



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

October 27, 2023

Licensee
Arbor Terrace
700 Northwest 2nd Avenue
Rochester, MN 55901

RE: Project Number(s) SL20146015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on September 27, 2023, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, the MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

STATE CORRECTION ORDERS

The enclosed State Form documents the state correction orders. The MDH documents state licensing correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Assisted Living Facilities. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute number and the corresponding text of the state statute out of compliance are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by . . ."

In accordance with Minn. Stat. § 144G.31 Subd. 4, MDH may assess fines based on the level and scope of the violations; **however, no immediate fines are assessed for this survey of your facility.**

DOCUMENTATION OF ACTION TO COMPLY

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

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the resident(s)/employee(s) identified in the correction order.
- Identify how the area(s) of noncompliance was corrected for all of the provider's resident(s)/employees that may be affected by the noncompliance.
- Identify what changes to your systems and practices were made to ensure compliance with the specific statute(s).

CORRECTION ORDER RECONSIDERATION PROCESS

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

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

Please email reconsideration requests to: **Health.HRD.Appeals@state.mn.us**. Please attach this letter as part of your reconsideration request. Please clearly indicate which tag(s) you are contesting and submit information supporting your position(s).

Please address your cover letter for reconsideration requests to:

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

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

If you have any questions, please contact me.

Sincerely,



Jodi Johnson, Supervisor
State Evaluation Team
Email: jodi.johnson@state.mn.us
Telephone: 507-344-2730 Fax: 1-866-890-9290

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20146	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/27/2023
NAME OF PROVIDER OR SUPPLIER ARBOR TERRACE			STREET ADDRESS, CITY, STATE, ZIP CODE 700 NW 2ND AVENUE ROCHESTER, MN 55901		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
0 000	Initial Comments *****ATTENTION***** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL20146015-0 On September 25, 2023, through September 27, 2023, the Minnesota Department of Health conducted a full survey at the above provider, and the following correction orders are issued. At the time of the survey, there were 74 active residents; 47 receiving services under the Assisted Living with Dementia Care license.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3.		
0 250 SS=F	144G.20 Subdivision 1 Conditions (a) The commissioner may refuse to grant a provisional license, refuse to grant a license as a	0 250			

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

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0 250	Continued From page 1 result of a change in ownership, refuse to renew a license, suspend or revoke a license, or impose a conditional license if the owner, controlling individual, or employee of an assisted living facility: (1) is in violation of, or during the term of the license has violated, any of the requirements in this chapter or adopted rules; (2) permits, aids, or abets the commission of any illegal act in the provision of assisted living services; (3) performs any act detrimental to the health, safety, and welfare of a resident; (4) obtains the license by fraud or misrepresentation; (5) knowingly makes a false statement of a material fact in the application for a license or in any other record or report required by this chapter; (6) denies representatives of the department access to any part of the facility's books, records, files, or employees; (7) interferes with or impedes a representative of the department in contacting the facility's residents; (8) interferes with or impedes ombudsman access according to section 256.9742, subdivision 4, or interferes with or impedes access by the Office of Ombudsman for Mental Health and Developmental Disabilities according to section 245.94, subdivision 1; (9) interferes with or impedes a representative of the department in the enforcement of this chapter or fails to fully cooperate with an inspection, survey, or investigation by the department; (10) destroys or makes unavailable any records or other evidence relating to the assisted living facility's compliance with this chapter; (11) refuses to initiate a background study under	0 250			

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0 250	Continued From page 2 section 144.057 or 245A.04; (12) fails to timely pay any fines assessed by the commissioner; (13) violates any local, city, or township ordinance relating to housing or assisted living services; (14) has repeated incidents of personnel performing services beyond their competency level; or (15) has operated beyond the scope of the assisted living facility's license category. (b) A violation by a contractor providing the assisted living services of the facility is a violation by the facility. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to show they met the requirements of licensure, by attesting the managerial officials who oversaw the day-to-day operations understood applicable statutes and rules; nor developed and/or implemented current policies and procedures as required with records reviewed. This had the potential to affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), 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: During the entrance conference on September 25, 2023, at 10:20 a.m., licensed assisted living	0 250			

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0 250	Continued From page 3 director (LALD)-A and clinical nurse supervisor (CNS)-B stated the licensee's employees in charge of the facility were familiar with the assisted living regulations and the licensee provided medication and treatment management services. The licensee's Application for Assisted Living License, section titled Official Verification of Owner or Authorized Agent, (page four and five of the application), identified, I certify I have read and understand the following: [a check mark was placed before each of the following]: - I have read and fully understand Minn. [Minnesota] Stat. [statute] sect. [section] 144G.45, my building(s) must comply with subdivisions 1-3 of the section, as applicable section Laws 2020, 7th Spec. [special] Sess [session]., chpt. [chapter] 1. art. [article] 6, sect. 17. - I have read and fully understand Minn. Stat. sect. 144G.80, 144G.81. and Laws 2020, 7th Spec. Sess., chpt. 1, art. 6, sect. 22, my building(s) must comply with these sections if applicable. - Assisted Living Licensure statutes in Minn. Stat. chpt. 144G. - Assisted Living Licensure rules in Minnesota Rules, chpt. 4659. - Reporting of Maltreatment of Vulnerable Adults. - Electronic Monitoring in Certain Facilities. - I understand pursuant to Minn. Stat. sect. 13.04 Rights of Subjects of Data, the Commissioner will	0 250			

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0 250	Continued From page 4 use information provided in this application, which may include an in-person or telephone conference, to determine if the applicant meets requirements for assisted living licensing. I understand I am not legally required to supply the requested information; however, failure to provide information or the submission of false or misleading information may delay the processing of my application or may be grounds for denying a license. I understand that information submitted to the commissioner in this application may, in some circumstances, be disclosed to the appropriate state, federal or local agency and law enforcement office to enhance investigative or enforcement efforts or further a public health protective process. Types of offices include Adult Protective Services, offices of the ombudsmen, health-licensing boards, Department of Human Services, county or city attorneys' offices, police, local or county public health offices. - I understand in accordance with Minn. Stat. sect. 144.051 Data Relating to Licensed and Registered Persons (opens in a new window), all data submitted on this application shall be classified as public information upon issuance of a provisional license or license. All data submitted are considered private until MDH issues a license. - I declare that, as the owner or authorized agent, I attest that I have read Minn. Stat. chapter 144G, and Minnesota Rules, chapter 4659 governing the provision of assisted living facilities, and understand as the licensee I am legally responsible for the management, control, and operation of the facility, regardless of the existence of a management agreement or subcontract.	0 250			

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0 250	Continued From page 5 - I have examined this application and all attachments and checked the above boxes indicating my review and understanding of Minnesota Statutes, Rules, and requirements related to assisted living licensure. To the best of my knowledge and believe, this information is true, correct, and complete. I will notify MDH, in writing, of any changes to this information as required. - I attest to have all required policies and procedures of Minn. Stat. chapter 144G and Minn. Rules chapter 4659 in place upon licensure and to keep them current as applicable. Page six was electronically signed by LALD-A on June 6, 2023. The licensee had an assisted living license issued on August 1, 2023, with an expiration date of July 31, 2024. The licensee failed to ensure the following policies and procedures were developed and/or implemented: (1) requirements in section 626.557, reporting of maltreatment of vulnerable adults; (2) orientation, training, and competency evaluations of staff, and a process for evaluating staff performance; (3) conducting initial and ongoing resident evaluations and assessments of resident needs, including assessments by a registered nurse or appropriate licensed health professional, and how changes in a resident's condition are identified, managed, and communicated to staff and other health care providers as appropriate; (4) orientation to and implementation of the assisted living bill of rights; (5) infection control practices;	0 250			

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0 250	Continued From page 6 (6) conducting appropriate screenings, or documentation of prior screenings, to show that staff are free of tuberculosis, consistent with current United States Centers for Disease Control and Prevention standards; (7) medication and treatment management; (8) supervision of unlicensed personnel performing delegated tasks. As a result of this survey, the following orders were issued 0510, 0550, 0630, 1370, 1380, 1540, 1610, 1620, 1700, 1760, 1790, 1820, 1940, and 1960 indicating the licensee's understanding of the Minnesota statutes were limited, or not evident for compliance with Minnesota Statutes, section 144G.08 to 144G.95. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 250		
0 470 SS=F	144G.41 Subdivision 1 Minimum requirements (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	0 470		

