS=D	144G.72 Subd. 3 Individualized treatment or therapy managemen For each resident receiving management of ordered or prescribed treatments or therapy	01940		

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01940	Continued From page 39 services, the assisted living facility must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following: (1) a statement of the type of services that will be provided; (2) documentation of specific resident instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to develop an individualized treatment management plan with all required content for one of two residents (R1) who received ordered treatments. 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	01940		

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01940	Continued From page 40 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: During the entrance conference on February 7, 2022, at approximately 11:00 a.m., licensed assisted living director (LALD)-A and clinical nurse supervisor (CNS)-B confirmed the licensee provided treatment and therapy services to residents. R1's diagnoses included stroke, chronic kidney disease stage 3 and congestive heart failure. R1's service plan dated November 22, 2021, indicated R1 received services to include medication administration and assistance with bathing, grooming, toileting, ambulation, transfers and dressing. R1's prescriber orders dated July 25, 2021, included orders to wear braces on both knees when walking, catheter cares three times a day and monitor blood glucose one day a week and monthly. On February 7, 2022, at approximately 1:58 p.m., the surveyor observed unlicensed personnel (ULP)-C perform R1's blood glucose monitoring. R1's record lacked evidence an individualized treatment management plan had been developed with the required content for blood glucose monitoring, catheter cares and application/removal of knee braces including:	01940		

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01940	Continued From page 41 - identification of treatment or therapy tasks that will be delegated to unlicensed personnel; - procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and - any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. On February 8, 2022, at approximately 8:45 a.m., licensed assisted living director (LALD)-A confirmed an individualized treatment and therapy management plan had not been developed with all required content for R1. The licensee's Development of Treatment or Therapy Management Plans policy revised December 8, 2020, indicated the registered nurse was responsible to develop and assure that the staff are deemed competent to perform and record treatments or therapies. The plan did not address the requirements of an individualized treatment and therapy management plan. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01940		
01950 SS=D	144G.72 Subd. 4 Administration of treatments and therapy Ordered or prescribed treatments or therapies must be administered by a nurse, physician, or other licensed health professional authorized to	01950		

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01950	Continued From page 42 perform the treatment or therapy, or may be delegated or assigned to unlicensed personnel by the licensed health professional according to the appropriate practice standards for delegation or assignment. When administration of a treatment or therapy is delegated or assigned to unlicensed personnel, the facility must ensure that the registered nurse or authorized licensed health professional has: (1) instructed the unlicensed personnel in the proper methods with respect to each resident 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 record; 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 a registered nurse (RN) trained and verified competency with treatments and therapies for unlicensed personnel (ULP) for one of two employees (ULP)-C with records reviewed. 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: ULP-C was hired on January 6, 2022, to provide	01950		

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01950	Continued From page 43 direct cares to licensee's residents. On February 7, 2022, at approximately 1:37 p.m., the surveyor observed ULP-C assist R1 pivot transfer from R1's wheelchair to R1's recliner. Following the transfer, ULP-C provided R1's catheter cares. ULP-C's employee record lacked documentation ULP-C was trained and demonstrated competency to a RN to perform catheter cares. On February 8, 2022, at approximately 10:33 a.m., licensed assisted living director (LALD)-A confirmed ULP-C's personnel file did not contain documentation ULP-C had been trained or deemed competent by the RN to provide catheter cares to R1. The licensee's Development of Treatment or Therapy Management Plans policy revised December 8, 2020, indicated the registered nurse was responsible to develop and assure that the staff are deemed competent to perform and record treatments or therapies. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01950		
02040 SS=F	144G.81 Subdivision 1 Fire protection and physical environment An assisted living facility with dementia care that has a secured dementia care unit must meet the requirements of section 144G.45 and the following additional requirements: (1) a hazard vulnerability assessment or safety	02040		

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02040	Continued From page 44 risk must be performed on and around the property. The hazards indicated on the assessment must be assessed and mitigated to protect the residents from harm; and (2) the facility shall be protected throughout by an approved supervised automatic sprinkler system by August 1, 2029. This MN Requirement is not met as evidenced by: Based on document review and interview, the licensee failed to provide a hazard vulnerability or safety risk assessment that included hazards identified on and around the property. Mitigation of hazards to protect residents from harm was not included in the plan. This had the potential to affect all dementia care 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 is 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 February 8, 2022, at approximately 11:25 a.m., the licensed assisted living director (LALD)-A provided documents for review. Documents were reviewed by survey staff on February 8, 2022, between 11:45 a.m. and 12:30 p.m. A hazard vulnerability assessment dated 2021 was included within the Grand Rapids Emergency binder. The hazard vulnerability assessment did not identify hazards on and around the property. Additionally, the assessment did not include	02040		

