Electronically Delivered

April 4, 2023

Licensee
Trillium At Woodsedge
930 Anne Street Northwest
Bemidji, MN 56601

RE: Project Number(s) SL26844015

Dear Licensee:

On March 17, 2023, the Minnesota Department of Health completed a follow-up evaluation of your facility to determine correction of orders found on the evaluation completed on August 31, 2022. This follow-up evaluation determined your facility had not corrected all of the state licensing orders issued pursuant to the August 31, 2022 evaluation.

In accordance with Minn. Stat. § 144G.31 Subd. 4 (a), state licensing orders issued pursuant to the last evaluation completed on August 31, 2022, found not corrected at the time of the March 17, 2023, follow-up evaluation and/or subject to penalty assessment are as follows:

2290-Legislative Intent-144g.91 Subd. 2

The details of the violations noted at the time of this follow-up evaluation completed on March 17, 2023 (listed above), are on the attached State Form. Brackets around the ID Prefix Tag in the left hand column, e.g., {2 ----} will identify the uncorrected tags.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, no immediate fines are assessed.

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

IMPOSITION OF FINES:

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

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

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

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

Please address your cover letter for reconsideration requests to:

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

We urge you to review these orders carefully. If you have questions, please contact Jess Schoenecker at 651-201-3789.

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

Sincerely,

Jess Schoenecker, Supervisor
State Evaluation Team
Health Regulation Division
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Telephone: 651-201-3789 Fax: 651-281-9796

JMD

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	26844	A. BUILDING: _____ B. WING _____	R 03/17/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRILLIUM AT WOODSEDGE	**930 ANNE STREET NW BEMIDJI, MN 56601**

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{0 000}	Initial Comments *****ATTENTION****** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER In accordance with Minnesota Statutes, section 144G.08 to 144G.95 this correction order(s) has been issued pursuant to a survey. Determination of whether a violation has been corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL26844015-1 On March 16, 2023, the Minnesota Department of Health conducted a revisit at the above provider to follow-up on orders issued pursuant to a revisit survey completed on Ocotober 5, 2022. At the time of the survey, there were 16 active residents receiving services under the Assisted Living with Dementia Care license. As a result of the revisit orders 2290 was reissued.	{0 000}		
{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	{0 480}		

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{0 480}	Continued From page 1 by: No further action required.	{0 480}		
{0 490} SS=F	144G.41 Subd 1 (13) (ii)-(vii) Minimum requirements (iv) upon the request of the resident, provide direct or reasonable assistance with arranging for transportation to medical and social services appointments, shopping, and other recreation, and provide the name of or other identifying information about the persons responsible for providing this assistance; (v) upon the request of the resident, provide reasonable assistance with accessing community resources and social services available in the community, and provide the name of or other identifying information about persons responsible for providing this assistance; (vi) provide culturally sensitive programs; and (vii) have a daily program of social and recreational activities that are based upon individual and group interests, physical, mental, and psychosocial needs, and that creates opportunities for active participation in the community at large; and This MN Requirement is not met as evidenced by: No further action required.	{0 490}		
{0 620} SS=D	144G.42 Subd. 6 (a) Compliance with requirements for reporting ma (a) The assisted living facility must comply with the requirements for the reporting of maltreatment of vulnerable adults in section 626.557. The facility must establish and implement a written procedure to ensure that all	{0 620}		

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{0 620}	Continued From page 2 cases of suspected maltreatment are reported. This MN Requirement is not met as evidenced by: No further action required.	{0 620}		
{0 630} SS=D	144G.42 Subd. 6 (b) Compliance with requirements for reporting ma (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: No further action required.	{0 630}		
{0 900} SS=D	144G.50 Subdivision 1 Contract required (a) An assisted living facility may not offer or provide housing or assisted living services to any individual unless it has executed a written contract with the resident. (b) The contract must contain all the terms concerning the provision of: (1) housing; (2) assisted living services, whether provided directly by the facility or by management agreement or other agreement; and (3) the resident's service plan, if applicable.	{0 900}		