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0 470	Continued From page 7 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 ensure the staffing plan was evaluated twice a year to ensure appropriate staffing levels. This had the potential to affect all 47 residents and staff. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: The licensee's staffing plan was reviewed on July 22, 2021, and most recently on July 25, 2023. On September 27, 2023, at 10:52 a.m., licensed assisted living director (LALD)-A stated the staffing plan was revised every two years and	0 470			

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0 470	Continued From page 8 reviewed once a year. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 470			
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements (13) offer to provide or make available at least the following services to residents: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: Please refer to the included document titled, Food and Beverage Establishment Inspection Report dated, September 25, 2023, for the specific Minnesota Food code deficiencies.	0 480			

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0 480	Continued From page 9	0 480			
	TIME PERIOD FOR CORRECTION: Twenty-one (21) days				
0 510 SS=D	144G.41 Subd. 3 Infection control program (a) All assisted living facilities must establish and maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control. (b)The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities. (c) 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 establish and maintain an infection control program to comply with accepted health care, medical and nursing standards for infection control related to dish washing for one of one employee (unlicensed personnel (ULP)-G). 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).	0 510			

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0 510	Continued From page 10 The findings include: R6 was admitted on February 6, 2023, and diagnoses included Alzheimer's Disease, hypercholesterolemia (elevated cholesterol), and hypertension (high blood pressure). On September 26, 2023, at 7:28 a.m., R6 was observed in the kitchenette washing dishes with her hands and placing them in the drying rack. On September 26, 2023, at 7:50 a.m., unlicensed personnel (ULP)-F stated R6 would help clear dishes after each meal and would wash them in the sink. ULP-F stated "we let [R6] wash them because she likes to help. We are supposed to re-wash the dishes because [R6] used her hands and did not always use soap." On September 26, 2023, at 7:55 a.m., ULP-G was observed removing the dishes R6 had placed on the drying rack and was going to put the dishes in the cabinets. ULP-G stated he was unaware that the dishes he was going to put away were not clean and further stated the drying rack should be used for clean dishes from the sanitizer to air dry. ULP-G re-washed all the dishes and placed them back in the drying rack. On September 26, 2023, at 8:09 a.m., licensed assisted living director (LALD)-A and clinical nurse supervisor (CNS)-B stated R6 was allowed to wash the dishes as an activity but all staff were aware that the dishes R6 washed would be considered dirty and would need to be put through the sanitizer. LALD-A stated the dishes R6 washed should have been removed from the drying rack immediately so not to be confused with clean dishes.	0 510			

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0 510	Continued From page 11 The licensee's standard (universal) precautions for infection control policy dated June 20, 2023, indicated standard (universal) precautions are devised to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 510			
0 550 SS=F	144G.41 Subd. 7 Resident grievances; reporting maltreatment All facilities must post in a conspicuous place information about the facilities' grievance procedure, and the name, telephone number, and email contact information for the individuals who are responsible for handling resident grievances. The notice must also have the contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities and must have information for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center. The notice must also state that if an individual has a complaint about the facility or person providing services, the individual may contact the Office of Health Facility Complaints at the Minnesota Department of Health. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to post in a conspicuous place, information about the licensee's grievance procedure with the required	0 550			

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(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
0 550	Continued From page 12 content. This had the potential to affect the licensee's current residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: On September 25, 2023, at 11:16 a.m. during the facility tour with licensed assisted living director (LALD)-A, the surveyor did not observe any signage or information regarding the grievance procedure, and the name, telephone number and email contact information for individuals who were responsible for handling resident grievances posted. At this time, LALD-A stated the procedure was not posted as required. LALD-A stated the grievance procedure was reviewed and given to all residents upon admission. The licensee's required postings policy dated April 4, 2023, indicated all required postings and notifications will be visible in a common location at the view of all residents, families, and visitors. No additional information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 550			
0 630 SS=E	144G.42 Subd. 6 (b) Compliance with requirements for reporting ma	0 630			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20146	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/27/2023
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0 630	Continued From page 13 (b) The facility must develop and implement an individual abuse prevention plan for each 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 interview and record review, the licensee failed to ensure an individual abuse prevention plan (IAAP) was updated with a change of condition for three of four residents (R3, R5, R6). 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: R3 R3 was admitted to the assisted living with dementia care facility on November 15, 2022, with diagnoses including depression and post-traumatic stress disorder.	0 630			

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0 630	Continued From page 14 R3's IAPP dated November 20, 2022, indicated the resident had a history of anxiety/depression/mental illness, and directed staff to provide medication as ordered and offer distractions when the resident was experiencing anxiety. The IAPP further indicated R3's behaviors did not pose a risk to self. R3's progress note dated January 12, 2023, at 15:37 (3:37 p.m.) indicated: "Report received from ancillary staff that resident stated, "I want to commit suicide." "Resident recently to psych appointment and new medication orders were to be initiated tonight. At this time, for resident safety, non-emergent ambulance was called to transport resident to the ER (emergency room) for evaluation." R5 R5 was admitted to the assisted living with dementia care facility on October 24, 2022, with diagnoses including mild cognitive impairment, altered mental status, anxiety, depression, and Parkinson's disease. R5's IAPP dated October 26, 2022, indicated the resident had a history of anxiety/depression/mental illness, and directed staff to look for any signs or symptoms of depression and report it to the RN (registered nurse). Staff will listen carefully and offer support when she was feeling down. The IAPP further indicated R5's behaviors did not pose a risk to self. On September 25, 2023, at 2:40 p.m. licensed assisted living director (LALD)-A stated R5 had been experiencing increased confusion and identified as a fall risk and would be transferring	0 630			

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0 630	Continued From page 15 to the memory care unit soon. Review of R5's progress notes dated August 2, 2023, through September 25, 2023, revealed R5 had been experiencing increased confusion, paranoia, and had been wandering into other resident's rooms. R6 R6 was admitted to the assisted living with dementia care facility on February 6, 2023, with diagnoses including Alzheimer's disease, hypercholesterolemia (elevated cholesterol), and hypertension (high blood pressure). R6's IAPP dated February 24, 2023, indicated R6 was vulnerable with communication due to her first language being Vietnamese but was able to speak and understand most language and was also vulnerable regarding finances and had family that managed all finances. The IAPP further indicated R6 did not have behaviors that posed a risk to self (e.g., wandering/elopement risk). R6's progress notes dated May 8, 2023, indicated "resident was moved down to the memory care unit due to decline in her cognitive abilities". R6's progress note dated August 23, 2023, indicated: "resident has been up since 2:30 a.m. She has been wandering the hallway. She went into another resident room and while she was in this resident room trying to help her get up and use the bathroom". R6's progress note dated August 26, 2023, indicated R6 was crying and "claimed that her family doesn't love her anymore since they don't come to see me".	0 630			

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0 630	Continued From page 16 On September 26, 2023, at 8:00 a.m., ULP-D stated R6 cried a lot because she thought her family abandoned her and thought she could live on her own. ULP-D further stated R6 wandered the hallways and would go into other resident rooms and would become upset when staff redirected her. On September 27, 2023, at 1:59 p.m. clinical nurse supervisor (CNS)-B stated she would not update residents' IAPP unless triggered by a change of condition. CNS-B reviewed R3's, R5's and R6's current IAPPs and stated they were not up to date to include R3's suicidal ideation, R5's wandering and R6's wandering. The licensee's individual abuse prevention plans policy dated January 1, 2023, indicated abuse prevention plans would be reviewed every 90-days and revised as needed. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 630		
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness (a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to	0 680		

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0 680	Continued From page 17 all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to post an emergency disaster plan prominently. This had the potential to affect all residents, staff, and visitors of the facility. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: On September 25, 2023, at 11:16 a.m. during the facility tour with licensed assisted living director (LALD)-A, the surveyor did not observe any signage or information regarding the licensee's emergency disaster or preparedness plan posted.	0 680			

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0 680	Continued From page 18 At this time, LALD-A stated the plan was not posted prominently and was not aware of the requirement. No additional information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 680			
0 730 SS=F	144G.43 Subd. 3 Contents of resident record Contents of a resident record include the following for each resident: (1) identifying information, including the resident's name, date of birth, address, and telephone number; (2) the name, address, and telephone number of the resident's emergency contact, legal representatives, and designated representative; (3) names, addresses, and telephone numbers of the resident's health and medical service providers, if known; (4) health information, including medical history, allergies, and when the provider is managing medications, treatments or therapies that require documentation, and other relevant health records; (5) the resident's advance directives, if any; (6) copies of any health care directives, guardianships, powers of attorney, or conservatorships; (7) the facility's current and previous assessments and service plans; (8) all records of communications pertinent to the resident's services; (9) documentation of significant changes in the resident's status and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care	0 730			