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02040	Continued From page 45 mitigation of hazards to protect residents from harm. On February 8, 2022, between 12:40 p.m. and 12:55 p.m., the LALD-A confirmed during the exit interview that the licensee failed to identify hazards or safety risks on and around the property. Additionally, it was confirmed that mitigation of hazards was not included. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	02040		
02310 SS=D	144G.91 Subd. 4 Appropriate care and services (a) Residents have the right to care and assisted living services that are appropriate based on the resident's needs and according to an up-to-date service plan subject to accepted health care standards. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to provide care and services according to acceptable health care standards, medical or nursing standards for one of two residents (R2) who utilized a tab alarm with records reviewed. 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	02310		

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02310	Continued From page 46 a limited number of staff are involved or the situation has occurred only occasionally). The findings include: R2's record lacked evidence that the registered nurse (RN) completed an assessment/reassessment prior to the placement of a tab alarm (a device attached to an individual with two connectors that makes alerting sounds when one end is disconnected from an object to which it is attached). On February 7, 2022, at 1:37 p.m., the surveyor observed unlicensed personnel (ULP)-D assist R2 with ambulation and a transfer in the main living area from R2's wheelchair to a recliner. ULP-D then connected one end of a tab alarm onto R2's shirt and connected the opposite end of the tab alarm onto the recliner. ULP-D stated the purpose of the tab alarm was, "in case she [R2] stands up." R2's Assessment dated January 18, 2022, did not include an assessment for the use of a tab alarm. On February 8, 2022, at approximately 8:22 a.m., licensed assisted living director (LALD)-A confirmed R2's current assessment did not reflect the residents' individual needs for use of an alarm. A document titled Training Requirements Nursing Staff, signed by clinical nurse supervisor (CNS)-B and dated December 3, 2021, indicated the use of alarms would be assessed by the registered nurse and written in the plan of care with specific instructions detailing when to use the alarm, which chair, how to secure the alarm, where it is placed and certain times of day. Additionally, the	02310		

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	24815	A. BUILDING: _____ B. WING _____	02/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIAMOND WILLOW OF GRAND RAPIDS	949 SW 11TH AVENUE GRAND RAPIDS, MN 55744

(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
02310	Continued From page 47 document indicated all staff need to be trained and deemed competent on the use of alarms. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	02310		

MINNESOTA DEPARTMENT OF HEALTH
Food, Pool,& lodging Services
PO Box 64975
St. Paul, MN 55164-0975
651-201-4500

Type: Full
Date: *02/08/22*
Time: 11:16:32
Report: 7939221033

Food and Beverage Establishment Inspection Report

Location:
Diamond Willow Of Grand Rapids
949 Sw 11th Avenue
Grand Rapids, MN55744
Itasca County, 31

Establishment Info:
ID #: 0037731
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 2183279463
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

Hot Water: = at >160F Degrees Fahrenheit
Location: WARE WASH MACHINE
Violation Issued: No

Food and Equipment Temperatures

Process/Item: MAYO
Temperature: 38 Degrees Fahrenheit - Location: FRIDGE
Violation Issued: No

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

EAGLE PINES INSPECTION

DISCUSSION
GREAT HAND WASHING AND GLOVE USE

SAVING WARE WASH MACHINE STICKERS

Type: Full
Date: *02/08/22*
Time: 11:16:32
Report: 7939221033
Diamond Willow Of Grand Rapids

Food and Beverage Establishment Inspection Report

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 7939221033 of 02/08/22.

Certified Food Protection Manager: N/A

Certification Number: _____ Expires: / /

Inspection report reviewed with person in charge and emailed.

Signed: _____

TINA BRENNY
MANAGER

Signed: _____

RYAN TRENBERTH
SAN III
BEMIDJI DISTRICT OFFICE
218-308-2133
ryan.trenberth@state.mn.us