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{0 900}	Continued From page 3 (c) A facility must: (1) offer to prospective residents and provide to the Office of Ombudsman for Long-Term Care a complete unsigned copy of its contract; and (2) give a complete copy of any signed contract and any addendums, and all supporting documents and attachments, to the resident promptly after a contract and any addendum has been signed. (d) A contract under this section is a consumer contract under sections 325G.29 to 325G.37. (e) Before or at the time of execution of the contract, the facility must offer the resident the opportunity to identify a designated representative according to subdivision 3. (f) The resident must agree in writing to any additions or amendments to the contract. Upon agreement between the resident and the facility, a new contract or an addendum to the existing contract must be executed and signed. This MN Requirement is not met as evidenced by: No further action required.	{0 900}		
{0 950} SS=D	144G.50 Subd. 3 Designation of representative (a) Before or at the time of execution of an assisted living contract, an assisted living facility must offer the resident the opportunity to identify a designated representative in writing in the contract and must provide the following verbatim notice on a document separate from the contract: "RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES. You have the right to name anyone as your "Designated Representative." A Designated	{0 950}		

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{0 950}	Continued From page 4 Representative can assist you, receive certain information and notices about you, including some information related to your health care, and advocate on your behalf. A Designated Representative does not take the place of your guardian, conservator, power of attorney ("attorney-in-fact"), or health care power of attorney ("health care agent"), if applicable." (b) The contract must contain a page or space for the name and contact information of the designated representative and a box the resident must initial if the resident declines to name a designated representative. Notwithstanding subdivision 1, paragraph (f), the resident has the right at any time to add, remove, or change the name and contact information of the designated representative. This MN Requirement is not met as evidenced by: No further action required.	{0 950}		
{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: No further action required.	{0 970}		

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{0 980}	Continued From page 5	{0 980}		
{0 980} SS=C	144G.51 ARBITRATION (a) An assisted living facility must clearly and conspicuously disclose, in writing in an assisted living contract, any arbitration provision in the contract that precludes, limits, or delays the ability of a resident from taking a civil action. (b) An arbitration requirement must not include a choice of law or choice of venue provision. Assisted living contracts must adhere to Minnesota law and any other applicable federal or local law. This MN Requirement is not met as evidenced by: No further action required.	{0 980}		
{01060} SS=F	144G.52 Subd. 9 Emergency relocation (a) A facility may remove a resident from the facility in an emergency if necessary due to a resident's urgent medical needs or an imminent risk the resident poses to the health or safety of another facility resident or facility staff member. An emergency relocation is not a termination. (b) In the event of an emergency relocation, the facility must provide a written notice that contains, at a minimum: (1) the reason for the relocation; (2) the name and contact information for the location to which the resident has been relocated and any new service provider; (3) contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities; (4) if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement	{01060}		

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{01060}	Continued From page 6 that a return date is not currently known; and (5) a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal. (c) The notice required under paragraph (b) must be delivered as soon as practicable to: (1) the resident, legal representative, and designated representative; (2) for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the resident's case manager; and (3) the Office of Ombudsman for Long-Term Care if the resident has been relocated and has not returned to the facility within four days. (d) Following an emergency relocation, a facility's refusal to provide housing or services constitutes a termination and triggers the termination process in this section.currently known; and This MN Requirement is not met as evidenced by: No further action required.	{01060}		
{01290} SS=E	144G.60 Subdivision 1 Background studies required (a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information. (b) Data collected under this subdivision shall be classified as private data on individuals under	{01290}		

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{01290}	Continued From page 7 section 13.02, subdivision 12. (c) Termination of an employee in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits. This MN Requirement is not met as evidenced by: No further action required.	{01290}		
{01670} SS=F	144G.70 Subd. 6 Medical cannabis Assisted living facilities may exercise the authority and are subject to the protections in section 152.34. This MN Requirement is not met as evidenced by: No further action required.	{01670}		
{01890} SS=D	144G.71 Subd. 20 Prescription drugs A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug. This MN Requirement is not met as evidenced by: No further action required.	{01890}		
{02040} SS=F	144G.81 Subdivision 1 Fire protection and physical environment	{02040}		

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{02040}	Continued From page 8 An assisted living facility with dementia care that has a secured dementia care unit must meet the requirements of section 144G.45 and the following additional requirements: (1) a hazard vulnerability assessment or safety risk must be performed on and around the property. The hazards indicated on the assessment must be assessed and mitigated to protect the residents from harm; and (2) the facility shall be protected throughout by an approved supervised automatic sprinkler system by August 1, 2029. This MN Requirement is not met as evidenced by: No further action required.	{02040}		
{02110} SS=F	144G.82 Subd. 3 Policies (a) In addition to the policies and procedures required in the licensing of all facilities, the assisted living facility with dementia care licensee must develop and implement policies and procedures that address the: (1) philosophy of how services are provided based upon the assisted living facility licensee's values, mission, and promotion of person-centered care and how the philosophy shall be implemented; (2) evaluation of behavioral symptoms and design of supports for intervention plans, including nonpharmacological practices that are person-centered and evidence-informed; (3) wandering and egress prevention that provides detailed instructions to staff in the event a resident elopes; (4) medication management, including an assessment of residents for the use and effects of medications, including psychotropic	{02110}		