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0 730	Continued From page 19 professional; (10) documentation of incidents involving the resident and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional; (11) documentation that services have been provided as identified in the service plan; (12) documentation that the resident has received and reviewed the assisted living bill of rights; (13) documentation of complaints received and any resolution; (14) a discharge summary, including service termination notice and related documentation, when applicable; and (15) other documentation required under this chapter and relevant to the resident's services or status. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the resident record included the required documentation of all provided services for four of four residents (R1, R2, R3, R5). 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 start of care was July 24, 2023, with	0 730			

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0 730	Continued From page 20 diagnoses including dementia, diabetes, congestive heart failure, hypertension (high blood pressure), hyperlipidemia (elevated cholesterol), atrial fibrillation, depression, constipation, dry eyes, and insomnia. R1's service plan dated July 20, 2023, indicated R1 received assistance with dressing, showers, transfers, incontinence care, medication administration 1-2x/day, blood sugar checks 1-2x/day and daily application and removal of ACE (all cotton elastic) wrap (used for support and comfort). R1's record lacked documentation that services were provided as scheduled. R2 R2's start of care was October 7, 2022, with diagnoses including dementia, nonrheumatic aortic valve insufficiency (heart valve no longer functions adequately) and hyperlipidemia (elevated cholesterol). R2's service plan dated October 5, 2022, indicated R2 received assistance with dressing, showers, transfers, incontinence care, medication administration 1-2x/day and daily application and removal of compression stockings. R2's record lacked documentation that services were provided as scheduled. R3 R3's start of care was November 18, 2022, with diagnoses including depression, post-traumatic stress disorder, osteoarthritis and history of falls.	0 730			

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0 730	Continued From page 21 R3's service plan dated November 15, 2022, indicated R3 received assistance with dressing, showers, transfers, incontinence care, medication administration, and daily application and removal of ACE wrap. R3's record lacked documentation that services were provided as scheduled. R5 R5's start of care was October 24, 2022, with diagnoses including mild cognitive impairment, altered mental status, Parkinson's disease, atrial fibrillation, and depression. R5's service plan dated July 7, 2023, indicated R5 received assistance with dressing, transfers, incontinence care, and medication administration. R5's record lacked documentation that services were provided as scheduled. On September 27, 2023, at 12:10 p.m. clinical nurse supervisor (CNS)-B and licensed assisted living director (LALD)-A stated staff did not document assistance with activities of daily living for any of the residents receiving these services. The licensee's resident records policy dated January 1, 2023, indicated the resident record would contain documentation that services have been provided as identified in the service plan. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 730			

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0 970	Continued From page 22	0 970			
0 970 SS=C	144G.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 contract did not include language waiving the licensee'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 one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: The licensee's assisted living contract included a clause that indicated the resident would waive the licensee's liability for health, safety, or personal property of a resident. -Page 11, section 27-A of the contract indicated: "Indemnification. As an occupant of the Community, you assume the risk for your own safety and for the safety of your guests and	0 970			

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0 970	Continued From page 23 agents. You will indemnify and hold harmless us, our employee, officers, managers, owners and agents from and against any and all claims, actions, damages, and liability and expense in connection with loss of life, personal injury or damage to property, arising from or out of, or caused wholly or in part by, an act or omission of you or your guest or agents." - Page 11, section 27-C of the contract indicated: "Liability. We are not liable to you or your guest for any injury, death or property damage occurring in the Apartment or on our premises unless such injury, death or property damage occurs as the result of our own negligent act or omissions, or those of our employees, officers, managers, owners or agents. We are also not liable for any injury, death or damage occurring as the result of your receipt of health-related, supportive or other services from third-party providers. Unless caused by one of the aforementioned excepted reasons, you agree to hold us harmless from any and all claims for injuries, property damage or any other loss resulting from an accident or other occurrence in the Apartment or on our premises." On September 27, 2023, at 11:42 a.m. licensed assisted living director (LALD)-A stated the licensee's contract included the above content, and further stated the same contract was utilized for all residents at the facility. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 970			
01370 SS=D	144G.61 Subd. 2 (a) Training and evaluation of unlicensed personn	01370			

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01370	Continued From page 24 (a) Training and competency evaluations for all 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.	01370			

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01370	Continued From page 25 This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure training and competency was completed for one of two employees (unlicensed personnel (ULP)-E) to include all required content. 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: ULP-E was hired on April 20, 2023, to provide direct care services to residents of the facility. ULP-D's employee record lacked documentation of training and competency evaluations for the following topics: - documentation requirements for all services provided. On September 27, 2023, at 10:55 a.m. licensed assisted living director (LALD)-A reviewed ULP-E's employee file and could not locate evidence the above training had been completed. The licensee's Assisted Living Orientation - ULP Staff policy reviewed January 1, 2023, indicated: 4. In addition to training all staff receive, ULP who are not a registered nursing assistant will receive additional training on the following topics	01370			

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01370	Continued From page 26 with a written or oral competency test: b. Documentation requirements for services provided. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01370			
01380 SS=D	144G.61 Subd. 2 (b) 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 interview and record review, the licensee failed to ensure training and competency evaluations were completed as required prior to providing direct care for one of two unlicensed personnel (ULP-E). This practice resulted in a level two violation (a	01380			

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NAME OF PROVIDER OR SUPPLIER ARBOR TERRACE		STREET ADDRESS, CITY, STATE, ZIP CODE 700 NW 2ND AVENUE ROCHESTER, MN 55901			
(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
01380	Continued From page 27 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: ULP-E was hired on April 20, 2023, to provide direct care services to residents of the facility. ULP-E's record lacked evidence of the following education and/or competencies had been completed prior to providing direct cares: - observing, reporting, and documenting resident status; - range of motion and positioning. On September 27, 2023, at 10:55 a.m. licensed assisted living director (LALD)-A reviewed ULP-E's employee file and could not locate evidence the above training and competencies had been completed. The licensee's Assisted Living Orientation - ULP Staff policy reviewed January 1, 2023, indicated: 4. In addition to training all staff receive, ULP who are not a registered nursing assistant will receive additional training on the following topics with a written or oral competency test: p. Observing, reporting, and documenting resident status 5. In addition to training all staff receive, ULP who are not a registered nursing assistant will receive additional training on the following topics with a written or oral competency test AND a skill demonstration.	01380			

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01380	Continued From page 28 m. Range of motion n. positioning No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01380			
01540 SS=D	144G.64 (a) TRAINING IN DEMENTIA CARE REQUIRED (3) for assisted living facilities with dementia care, direct-care employees must have completed at least eight hours of initial training on topics specified under paragraph (b) within 80 working hours of the employment start date. Until this initial training is complete, an employee must not provide direct care unless there is another employee on site who has completed the initial eight hours of training on topics related to dementia care and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for consultation with the new employee until the training requirement is complete. Direct-care employees must have at least two hours of training on topics related to dementia for each 12 months of employment thereafter; This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure one of two employees (unlicensed personnel (ULP)-E) completed the required amount of dementia care training in the required time frame. This practice resulted in a level two violation (a	01540			

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01540	Continued From page 29 violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: The licensee had an assisted living with dementia care license dated August 1, 2023. ULP-E was hired on April 20, 2023, to provide direct care services to residents of the facility. ULP-E's employee file did not include the required eight hours of dementia training within 80 hours of employment as required. On September 27, 2023, at 10:55 a.m. licensed assisted living director (LALD)-A reviewed ULP-E's employee file and stated ULP-E had not completed her last dementia training module in the required time frame. The licensee's Assisted Living With Memory Care Dementia Training policy reviewed January 1, 2023, indicated: 2-C. Orientation: Assisted Living with Dementia Care licensed settings ii. Direct-care employees will 1. complete a minimum of eight hours of initial training on dementia care topics 2. initial training will be completed within 80 working hours of the employment start date. No further information was provided.	01540			

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01540	Continued From page 30	01540			
	TIME PERIOD FOR CORRECTION: Twenty-one (21) days				
01610 SS=D	144G.70 Subd. 2 (a-b) Initial reviews, assessments, and monitoring (a) Residents who are not receiving any assisted living services shall not be required to undergo an initial nursing assessment. (b) An assisted living facility shall conduct a nursing assessment by a registered nurse of the physical and cognitive needs of the prospective resident and propose a temporary service plan prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. If necessitated by either the geographic distance between the prospective resident and the facility, or urgent or unexpected circumstances, the assessment may be conducted using telecommunication methods based on practice standards that meet the resident's needs and reflect person-centered planning and care delivery. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a registered nurse (RN) conducted an initial assessment for one of four residents (R3) prior to initiation of services. 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	01610			