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{02110}	Continued From page 9 medications; (5) staff training specific to dementia care; (6) description of life enrichment programs and how activities are implemented; (7) description of family support programs and efforts to keep the family engaged; (8) limiting the use of public address and intercom systems for emergencies and evacuation drills only; (9) transportation coordination and assistance to and from outside medical appointments; and (10) safekeeping of residents' possessions. (b) The policies and procedures must be provided to residents and the residents' legal and designated representatives at the time of move-in. This MN Requirement is not met as evidenced by: No further action required.	{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	{02170}		

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{02170}	Continued From page 10 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 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: No further action required.	{02170}		
{02290} SS=C	144G.91 Subd. 2 Legislative intent The rights established under this section for the benefit of residents do not limit any other rights available under law. No facility may request or require that any resident waive any of these rights at any time for any reason, including as a condition of admission to the facility. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee limited the rights of its residents when they prohibited the use of bed/side rails in the	{02290}		

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{02290}	Continued From page 11 facility which affect all residents at the facility. 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: On March 16, 2023, a follow up desk audit (follow-up survey to assess for correction of previous citations conducted virtually) was conducted to assess for compliance with use of bed/side rail in the licensee's facility. R3's diagnoses included dementia, osteoporosis, anxiety, and physical deconditioning. R10's diagnoses included Parkinson's disease and dementia. R11's diagnosis included dementia. R3, R10 and R11 had bed/side rail assessments, completed on October 27, 2022, which indicated bed/side rails were removed and families were notified. On March 16, 2023, at 12:33 p.m., RN-A stated the licensee no longer allowed bed/side rails in the facility and had updated their policy to reflect the change. RN-A stated all seven residents, which included R3, R10 and R11, with bed/side rails were assessed and bed/side rails were removed.	{02290}		

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{02290}	Continued From page 12 On March 16, 2023, at 2:36 p.m., RN-A stated she was unaware of the fact they could not deny a resident the right to have a bed/side rail and would reach out to their legal team to address their policy and allow bed/side rails going forward. RN-A stated they would reinstate their use of their bed/side rail assessments and document risk versus benefits education provided to the resident, or resident representative. The licensee's Bed/Side Rail Policy, effective October 25, 2022, indicated, "[The licensee] does not allow for the use of bed rails or side rails for any reason. Due to the cognitive impairment and lack of safety insight and judgement of all residents in the community the risk for injury or death are too high." No further information was provided.	{02290}		
{03000} SS=D	626.557 Subd. 3 Timing of report (a) A mandated reporter who has reason to believe that a vulnerable adult is being or has been maltreated, or who has knowledge that a vulnerable adult has sustained a physical injury which is not reasonably explained shall immediately report the information to the common entry point. If an individual is a vulnerable adult solely because the individual is admitted to a facility, a mandated reporter is not required to report suspected maltreatment of the individual that occurred prior to admission, unless: (1) the individual was admitted to the facility from another facility and the reporter has reason to believe the vulnerable adult was maltreated in the previous facility; or (2) the reporter knows or has reason to believe	{03000}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	26844	A. BUILDING: _____ B. WING _____	R 03/17/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRILLIUM AT WOODSEDGE	930 ANNE STREET NW BEMIDJI, MN 56601

(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
{03000}	Continued From page 13 that the individual is a vulnerable adult as defined in section 626.5572, subdivision 21, paragraph (a), clause (4). (b) A person not required to report under the provisions of this section may voluntarily report as described above. (c) Nothing in this section requires a report of known or suspected maltreatment, if the reporter knows or has reason to know that a report has been made to the common entry point. (d) Nothing in this section shall preclude a reporter from also reporting to a law enforcement agency. (e) A mandated reporter who knows or has reason to believe that an error under section 626.5572, subdivision 17, paragraph (c), clause (5), occurred must make a report under this subdivision. If the reporter or a facility, at any time believes that an investigation by a lead investigative agency will determine or should determine that the reported error was not neglect according to the criteria under section 626.5572, subdivision 17, paragraph (c), clause (5), the reporter or facility may provide to the common entry point or directly to the lead investigative agency information explaining how the event meets the criteria under section 626.5572, subdivision 17, paragraph (c), clause (5). The lead investigative agency shall consider this information when making an initial disposition of the report under subdivision 9c. This MN Requirement is not met as evidenced by: No further action required.	{03000}		

Electronically Delivered

October 7, 2022

Administrator
Trillium At Woodsedge
930 Anne Street Northwest
Bemidji, MN 56601

RE: Project Number(s) SL26844015

Dear Administrator:

On October 4, 2022, the Minnesota Department of Health completed a follow-up evaluation of your facility to determine correction of orders found on the evaluation completed on August 31, 2022. This follow-up evaluation determined your facility had not corrected all of the state licensing orders issued pursuant to the August 31, 2022 evaluation.

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

2170-Services For Residents With Dementia-144g.84
2310-Appropriate Care And Services-144g.91 Subd. 4 - $3,000.00

The details of the violations noted at the time of this follow-up evaluation completed on October 4, 2022 (listed above), are on the attached State Form. Brackets around the ID Prefix Tag in the left hand column, e.g., {2 ----} will identify the uncorrected tags.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is $3,000.00**. You will be invoiced after 15 days of the receipt of this notice, subject to appeal.

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

IMPOSITION OF FINES:

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

CORRECTION ORDER RECONSIDERATION PROCESS
In accordance with Minn. Stat. § 144G.32, Subd. 2, you have one opportunity to challenge the correction order issued, including the level and scope, and any fine assessed through the correction order reconsideration process. This written request must be received by the Department of Health within 15 calendar days of the correction order receipt date. Please send your written request via email to the following:

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

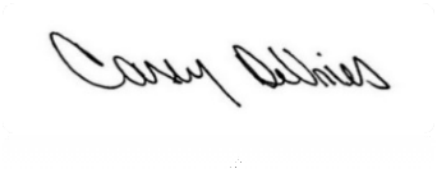
REQUESTING A HEARING
Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the Department of Health within 15 business days of the correction order receipt date. Requests for hearing may be emailed to **Health.HRD.Appeals@state.mn.us**.

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

We urge you to review these orders carefully. If you have questions, please contact Casey DeVries at 651-201-5917 .

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

Sincerely,



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

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	26844	A. BUILDING: _____ B. WING _____	R 10/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRILLIUM AT WOODSEDGE	930 ANNE STREET NW BEMIDJI, MN 56601

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{0 000}	Initial Comments Initial comments *****ATTENTION****** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER In accordance with Minnesota Statutes, section 144G.08 to 144G.95 this correction order(s) has been issued pursuant to a survey. Determination of whether a violation has been corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL26844015-1 On October 3, 2022, through October 5, 2022, the Minnesota Department of Health conducted a revisit at the above provider to follow-up on orders issued pursuant to a survey completed on August 31, 2022. At the time of the survey, there were 22 active residents receiving services under the Assisted Living with Dementia Care license. As a result of the revisit, orders 2290 and 2310 were issued and/or reissued.	{0 000}	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Home Care/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 144A.474 subd. 11 (b) (1) (2) -or- 144G.31 subd. 1, 2 and 3	

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{0 480}	Continued From page 1	{0 480}		
{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: (i) at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The following apply: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and This MN Requirement is not met as evidenced by: No further action required.	{0 480}		
{0 490} SS=F	144G.41 Subd 1 (13) (ii)-(vii) Minimum requirements (ii) weekly housekeeping; (iii) weekly laundry service; (iv) upon the request of the resident, provide direct or reasonable assistance with arranging for transportation to medical and social services appointments, shopping, and other recreation, and provide the name of or other identifying information about the persons responsible for providing this assistance; (v) upon the request of the resident, provide reasonable assistance with accessing community	{0 490}		

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{0 490}	Continued From page 2 resources and social services available in the community, and provide the name of or other identifying information about persons responsible for providing this assistance; (vi) provide culturally sensitive programs; and (vii) have a daily program of social and recreational activities that are based upon individual and group interests, physical, mental, and psychosocial needs, and that creates opportunities for active participation in the community at large; and This MN Requirement is not met as evidenced by: No further action required.	{0 490}		
{0 620} SS=D	144G.42 Subd. 6 (a) Compliance with requirements for reporting ma 144G.42 Subd. 6. Compliance with requirements for reporting maltreatment of vulnerable adults; abuse prevention plan. (a) The assisted living facility must comply with the requirements for the reporting of maltreatment of vulnerable adults in section 626.557. The facility must establish and implement a written procedure to ensure that all cases of suspected maltreatment are reported. This MN Requirement is not met as evidenced by: No further action required.	{0 620}		
{0 630} SS=D	144G.42 Subd. 6 (b) Compliance with requirements for reporting ma (b) The facility must develop and implement an	{0 630}		