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01610	Continued From page 31 a limited number of staff are involved or the situation has occurred only occasionally). The findings include: R3's diagnoses included depression, post-traumatic stress disorder, osteoarthritis, and history of falls. R3's assisted living contract was signed by a legal representative on November 15, 2022. R3's move-in and start of care date for services was November 18, 2022. R3's Care Level Evaluation All Areas Assessment and Elopement Risk Assessment were completed by the RN on November 18, 2022. The remainder of R3's assessments to comply with the Uniform Assessment Tool were not completed until November 19, 2022, and November 20, 2022 (after start of services). On September 27, 2023, at 11:52 a.m. clinical nurse supervisor (CNS)-B stated a complete health history assessment is completed with residents prior to their move-in date. The assessment is completed on paper and then transferred into the electronic record after the resident moves into the facility; the paper copy is then shredded. CNS-B stated the assessment information from the paper copy didn't always get transferred into the electronic record on the day of admission which made the assessment look late. CNS-B further stated the paper copy had not been uploaded into the electronic record and thus had no evidence R3's assessment had been completed prior to admission. The licensee's Initial and On-Going Nursing	01610			

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01610	Continued From page 32 Assessment of Residents Under the Comprehensive Licensed Agency reviewed January 1, 2023, indicated: 1. A RN will complete the following comprehensive nursing assessments of the resident's physical, mental, and cognitive needs as required: a. Pre-Admission Assessment b. 14-day assessment: completed up to 14-days after start of services c. Ongoing assessment: completed periodically but no less than every 90-days d. Change in resident condition 2. A RN will complete assessments as indicated by individual resident circumstances 3. A comprehensive assessment includes but may not be limited to the requirements outline by Minnesota rules. Current and historical records and information are reviewed to the extent they are made available to the RN and if the RN is aware of these records. Comprehensive assessment will include: a. The resident's personal lifestyle preference, including: i. Sleep schedule, dietary and social needs, leisure activities, and other customary routines that are important to the resident's quality of life; ii. Spiritual and cultural preferences, advanced health care directives, and end-of-life preference, including whether a person has or wants to seek a "do not resuscitate" order and "do not attempt resuscitation order" or "physician/provider orders for life sustaining treatment" order (POLST). b. Activities of daily living, including: i. Toileting pattern, bowel, and bladder control ii. Dressing, grooming, bathing, and personal hygiene	01610			

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01610	Continued From page 33 iii. Mobility, including ambulation, transfers, and assistive devices iv. Eating, dental status, oral care, and assistive devices and dentures if applicable. c. Instrumental activities of daily living, including: i. Ability to self-manage medications ii. Housework and laundry iii. Transportation d. Physical health status, including: i. Review of relevant health history and current health conditions including: 1. Medical diagnosis 2. Nursing diagnosis to the extent they are available to the RN ii. Medication allergies and sensitivities iii. Seasonal, environmental, food and life threatening allergies or sensitivities iv. Infectious conditions v. Medication review including OTC medications, prescription medications and supplements including: 1. Reason taken 2. Side effects, contraindications, allergic or adverse reactions 3. Actions to address side effects, contraindications, allergic or adverse reactions 4. Dosage 5. Frequency of use 6. Route administered 7. Resident difficulties taking medications 8. Self-administration vs. other type of administration 9. Resident preferences for taking medications 10. Mediation management interventions to prevent drug diversion by the resident or others who have access to medications	01610			

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01610	Continued From page 34 11. Instructions to the resident and resident's legal/designated representatives on interventions to manage the resident's medications and prevent medication diversion vi. Review medical, dental, and emergency room visits in the past 12 months to the extent they are available to the RN vii. Review primary care provider visits, hospitalizations, surgeries, and care from post-acute care facilities in the past 12 months to the extent they are available to the RN viii. Review of physical therapist, occupational therapist, speech therapist of cognitive evaluations with the last 12 months to the extent they are available to the RN. ix. Weight x. VS if indicated by health conditions or medications e. Emotional and mental health conditions including: i. History and current diagnosis of mood disorders including depression, anxiety, bipolar disorder, and thought or behavioral disorders to the extent they are available to the RN ii. Current symptoms of mental health conditions and behavioral expressions of concerns iii. Effective medication, treatment, and nonmedication interventions f. Cognition, including: i. Review of any neurocognitive evaluations and diagnosis ii. Current memory, orientation, confusion, and decision-making ability g. Communication and sensory capabilities including i. Hearing ii. Vision iii. Speech iv. Assistive communication and sensory	01610			

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01610	Continued From page 35 devices including hearing aids v. Ability to understand and by understood h. Pain i. Location ii. Frequency iii. Intensity iv. Duration v. Effectiveness of medication and nonmedication alternative for pain i. Skin condition j. Nutritional and hydration status and preferences k. List of treatments including i. Type ii. Frequency iii. Level of assistance needed l. Nursing needs, including potential to receive nursing-delegated services m. Risk indicators i. Risk of falls ii. Fall history iii. Emergency evacuation ability iv. Complex medication regimen v. History of urinary tract infections vi. Risk for emotional or psychological distress due to personal losses vii. Unsuccessful prior placements to the extent the information is available to the RN viii. Elopement risk ix. History of / previous elopements to the extent they are available to the RN x. Smoking xi. Alcohol and dug use, including the resident's alcohol use or drug use not prescribed by a physician to the extent the information is made available to the RN n. Decision making authority for the resident i. Presence of any advanced health care directive or other legal document that establishes	01610			

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01610	Continued From page 36 a substitute decision making ii. Scope of the decision-making authority of a substitute decision making iii. The need for follow-up referrals for additional medical or cognitive care by health professionals b. An assessment of the residents' areas of vulnerability and susceptibility to maltreatment and whether the resident poses a risk to other vulnerable adults. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01610		
01620 SS=F	144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring (c) Resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services. Ongoing resident reassessment and monitoring must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the last date of the assessment. (d) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review. (e) A facility must inform the prospective resident of the availability of and contact information for	01620		

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01620	Continued From page 37 long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the registered nurse (RN) conducted ongoing nursing assessments not to exceed 14 days from admission for 1 of 4 residents (R1) and failed to conduct ongoing nursing assessments not to exceed 90 days for 2 of 4 residents (R2, R3). The licensee further failed to ensure the registered nurse (RN) had completed and/or documented a comprehensive assessment to include required areas of assessment per Assisted Living Facilities: Minnesota Rules Chapter 4659, for four of four residents (R1, R2, R3, R5) This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: R1 R1's start of care was July 24, 2023, with diagnoses including dementia, diabetes, congestive heart failure, hypertension (high blood pressure), hyperlipidemia (elevated cholesterol), atrial fibrillation, depression, constipation, dry	01620			

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01620	Continued From page 38 eyes, and insomnia. R1's service plan dated July 20, 2023, indicated R1 received assistance with dressing, showers, transfers, incontinence care, medication administration 1-2x/day and blood sugar checks 1-2x/day and daily application and removal of ACE (all cotton elastic) wrap (used for support and comfort). R1's AT Care Level Evaluation assessment dated August 8, 2023, did not include per Assisted Living Facilities: Minnesota Rules Chapter 4659.0150 Uniform Assessment Tool, the components required in subpart 2, section A, 1-3. In addition, R1's 14-day assessment dated August 8, 2023, was one day late. R2 R2's start of care was October 7, 2022, with diagnoses including dementia, nonrheumatic aortic valve insufficiency (heart valve no longer functions adequately) and hyperlipidemia (elevated cholesterol). R2's service plan dated October 5, 2022, indicated R2 received assistance with dressing, showers, transfers, incontinence care, medication administration 1-2x/day and daily application and removal of compression stockings. R2's AT Care Level Evaluation assessment dated October 21, 2023, and 90-day supervisory assessments dated January 5, 2023, April 5, 2023, and July 5, 2023, did not include per Assisted Living Facilities: Minnesota Rules Chapter 4659.0150 Uniform Assessment Tool, the components required in subpart 2, section A, 1-3. In addition, R2's 90-day assessment dated July 5, 2023, was one day late.	01620			