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{0 630}	Continued From page 3 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: No further action required.	{0 630}		
{0 900} SS=D	144G.50 Subdivision 1 Contract required (a) An assisted living facility may not offer or provide housing or assisted living services to any individual unless it has executed a written contract with the resident. (b) The contract must contain all the terms concerning the provision of: (1) housing; (2) assisted living services, whether provided directly by the facility or by management agreement or other agreement; and (3) the resident's service plan, if applicable. (c) A facility must: (1) offer to prospective residents and provide to the Office of Ombudsman for Long-Term Care a complete unsigned copy of its contract; and (2) give a complete copy of any signed contract and any addendums, and all supporting documents and attachments, to the resident promptly after a contract and any addendum has	{0 900}		

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{0 900}	Continued From page 4 been signed. (d) A contract under this section is a consumer contract under sections 325G.29 to 325G.37. (e) Before or at the time of execution of the contract, the facility must offer the resident the opportunity to identify a designated representative according to subdivision 3. (f) The resident must agree in writing to any additions or amendments to the contract. Upon agreement between the resident and the facility, a new contract or an addendum to the existing contract must be executed and signed. This MN Requirement is not met as evidenced by: No further action required.	{0 900}		
{0 950} SS=D	144.50 Subd. 3 Designation of representative (a) Before or at the time of execution of an assisted living contract, an assisted living facility must offer the resident the opportunity to identify a designated representative in writing in the contract and must provide the following verbatim notice on a document separate from the contract: "RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES. You have the right to name anyone as your "Designated Representative." A Designated Representative can assist you, receive certain information and notices about you, including some information related to your health care, and advocate on your behalf. A Designated Representative does not take the place of your	{0 950}		

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{0 950}	Continued From page 5 guardian, conservator, power of attorney ("attorney-in-fact"), or health care power of attorney ("health care agent"), if applicable." (b) The contract must contain a page or space for the name and contact information of the designated representative and a box the resident must initial if the resident declines to name a designated representative. Notwithstanding subdivision 1, paragraph (f), the resident has the right at any time to add, remove, or change the name and contact information of the designated representative. This MN Requirement is not met as evidenced by: No further action required.	{0 950}		
{0 970} SS=C	144.50 Subd. 5 Waivers of liability prohibited The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law. This MN Requirement is not met as evidenced by: No further action required.	{0 970}		
{0 980} SS=C	144G.51 ARBITRATION (a) An assisted living facility must clearly and conspicuously disclose, in writing in an assisted living contract, any arbitration provision in the	{0 980}		

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{0 980}	Continued From page 6 contract that precludes, limits, or delays the ability of a resident from taking a civil action. (b) An arbitration requirement must not include a choice of law or choice of venue provision. Assisted living contracts must adhere to Minnesota law and any other applicable federal or local law. This MN Requirement is not met as evidenced by: No further action required.	{0 980}		
{01060} SS=F	144G.52 Subd. 9 Emergency relocation (a) A facility may remove a resident from the facility in an emergency if necessary due to a resident's urgent medical needs or an imminent risk the resident poses to the health or safety of another facility resident or facility staff member. An emergency relocation is not a termination. (b) In the event of an emergency relocation, the facility must provide a written notice that contains, at a minimum: (1) the reason for the relocation; (2) the name and contact information for the location to which the resident has been relocated and any new service provider; (3) contact information for the Office of Ombudsman for Long-Term Care; (4) if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and (5) a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident	{01060}		

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{01060}	Continued From page 7 may submit an appeal. (c) The notice required under paragraph (b) must be delivered as soon as practicable to: (1) the resident, legal representative, and designated representative; (2) for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the resident's case manager; and (3) the Office of Ombudsman for Long-Term Care if the resident has been relocated and has not returned to the facility within four days. (d) Following an emergency relocation, a facility's refusal to provide housing or services constitutes a termination and triggers the termination process in this section. This MN Requirement is not met as evidenced by: No further action required.	{01060}		
{01290} SS=E	144G.60 Subdivision 1 Background studies required (a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information. (b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12. (c) Termination of an employee in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits.	{01290}		

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{01290}	Continued From page 8 This MN Requirement is not met as evidenced by: No further action required.	{01290}		
{01670} SS=F	144G.70 Subd. 6 Medical cannabis Assisted living facilities may exercise the authority and are subject to the protections in section 152.34. This MN Requirement is not met as evidenced by: No further action required.	{01670}		
{01890} SS=D	144G.71 Subd. 20 Prescription drugs A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug. This MN Requirement is not met as evidenced by: No further action required.	{01890}		
{02040} SS=F	144G.81 Subdivision 1 Fire protection and physical environment An assisted living facility with dementia care that has a secured dementia care unit must meet the requirements of section 144G.45 and the following additional requirements: (1) a hazard vulnerability assessment or safety risk must be performed on and around the	{02040}		

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{02040}	Continued From page 9 property. The hazards indicated on the assessment must be assessed and mitigated to protect the residents from harm; and (2) the facility shall be protected throughout by an approved supervised automatic sprinkler system by August 1, 2029. This MN Requirement is not met as evidenced by: No further action required.	{02040}		
{02110} SS=F	144G.82 Subd. 3 Policies (a) In addition to the policies and procedures required in the licensing of all facilities, the assisted living facility with dementia care licensee must develop and implement policies and procedures that address the: (1) philosophy of how services are provided based upon the assisted living facility licensee's values, mission, and promotion of person-centered care and how the philosophy shall be implemented; (2) evaluation of behavioral symptoms and design of supports for intervention plans, including nonpharmacological practices that are person-centered and evidence-informed; (3) wandering and egress prevention that provides detailed instructions to staff in the event a resident elopes; (4) medication management, including an assessment of residents for the use and effects of medications, including psychotropic medications; (5) staff training specific to dementia care; (6) description of life enrichment programs and how activities are implemented; (7) description of family support programs and efforts to keep the family engaged;	{02110}		

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{02110}	Continued From page 10 (8) limiting the use of public address and intercom systems for emergencies and evacuation drills only; (9) transportation coordination and assistance to and from outside medical appointments; and (10) safekeeping of residents' possessions. (b) The policies and procedures must be provided to residents and the residents' legal and designated representatives at the time of move-in. This MN Requirement is not met as evidenced by: No further action required.	{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	{02170}		

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{02170}	Continued From page 11 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 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: No further action required.	{02170}		
02290 SS=C	144G.91 Subd. 2 Legislative intent The rights established under this section for the benefit of residents do not limit any other rights available under law. No facility may request or require that any resident waive any of these rights at any time for any reason, including as a condition of admission to the facility. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee limited the rights of three of three residents (R3, R10, R11) reviewed when the licensee required the residents or their representatives to sign a risk agreement waiving the licensee's liability regarding the use of bed rails. This practice resulted in a level one violation (a	02290		

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02290	Continued From page 12	02290		

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:

R3
R3's diagnoses included dementia, osteoporosis, anxiety, and physical deconditioning.

R3's Negotiated Risk Agreement form dated August 30, 2020, included an assessment of the zones of entrapment, identified the use of the bedrails to be for positioning, and included a risk and benefit statement. The bed rails were within the FDA guidelines. However, the agreement did not identify any possible alternatives to the use of bedrails or any interventions that had been tried and indicated that by signing the form, the resident had agreed to assume all risk, whether of personal injury or death, property damage or loss, or any other consequences which could be a result of the resident's choice and resident agrees to indemnify and hold harmless the Society against all such injuries and damages, however it may occur or be caused.

R10
R10's diagnoses included Parkinson's and dementia.

R10's Negotiated Risk Agreement form dated August 30, 2020, included an assessment of the zones of entrapment, identified the use of the bedrails to be for positioning, and included a risk and benefit statement. The bed rails were within

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02290	Continued From page 13	02290		

the FDA guidelines. However, the agreement did not identify any possible alternatives to the use of bedrails or any interventions that had been tried and indicated that by signing the form, the resident had agreed to assume all risk, whether of personal injury or death, property damage or loss, or any other consequences which could be a result of the resident's choice and resident agrees to indemnify and hold harmless the Society against all such injuries and damages, however it may occur or be caused.

R11
R11's diagnosis included dementia.

R11's Negotiated Risk Agreement form dated August 30, 2020, included an assessment of the zones of entrapment, identified the use of the bedrails to be for positioning, and included a risk and benefit statement. The bed rails were within the FDA guidelines. However, the agreement did not identify any possible alternatives to the use of bedrails or any interventions that had been tried and indicated that by signing the form, the resident had agreed to assume all risk, whether of personal injury or death, property damage or loss, or any other consequences which could be a result of the resident's choice and resident agrees to indemnify and hold harmless the Society against all such injuries and damages, however it may occur or be caused.