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01620	Continued From page 39 R3 R3's start of care was November 18, 2022, with diagnoses including depression, post-traumatic stress disorder, osteoarthritis and history of falls. R3's service plan dated November 15, 2022, indicated R3 received assistance with dressing, showers, transfers, incontinence care, medication administration, and daily application and removal of ACE wrap. R3's 14-day AT Care Level Evaluation All Areas assessment dated December 2, 2022, and 90 Day Supervisory Assessments dated February 21, 2023, May 21, 2023, and August 22, 2023, did not include per Assisted Living Facilities: Minnesota Rules Chapter 4659.0150 Uniform Assessment Tool, the components required in subpart 2, section A, 1-3. In addition, R3's 90-day assessment dated August 22, 2023, was three days late. R5 R5's start of care was October 24, 2022, with diagnoses including mild cognitive impairment, altered mental status, Parkinson's disease, atrial fibrillation, and depression. R5's service plan dated July 7, 2023, indicated R5 received assistance with dressing, transfers, incontinence care, and medication administration. R5's 14-day AT Care Level Evaluation All Areas assessment dated November 7, 2022, and 90 Day Supervisory Assessments dated January 22, 2023, April 22, 2023, and July 23, 2023, and change of condition AT Care Level Evaluation All Areas assessments dated July 11, 2023, and	01620			

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01620	Continued From page 40 September 25, 2023, did not include per Assisted Living Facilities: Minnesota Rules Chapter 4659.0150 Uniform Assessment Tool, the components required in subpart 2, section A, 1-3. On September 27, 2023, at 11:52 a.m. clinical nurse supervisor (CNS)-B reviewed the criteria for the Uniform Assessment Tool and stated their 14-day, 90-day and change of condition assessments did not contain the required content. The licensee's Initial and On-Going Nursing Assessment of Residents Under the Comprehensive Licensed Agency reviewed January 1, 2023, indicated: 1. A RN will complete the following comprehensive nursing assessments of the resident's physical, mental, and cognitive needs as required: a. Pre-Admission Assessment b. 14-day assessment: completed up to 14-days after start of services c. Ongoing assessment: completed periodically but no less than every 90-days d. Change in resident condition 2. A RN will complete assessments as indicated by individual resident circumstances 3. A comprehensive assessment includes but may not be limited to the requirements outline by Minnesota rules. Current and historical records and information are reviewed to the extent they are made available to the RN and if the RN is aware of these records. Comprehensive assessment will include: a. The resident's personal lifestyle preference, including: i. Sleep schedule, dietary and social needs, leisure activities, and other customary routines that are important to the resident's	01620			

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NAME OF PROVIDER OR SUPPLIER ARBOR TERRACE			STREET ADDRESS, CITY, STATE, ZIP CODE 700 NW 2ND AVENUE ROCHESTER, MN 55901		
(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
01620	Continued From page 41 quality of life; ii. Spiritual and cultural preferences, advanced health care directives, and end-of-life preference, including whether a person has or wants to seek a "do not resuscitate" order and "do not attempt resuscitation order" or "physician/provider orders for life sustaining treatment" order (POLST). b. Activities of daily living, including: i. Toileting pattern, bowel, and bladder control ii. Dressing, grooming, bathing, and personal hygiene iii. Mobility, including ambulation, transfers, and assistive devices iv. Eating, dental status, oral care, and assistive devices and dentures if applicable. c. Instrumental activities of daily living, including: i. Ability to self-manage medications ii. Housework and laundry iii. Transportation d. Physical health status, including: i. Review of relevant health history and current health conditions including: 1. Medical diagnosis 2. Nursing diagnosis to the extent they are available to the RN ii. Medication allergies and sensitivities iii. Seasonal, environmental, food and life threatening allergies or sensitivities iv. Infectious conditions v. Medication review including OTC medications, prescription medications and supplements including: 1. Reason taken 2. Side effects, contraindications, allergic or adverse reactions 3. Actions to address side effects, contraindications, allergic or adverse reactions	01620			

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01620	Continued From page 42 4. Dosage 5. Frequency of use 6. Route administered 7. Resident difficulties taking medications 8. Self-administration vs. other type of administration 9. Resident preferences for taking medications 10. Mediation management interventions to prevent drug diversion by the resident or others who have access to medications 11. Instructions to the resident and resident's legal/designated representatives on interventions to manage the resident's medications and prevent medication diversion vi. Review medical, dental, and emergency room visits in the past 12 months to the extent they are available to the RN vii. Review primary care provider visits, hospitalizations, surgeries, and care from post-acute care facilities in the past 12 months to the extent they are available to the RN viii. Review of physical therapist, occupational therapist, speech therapist of cognitive evaluations with the last 12 months to the extent they are available to the RN. ix. Weight x. VS if indicated by health conditions or medications e. Emotional and mental health conditions including: i. History and current diagnosis of mood disorders including depression, anxiety, bipolar disorder, and thought or behavioral disorders to the extent they are available to the RN ii. Current symptoms of mental health conditions and behavioral expressions of concerns	01620			

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01620	Continued From page 43 iii. Effective medication, treatment, and nonmedication interventions f. Cognition, including: i. Review of any neurocognitive evaluations and diagnosis ii. Current memory, orientation, confusion, and decision-making ability g. Communication and sensory capabilities including i. Hearing ii. Vision iii. Speech iv. Assistive communication and sensory devices including hearing aids v. Ability to understand and by understood h. Pain i. Location ii. Frequency iii. Intensity iv. Duration v. Effectiveness of medication and nonmedication alternative for pain i. Skin condition j. Nutritional and hydration status and preferences k. List of treatments including i. Type ii. Frequency iii. Level of assistance needed l. Nursing needs, including potential to receive nursing-delegated services m. Risk indicators i. Risk of falls ii. Fall history iii. Emergency evacuation ability iv. Complex medication regimen v. History of urinary tract infections vi. Risk for emotional or psychological distress due to personal losses	01620			

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01620	Continued From page 44 vii. Unsuccessful prior placements to the extent the information is available to the RN viii. Elopement risk ix. History of / previous elopements to the extent they are available to the RN x. Smoking xi. Alcohol and drug use, including the resident's alcohol use or drug use not prescribed by a physician to the extent the information is made available to the RN n. Decision making authority for the resident i. Presence of any advanced health care directive or other legal document that establishes a substitute decision making ii. Scope of the decision-making authority of a substitute decision making iii. The need for follow-up referrals for additional medical or cognitive care by health professionals b. An assessment of the residents' areas of vulnerability and susceptibility to maltreatment and whether the resident poses a risk to other vulnerable adults. The Assisted Living Facilities: Minnesota Rules Chapter 4659.0150 Uniform Assessment Tool indicated: - Subpart 1. Definition. For purposed of this part, "Uniform Assessment Tool" means an assessment tool that meets the requirements of this part and is used by a licensee to comprehensively evaluate a resident's or prospective resident's physical, mental, and cognitive needs - Subp. 2. Assessment tool elements. Each facility must develop a uniform assessment tool. The facility may use any acceptable form or format for the tool, such as an online or a hard-copy paper assessment tool, as long as the tool includes the elements identified in this	01620		

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01620	Continued From page 45 subpart. A uniform assessment tool must address the following: A. the resident's personal lifestyle preferences, including: (1) sleep schedule, dietary and social needs, leisure activities, and any other customary routine that is important to the resident's quality of life; (2) spiritual and cultural preferences; and (3) advance health care directives and end-of-life preferences, including whether a person has or wants to seek a "do not resuscitate" order and "do not attempt resuscitation order or "physician/provider orders for life-sustaining treatment: order. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01620		
01640 SS=E	144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to (a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan. (b) The service plan and any revisions must include a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities. (c) The facility must implement and provide all	01640		

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01640	Continued From page 46 services required by the current service plan. (d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable. (e) Staff providing services must be informed of the current written service plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure a written service plan was revised to reflect the current services provided for three of four residents (R1, R2, R5). 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 start of care was July 24, 2023, with diagnoses including dementia, diabetes, congestive heart failure, hypertension (high blood pressure), hyperlipidemia (elevated cholesterol), atrial fibrillation, depression, constipation, dry eyes, and insomnia. R1's service plan dated July 20, 2023, indicated R1 received assistance with dressing, showers, transfers, incontinence care, medication	01640			