On October 4, 2022, at approximately 12:28 p.m., licensed assisted living director (LALD)-B, verified R3, R10 and R11's negotiated risk agreements were an active part of the medical record. LALD-B agreed the bedrail risk agreements did contain language waiving the facility's liability for health, safety, or personal property of a resident. LALD-B stated the negotiated risk agreement is a

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02290	Continued From page 14 part of the documentation/implementation process and is required for all residents and/or responsible party that choose to use a bedrail. Additionally, LALD-B stated, it is a template form and the waiver of liability had previously been a part of the rental agreement, however, had been removed from the rental agreement and the licensee must have missed the removal from the negotiated risk agreement. The licensee's Negotiated Risk Agreement policy dated April 21, 2022, indicated the licensee would honor a resident's right to have choices and make decisions about his or her own lifestyle, wellness activities, and other issues. Licensee and resident would discuss alternatives to the expressed preferences of the resident if considered risky behavior, which would be acceptable to the resident and licensee. In the event the resident chose to move forward with the risks, an acknowledgement by the resident that risks were understood, and resident is willing to bear the risks of the choice were to be memorialized in a signed negotiated risk agreement. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	02290		
{02310} SS=I	144G.91 Subd. 4 Appropriate care and services (a) Residents have the right to care and assisted living services that are appropriate based on the resident's needs and according to an up-to-date service plan subject to accepted health care standards. This MN Requirement is not met as evidenced	{02310}		

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{02310}	Continued From page 15 by: Based on interview and record review, the licensee failed to provide care and services according to acceptable health care, medical, or nursing standards for three of three residents (R3, R10, R11) with siderails. This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: R3 R3's diagnoses included dementia, osteoporosis, anxiety and physical deconditioning. R3's service plan dated August 30, 2022, indicated R3 received the following services: medication administration, assistance with transferring with a gait belt (a safety belt used to prevent falls), escorts to and from meals, safety checks every two hours, toileting every two hours, bathing, grooming, housekeeping and laundry. R3's Nursing Assessment and Level of Care Evaluation dated August 15, 2022, indicated R3 was incontinent of both bowel and bladder, deemed a high fall risk, needed one-person hands-on physical assistance with mobility/transfers always, and required reorientation/redirection daily due to cognitive impairment. The Bed Mobility section of the assessment noted "resident uses an assist grab	{02310}		

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{02310}	Continued From page 16 bar to reposition self in bed." R3's Resident Evaluation for Assist Grab Bars - Assisted Living dated August 30, 2022, indicated R3 had a hospital bed with one siderail. It was noted R3 had received the hospital bed on December 9, 2021, and the siderail pamphlet had been given to the family on admit for the risk and benefits of siderails. The evaluation indicated R3 was independent with entrance and exit from the bed. R3's Resident Evaluation for Assist Grab Bars - Assisted Living dated August 30, 2022, was inconsistent with the assessment dated August 15, 2022, which indicated R3 required hands-on physical assistance of staff for all transfers/mobility. On October 4, 2022, at approximately 12:38 p.m., RN-A stated, in response to the initial survey in August, siderail/position bar safety checks were added each shift and a negotiated risk agreement was signed with residents that used bedrails and/or a representative, as an intervention to lift an immediate order issued by the Minnesota Department of Health (MDH) pertaining to siderails. RN-A stated, "She can get out of bed by herself, but she's not supposed to. She has poor safety awareness and not calling for help before getting out of bed and such." RN-A stated no additional interventions or changes had been made since then. R3's record lacked an accurate assessment and evaluation for siderail use. R3's Nursing Assessment and Level of Care Evaluation dated August 15, 2022, indicated R3 required physical hands-on assistance for mobility and transfers while the Resident Evaluation for Assist Grab Bars - Assisted Living dated August 30, 2022, indicated R3 was able to enter and exit from the	{02310}		

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{02310}	Continued From page 17 bed independently. R10 R10's diagnoses included Parkinson's disease and dementia. R10's service plan dated September 21, 2022, indicated R10 received the following services: medication administration, assistance with transferring with a gait belt, escorts to and from meals, safety checks every two hours, toileting every two hours, bathing, grooming, housekeeping and laundry. R10's Nursing Assessment and Level of Care Evaluation dated August 4, 2022, indicated R10 was incontinent of bladder, deemed a high fall risk, and needed one-person hands-on physical assistance with mobility/transfers. Under the Bed Mobility section of the assessment; it was noted the "resident uses an assist grab bar to reposition self in bed." R10's Resident Evaluation for Assist Grab Bars - Assisted Living dated August 30, 2022, indicated R10 had a hospital bed provided by the Veterans Administration and used bilateral siderails daily. The siderail education pamphlet had been given to the family on admit for the review of risk and benefits of siderails. The evaluation indicated R10 was independent with entrance and exit from the bed. R10's Resident Evaluation for Assist Grab Bars - Assisted Living dated August 30, 2022, was inconsistent with the assessment dated August 4, 2022, which indicated R10 required physical hands-on assistance for mobility and transfers. On October 4, 2022, at approximately 12:38 p.m., RN-A stated, in response to the initial survey in	{02310}		