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01640	Continued From page 47 administration 1-2x/day and blood sugar checks 1-2x/day and daily application and removal of ACE (all cotton elastic) wrap (used for comfort and support). R1's physician orders dated August 30, 2023, indicated blood sugar checks four times daily (before meals and at bedtime). R1's medication administration record (MAR) dated September 1, 2023, indicated R1 received medication administration 6x/day and blood sugars were checked 4x/day. R2 R2's start of care was October 7, 2022, with diagnoses including dementia, nonrheumatic aortic valve insufficiency (heart valve no longer functions adequately) and hyperlipidemia (elevated cholesterol). R2's service plan dated October 5, 2022, indicated R2 received assistance with dressing, showers, transfers, incontinence care, medication administration 1-2x/day and daily application and removal of compression stockings. R2's MAR dated September 1, 2023, indicated R2 received medication administration 3x/day. On September 26, 2023, at 9:09 a.m., clinical nurse supervisor (CNS)-B stated the administration times for medication administration and blood sugar checks was incorrect on R1's service plan. CNS-B also stated R2's medication times were incorrect. R5 R5's start of care was October 24, 2022; diagnoses included mild cognitive impairment,	01640			

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01640	Continued From page 48 altered mental status, Parkinson's disease, atrial fibrillation, and depression. R5's service plan dated July 7, 2023, indicated R5 received assistance with dressing, transfers, incontinence care, and medication administration 1-2x/day. R5's MAR dated September 2023, indicated R5 received medication administration 4x/day and and daily application and removal of compression stockings. On September 27, 2023, at 12:02 p.m. licensed assisted living director (LALD)-A and clinical nurse supervisor (CNS)-B reviewed R5's Service Plan and stated the compression stockings were not included on the Service Plan and the medication administration times were incorrect. The licensee's Contents of Service Plans policy dated July 25, 2023, indicated all residents would have an up-to-date service plan identifying services to be provided based on the assessment by the registered nurse (RN) and/or other licensed health professional. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01640			
01700 SS=D	144G.71 Subd. 2 Provision of medication management services (a) For each resident who requests medication management services, the facility shall, prior to providing medication management services, have a registered nurse, licensed health professional,	01700			

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01700	Continued From page 49 or authorized prescriber under section 151.37 conduct an assessment to determine what medication management services will be provided and how the services will be provided. This assessment must be conducted face-to-face with the resident. The assessment must include an identification and review of all medications the resident is known to be taking. The review and identification must include indications for medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues. (b) The assessment must identify interventions needed in management of medications to prevent diversion of medication by the resident or others who may have access to the medications and provide instructions to the resident and legal or designated representatives on interventions to manage the resident's medications and prevent diversion of medications. For purposes of this section, "diversion of medication" means misuse, theft, or illegal or improper disposition of medications. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) conducted a face-to-face medication management assessment to include all required content for two of four residents (R1, R3) prior to providing medication management services. 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	01700			

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01700	Continued From page 50 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 September 25, 2023, at approximately 10:20 a.m. clinical nurse supervisor (CNS)-B confirmed the licensee provided medication management services to many of the residents receiving assisted living services. R1 R1's diagnoses included diagnoses included dementia, diabetes, congestive heart failure, hypertension (high blood pressure), hyperlipidemia (elevated cholesterol), atrial fibrillation, depression, constipation, dry eyes, and insomnia. R1's service plan dated July 20, 2023, indicated R1 received services including medication administration. R1's move-in and start of care date for services was July 24, 2023. R1's Medication Administration Record (MAR) dated July 2023, indicated R1 received three medications administered by staff the evening of July 24, 2023. The MAR further indicated R1 received 11 medications administered by the staff the morning of July 25, 2023, and five medications administered by the staff the evening of July 25, 2023. R1's Care Level Evaluation All Areas Assessment was completed by the RN on July 24, 2023;	01700			

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01700	Continued From page 51 however, R1's Medication Assessment was not completed until July 26, 2023, at 12:10 p.m. R3 R3's diagnoses included myoclonus (a quick jerking movement that you can't control), history of falling, hypertension (high blood pressure), hyperlipidemia (high cholesterol), depression, post-traumatic stress disorder, myalgia (muscle pain), and insomnia (sleep disturbance). R3's service plan dated November 15, 2022, indicated R3 received services including medication administration. R3's move-in and start of care date for services was November 18, 2022. R3's Medication Administration Record (MAR) dated November 2022, indicated R3 received five medications administered by staff the evening of November 18, 2022. The MAR further indicated R3 received nine medications administered by staff the morning of November 19, 2022. R3's Care Level Evaluation All Areas Assessment and Elopement Risk Assessment were completed by the RN on November 18, 2022. R3's Medication Assessment was not completed until November 19, 2022, at 14:08 (2:08 p.m.). On September 27, 2023, at 11:52 a.m. clinical nurse supervisor (CNS)-B stated a complete health history assessment is completed with residents prior to their move-in date. The assessment is completed on paper and then transferred into the electronic record after the resident moves into the facility; the paper copy is	01700			

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01700	Continued From page 52 then shredded. CNS-B stated the assessment information from the paper copy didn't always get transferred into the electronic record on the day of admission which made the assessment look late. CNS-B further stated the paper copy had not been uploaded into the electronic record and thus had no evidence R3's medication assessment had been completed prior to admission. The licensee's Initial and On-Going Nursing Assessment of Residents Under the Comprehensive Licensed Agency reviewed January 1, 2023, indicated: 1. A RN will complete the following comprehensive nursing assessments of the resident's physical, mental, and cognitive needs as required: a. Pre-Admission Assessment 3. A comprehensive assessment includes but may not be limited to the requirements outline by Minnesota rules. Current and historical records and information are reviewed to the extent they are made available to the RN and if the RN is aware of these records. Comprehensive assessment will include: d. Physical health status, including: v. Medication review including OTC medications, prescription medications and supplements including: 1. Reason taken 2. Side effects, contraindications, allergic or adverse reactions 3. Actions to address side effects, contraindications, allergic or adverse reactions 4. Dosage 5. Frequency of use 6. Route administered 7. Resident difficulties taking medications	01700		

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01700	Continued From page 53 8. Self-administration vs. other type of administration 9. Resident preferences for taking medications 10. Mediation management interventions to prevent drug diversion by the resident or others who have access to medications 11. Instructions to the resident and resident's legal/designated representatives on interventions to manage the resident's medications and prevent medication diversion No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01700			
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	01760			

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01760	Continued From page 54 review, the licensee failed to identify and dispose of an expired medication for one of one resident (R7). 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: R7 was admitted on December 17, 2019, and had diagnoses included dementia and depression. R7's medication administration record (MAR) dated September 1, 2023, indicated R7 received Trazodone 10 mg/ml (milligrams/milliliter); take 5 ml (50mg total) by mouth every night at bedtime. On September 27, 2023, at 9:48 a.m. the surveyor observed the contents of the refrigerator in the medication room and verified the contents with ULP-D. R7's bottle of Trazodone was noted in the refrigerator and had an expiration date of September 25, 2023. ULP-D stated the evening shift staff should have removed the expired medication and re-ordered it from the pharmacy. On September 27, 2023, at 9:50 a.m., CNS-B stated R7's bottle of Trazodone was expired and should have been disposed of on September 25, 2023. CNS-B stated ULP should have removed the expired medication from the refrigerator and brought it to the nurse to be disposed of.	01760			

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01760	Continued From page 55 No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760			
01790 SS=F	144G.71 Subd. 10 Medication management for residents who will (2) for unplanned time away, when the pharmacy is not able to provide the medications, a licensed nurse or unlicensed personnel shall provide medications in amounts and dosages needed for the length of the anticipated absence, not to exceed seven calendar days; (3) the resident must be provided written information on medications, including any special instructions for administering or handling the medications, including controlled substances; and (4) the medications must be placed in a medication container or containers appropriate to the provider's medication system and must be labeled with the resident's name and the dates and times that the medications are scheduled. (b) For unplanned time away when the licensed nurse is not available, the registered nurse may delegate this task to unlicensed personnel if: (1) the registered nurse has trained the unlicensed staff and determined the unlicensed staff is competent to follow the procedures for giving medications to residents; and (2) the registered nurse has developed written procedures for the unlicensed personnel, including any special instructions or procedures regarding controlled substances that are prescribed for the resident. The procedures must address: (i) the type of container or containers to be used for the medications appropriate to the provider's medication system;	01790			

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01790	Continued From page 56 (ii) how the container or containers must be labeled; (iii) written information about the medications to be provided; (iv) how the unlicensed staff must document in the resident's record that medications have been provided, including documenting the date the medications were provided and who received the medications, the person who provided the medications to the resident, the number of medications that were provided to the resident, and other required information; (v) how the registered nurse shall be notified that medications have been provided and whether the registered nurse needs to be contacted before the medications are given to the resident or the designated representative; (vi) a review by the registered nurse of the completion of this task to verify that this task was completed accurately by the unlicensed personnel; and (vii) how the unlicensed personnel must document in the resident's record any unused medications that are returned to the facility, including the name of each medication and the doses of each returned medication. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the registered nurse (RN) developed training and competencies for unlicensed personnel (ULP) providing medications to residents for unplanned time away from home when the licensed nurse was not available for two of two employees (ULP-D, ULP-E). This practice resulted in a level two violation (a violation that did not harm a resident's health or	01790			

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01790	Continued From page 57 safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: ULP-D ULP-D was hired September 27, 2017. ULP-D's employee record lacked documentation of training and competencies for unplanned time away when the RN is not available. ULP-E ULP-E was hired April 20, 2023. ULP-E's employee record lacked documentation of training and competencies for unplanned time away when the RN is not available. On September 27, 2023, at 10:48 a.m. licensed assisted living director (LALD)-A stated the ULP were not trained, and/or competency tested on providing medications to residents for unplanned time away when the RN was not available. LALD-A stated if a resident needed medication sent with them and an RN was not available to set up the medications the ULP would call the RN on-call for direction. The licensee's delegation of nursing tasks policy dated January 1, 2023, indicated the registered nurse (RN) would determine that each staff member who performed the delegated task was trained and competent to perform the task. It	01790			

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01790	Continued From page 58 further indicated when the RN instructed ULP on specific procedures on-site or verbally, the RN would document which staff received the instruction and the ULP would sign off on or electronically attest to the written instructions that they had read and understood the instructions prior to providing the service. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01790			
01820 SS=D	144G.71 Subd. 13 Prescriptions There must be a current written or electronically recorded prescription as defined in section 151.01, subdivision 16a, for all prescribed medications that the assisted living facility is managing for the resident. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the prescriber orders for one of four residents (R3) was complete. 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: R3	01820			

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01820	Continued From page 59 R3's diagnoses included depression, post-traumatic stress disorder, osteoarthritis, and history of falls. R3's service plan dated November 15, 2022, indicated R3 received services including medication administration. R3's prescriber's orders dated March 2, 2023, included: -Nystatin powder 100,000 unit/gram, apply to affected area(s) as needed (Indications for use: Altered Skin Integrity). The licensee failed to ensure prescriber's orders included the frequency of use. On September 26, 2023, at 11:03 a.m. clinical nurse supervisor (CNS)-B reviewed R3's current prescriber orders and stated the Nystatin powder did not include frequency of use. The licensee's Administration of Medication, Treatment and Therapy By Unlicensed Personnel policy reviewed/revised January 1, 2023, indicated: Unlicensed personnel that satisfy the training requirements, have been determined competent to follow the procedures and have been delegated the responsibility by the RN (registered nurse), may administer medications, orally, by suppository, through eye drops, through ear drops, by use of inhalant or nebulizer, insulin injection or topically by following the RN's written instructions for administering the medications to the client. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01820			

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01940 SS=E	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 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 and implement a treatment or therapy management plan to include all required content for four of four	01940			

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01940	Continued From page 61 residents (R1, R2, R3, R5). 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: During the entrance conference on September 25, 2023, at 10:20 a.m., clinical nurse supervisor (CNS)-B stated the licensee provided treatment management services to their residents. R1 R1 had a diagnosis of diabetes, congestive heart failure, and dementia. R1's service plan dated July 20, 2023, indicated R1 received assistance with blood sugar checks 1-2 x/day and daily application and removal of ACE (All cotton elastic) wrap (used for comfort and support). R1's individualized treatment and therapy management plan (ITTP) dated July 20, 2023, indicated R1 received assistance with daily application and removal of ACE wrap, and 1-2 x/day blood sugar checks. R1's physician orders dated August 30, 2023, included blood sugar checks four times daily and compression ACE wraps daily to right leg, may have off at night.	01940			

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01940	Continued From page 62 R1's records lacked a treatment management plan to include the following required content for ACE wrap and blood sugar checks: - procedures for notifying a registered nurse when a problem arose 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. R2 R2 had a diagnosis of dementia, nonrheumatic aortic valve insufficiency (heart valve no longer functions adequately), hypotension (low blood pressure), and hyperlipidemia (elevated cholesterol). R2's service plan dated October 5, 2022, indicated R2 received assistance with daily application and removal of compression stockings. R2's ITTP dated October 5, 2022, indicated R2 received assistance with daily application and removal of compression stockings. R2's physician orders dated September 29, 2022, included DME Gradient Compression Garment bilaterally (knee high) compression stockings due to orthostatic hypotension (low blood pressure that occurs when standing up from sitting or lying down). R2's records lacked a treatment management plan to include the following required content for compression stockings:	01940			

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01940	Continued From page 63 - procedures for notifying a registered nurse when a problem arose 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. R3 R3's diagnoses included myoclonus (a quick jerking movement that you can't control), history of falling, hypertension (high blood pressure), hyperlipidemia (high cholesterol), depression, post-traumatic stress disorder, myalgia (muscle pain), and insomnia (sleep disturbance). R3's service plan dated November 15, 2022, indicated R3 received assistance with daily application and removal of ACE wrap. R3's ITTP dated November 15, 2022, indicated R3 received assistance with daily application and removal of ACE wraps. R3's physician orders dated March 2, 2023, included Comprilian compression bandages, put on in the morning and take off at bedtime. R3's records lacked a treatment management plan to include the following required content for compression stockings: - procedures for notifying a registered nurse when a problem arose 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	01940			

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01940	Continued From page 64 treatment or therapy to prevent possible complications or adverse reactions. R5 R5's diagnoses included mild cognitive impairment, altered mental status, Parkinson's disease, atrial fibrillation, and depression. R5's service plan dated July 7, 2023, indicated R5 received assistance with dressing, transfers, incontinence care, and medication administration. R5's record included a physician order dated July 27, 2023, for DME Gradient Compression Garment bilaterally (knee high) due to edema. R5's Medication Administration Record (MAR) dated September 2023, indicated R5 received daily application and removal of compression stockings. R5's ITTP dated July 7, 2023, indicated R5 had no treatments that required staff assistance. R5's records lacked a treatment management plan to include the following required content for compression stockings: - a statement of the type of services that will be provided; - procedures for notifying a registered nurse when a problem arose 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 September 26, 2023, at 9:09 a.m., clinical	01940			

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01940	Continued From page 65 nurse supervisor (CNS)-B stated R1, R2, R3 and R5's record lacked a treatment management plan to include all the required content as noted above. The licensee's Individualized Medication, Treatment and Therapy Management Plan policy dated January 1, 2023, indicated the treatment and therapy management plan would include: - statement of the type of service(s) provided - documentation of specific resident instructions relating to the treatments and/or therapy administration - identification of treatment or therapy tasks that may be delegated to an unlicensed staff member - procedures for notifying a registered nurse (RN) when a problem arose with treatments and/or therapy services - 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 and/or therapy to prevent complications or adverse reactions. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01940			
01960 SS=D	144G.72 Subd. 5 Documentation of administration of treatments Each treatment or therapy administered by an assisted living facility must be in the resident record. The documentation must include the signature and title of the person who administered the treatment or therapy and must include the date and time of administration. When treatment or therapies are not administered as	01960			

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01960	Continued From page 66 ordered or prescribed, the provider must document the reason why it was not administered and any follow-up procedures that were provided to meet the resident's needs. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to transcribe a treatment order for one of one resident (R2). 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 was admitted on October 7, 2022, with diagnoses including dementia, nonrheumatic aortic valve insufficiency (heart valve no longer functions adequately), hypotension (low blood pressure), and hyperlipidemia (elevated cholesterol). R2's service plan dated October 5, 2022, indicated R2 received assistance with daily application and removal of compression stockings. R2's signed physician orders dated September 29, 2022, indicated R2 had an order for bilateral knee-high compression stockings to be worn daily.	01960			

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01960	Continued From page 67 On September 26, 2023, at 7:32 a.m. R2 was not wearing compression stockings. Unlicensed personnel (ULP)-D stated R2 has never worn compression stockings. On September 26, 2023, at 8:06 a.m. licensed assisted living director (LALD)-A and clinical nurse supervisor (CNS)-B stated R2's physician order for compression stockings was never implemented. The licensee's Transcribing Orders policy dated July 25, 2023, indicated the RN accepting the order retained the responsibility for knowing the accuracy and appropriateness of the order to maintain patient safety and would clarify any concerns with the provider issuing the order. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01960			
02110 SS=F	144G.82 Subd. 3 Policies (a) In addition to the policies and procedures required in the licensing of all facilities, the assisted living facility with dementia care licensee must develop and implement policies and procedures that address the: (1) philosophy of how services are provided based upon the assisted living facility licensee's values, mission, and promotion of person-centered care and how the philosophy shall be implemented; (2) evaluation of behavioral symptoms and design of supports for intervention plans, including nonpharmacological practices that are person-centered and evidence-informed;	02110			

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02110	Continued From page 68 (3) wandering and egress prevention that provides detailed instructions to staff in the event a resident elopes; (4) medication management, including an assessment of residents for the use and effects of medications, including psychotropic medications; (5) staff training specific to dementia care; (6) description of life enrichment programs and how activities are implemented; (7) description of family support programs and efforts to keep the family engaged; (8) limiting the use of public address and intercom systems for emergencies and evacuation drills only; (9) transportation coordination and assistance to and from outside medical appointments; and (10) safekeeping of residents' possessions. (b) The policies and procedures must be provided to residents and the residents' legal and designated representatives at the time of move-in. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure policies and procedures required in the licensing of assisted living facilities with dementia care were provided to each resident and/or the resident's legal and designated representative at the time of move-in for two of two residents (R1, R2) who resided in an assisted living with dementia care facility. 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	02110			

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02110	Continued From page 69 problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: R1 and R2's records lacked documentation for receipt of the required Assisted Living with Dementia Care policies and procedures at the time of resident move-in, to include: -philosophy of how services were provided based upon the assisted living facility licensee's values, mission, and promotion of person-centered care and how the philosophy shall be implemented; - evaluation of behavioral symptoms and design of supports for intervention plans, including nonpharmacological practices that were person-centered and evidence-informed; - wandering and egress prevention that provides detailed instructions to staff in the event a resident elopes; - medication management, including an assessment of residents for the use and effects of medications, including psychotropic medications; - staff training specific to dementia care; - description of life enrichment programs and how activities were implemented; - description of family support programs and efforts to keep the family engaged; - limited the use of public address and intercom systems for emergencies and evacuation drills only; -transportation coordination and assistance to and from outside medical appointments; and - safekeeping of resident's possessions. On September 26, 2023, at 9:25 a.m. licensed assisted living director (LALD)-A stated none of the current residents had received the required	02110			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20146	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 09/27/2023
NAME OF PROVIDER OR SUPPLIER ARBOR TERRACE			STREET ADDRESS, CITY, STATE, ZIP CODE 700 NW 2ND AVENUE ROCHESTER, MN 55901		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
02110	Continued From page 70 policies. LALD-A stated she thought the disclosure statement met the requirement. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	02110			
02170 SS=F	144G.84 SERVICES FOR RESIDENTS WITH DEMENTIA (b) Each resident must be evaluated for activities according to the licensing rules of the facility. In addition, the evaluation must address the following: (1) past and current interests; (2) current abilities and skills; (3) emotional and social needs and patterns; (4) physical abilities and limitations; (5) adaptations necessary for the resident to participate; and (6) identification of activities for behavioral interventions. (c) An individualized activity plan must be developed for each resident based on their activity evaluation. The plan must reflect the resident's activity preferences and needs. (d) A selection of daily structured and non-structured activities must be provided and included on the resident's activity service or care plan as appropriate. Daily activity options based on resident evaluation may include but are not limited to: (1) occupation or chore related tasks; (2) scheduled and planned events such as entertainment or outings; (3) spontaneous activities for enjoyment or those that may help defuse a behavior; (4) one-to-one activities that encourage positive	02170			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20146	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/27/2023
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02170	Continued From page 71 relationships between residents and staff such as telling a life story, reminiscing, or playing music; (5) spiritual, creative, and intellectual activities; (6) sensory stimulation activities; (7) physical activities that enhance or maintain a resident's ability to ambulate or move; and (8) outdoor activities. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to conduct an evaluation for activities that addressed all provisions, and failed to develop an individualized activity plan based on the evaluation for two of two residents (R1, R2) who resided in an assisted living dementia care facility. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: The licensee had an Assisted Living with Dementia Care (ALFDC) license effective August 1, 2023. R1 R1 was admitted on July 24, 2023, and diagnoses including dementia. R1's Activity/quality of life assessment dated August 2, 2023, lacked the following:	02170			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20146	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/27/2023
NAME OF PROVIDER OR SUPPLIER ARBOR TERRACE			STREET ADDRESS, CITY, STATE, ZIP CODE 700 NW 2ND AVENUE ROCHESTER, MN 55901		
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02170	Continued From page 72 - past and current interest; - current abilities and skills; - emotional and social needs and patterns; - physical abilities and limitations; - adaptations necessary for the resident to participate; and - identification of activities for behavioral interventions. R1's Social History assessment dated August 18, 2023, lacked the following: - past and current interest; - current abilities and skills; - emotional and social needs and patterns; - physical abilities and limitations; - adaptations necessary for the resident to participate; and - identification of activities for behavioral interventions. R2 R2 was admitted on October 7, 2022, with diagnoses including dementia. R2's Activity/quality of life assessment dated October 20, 2022, lacked the following: - past and current interest; - current abilities and skills; - emotional and social needs and patterns; - physical abilities and limitations; - adaptations necessary for the resident to participate; and - identification of activities for behavioral interventions. R2's Social History assessment dated October 15, 2022, lacked the following: - past and current interest; - current abilities and skills; - emotional and social needs and patterns;	02170			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20146	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/27/2023
NAME OF PROVIDER OR SUPPLIER ARBOR TERRACE		STREET ADDRESS, CITY, STATE, ZIP CODE 700 NW 2ND AVENUE ROCHESTER, MN 55901		
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02170	Continued From page 73 - physical abilities and limitations; - adaptations necessary for the resident to participate; and - identification of activities for behavioral interventions. On September 26, 2023, at 9:25 a.m. licensed assisted living director (LALD)-A stated the activity department completed the activity/quality of life assessment and social history assessment for each resident. After reviewing the assessments for the required content, LALD-A stated the assessments did not include all the required content and further stated none of the residents had an individualized activity plan based on the resident's activity assessment. The licensee's Life Enrichment Program policy dated January 1, 2023, indicated each resident would be evaluated for activities. The evaluation would include: - past and current interest - current abilities and skills - emotional and social needs and patterns - physical abilities and limitations - adaptations necessary for the resident to participate, and - identification of activities for behavioral interventions. The licensee's policy did not indicate the resident would have an individualized activity plan based on the resident's activity assessment. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	02170		

Type: Full
Date: 09/25/23
Time: 11:49:15
Report: 1038231591

Food and Beverage Establishment Inspection Report

Page 1

Location:

Arbor Terrace
700 Nw 2nd Avenue
Rochester, MN55901
Olmsted County, 55

Establishment Info:

ID #: 0038071
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 5072884883
ID #:

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

The following orders were issued during this inspection.

4-500 Equipment Maintenance and Operation

4-501.12

MN Rule 4626.0740 Resurface scratched or scored cutting blocks and boards or discard if they can no longer be effectively cleaned and sanitized or resurfaced.

Cutting board scored

Comply By: 09/25/23

Food and Equipment Temperatures

Process/Item: Hot Holding

Temperature: 209 Degrees Fahrenheit - Location: Taco Meat

Violation Issued: No

Process/Item: Upright Cooler

Temperature: 32 Degrees Fahrenheit - Location: Tomato

Violation Issued: No

Process/Item: Upright Freezer

Temperature: 0 Degrees Fahrenheit - Location: Ice Cream

Violation Issued: No

Process/Item: Hot Holding

Temperature: 195 Degrees Fahrenheit - Location: Pulled Pork

Violation Issued: No

Process/Item: Hot Holding

Temperature: Degrees Fahrenheit - Location:

Violation Issued: No

Type: Full
Date: 09/25/23
Time: 11:49:15
Report: 1038231591
Arbor Terrace

Food and Beverage Establishment Inspection Report

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

NOTE: Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

I acknowledge receipt of the Minnesota Department of Health inspection report number 1038231591 of 09/25/23.

Certified Food Protection Manager Rachael Paddock

Certification Number: FM108395 Expires: 08/31/24

Signed: _____

Rachael Paddock
Housing Leader

Signed:  _____

Rob Davis
Sanitarian 2
Rochester District Office
507-810-9902
rob.davis@state.mn.us