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{02310}	Continued From page 18 August, siderail/position bar safety checks were added each shift and a negotiated risk agreement was signed with residents that used bedrails and/or a representative, as an intervention to lift an immediate order issued by Minnesota Department of Health (MDH) pertaining to siderails. Additionally, RN-A stated no additional interventions or changes had been made since then. At approximately 12:45 p.m., RN-A stated, "he is hands-on assist with a gait belt, he could get himself in and out of bed, but he is unsafe and doesn't recognize his strengths or weaknesses." R10's record lacked an accurate assessment and evaluation for siderail use. R10's Nursing Assessment and Level of Care Evaluation dated August 4, 2022, indicated R10 required physical hands-on assist for mobility and transfers, while the Resident Evaluation for Assist Grab Bars - Assisted Living dated August 30, 2022, indicated R10 was able to enter and exit from the bed independently. R11 R11's diagnosis included dementia. R11's service plan dated August 30, 2022, indicated R11 received the following services: medication administration, wound care, assistance with transferring/mobility contact guard with gait belt (a level of assistance that requires hands-on the resident), meal prep, escorts to and from meals, safety checks every hour throughout the night, safety checks every two hours throughout the day, toileting every two hours, staff to provide total hands-on assistance with dressing/undressing, bathing, grooming, housekeeping and laundry.	{02310}		

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{02310}	Continued From page 19 R11's Nursing Assessment and Level of Care Evaluation dated August 12, 2022, indicated R11 was incontinent of both bowel and bladder, deemed a high fall risk, and needed one-person hands-on physical assistance with all transfers and ambulation with use of gait belt at all times. Under the Bed Mobility section of the assessment; it was noted the "resident requires assistance of one person (with or without assist grab bar)". R11's Resident Evaluation for Assist Grab Bars - Assisted Living dated August 30, 2022, indicated R11 used a hospital bed with one siderail daily. The siderail education pamphlet had been given to the family on admit for the review of risk and benefits of siderails. The evaluation indicated R11 was independent with entrance and exit from the bed. R11's Resident Evaluation for Assist Grab Bars - Assisted Living dated August 30, 2022, was inconsistent with the assessment dated August 12, 2022, which indicated R11 required physical hands-on assistance for mobility and transfers. On October 4, 2022, at approximately 12:38 p.m., RN-A stated, in response to the initial survey in August, siderail/position bar safety checks were added each shift and a negotiated risk agreement was signed with residents that used bedrails and/or a representative, as an intervention to lift an immediate order issued by Minnesota Department of Health (MDH) pertaining to siderails. Additionally, RN-A stated no additional interventions or changes had been made since then. At approximately 1:07 p.m., RN-A stated, "Yes, she [R11] does require one staff for repositioning. The husband requested the use of siderails because she climbs out of bed without calling for help. She does not use a call pendant."	{02310}		

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{02310}	Continued From page 20 R11's record lacked an accurate assessment and evaluation for siderail use. R11's Nursing Assessment and Level of Care Evaluation dated August 12, 2022, indicated R11 required physical hands-on assist for all mobility and transfers, while the Resident Evaluation for Assist Grab Bars - Assisted Living dated August 30, 2022, indicated R11 was able to enter and exit from the bed independently. On October 4, 2022, at 12:28 p.m., RN-A confirmed R3, R10 and R11 have hospital beds with siderails. RN-A stated the same siderail assessment was used for all residents who have a siderail or grab bar on their bed. RN-A stated they rely on the staff to let them know if a siderail is loose and then they would place a maintenance request in as a high priority. The surveyor reviewed with RN-A and licensed assisted living director (LALD)-B the Resident Evaluation for Assist Grab Bars - Assisted Living and Nursing Assessments and Level of Care Evaluations for R3, R10 and R11. LALD-B confirmed discrepancies between the assessments and evaluations and stated, "We were in an immediate jeopardy, we had to correct it. We had to do them all at the same time, that is why everything is dated August 30, 2022." RN-A stated, "I [RN-A] did assessments, two nurses did measurements, we called all the families." The surveyor asked RN-A if any interventions had been tried prior to the placement of siderails as required by their policy, RN-A stated, "I'm sure there was something tried, I would have to go look." Additionally, RN-A stated, "Because of their dementia and they are able to get up when maybe they should not get up due to poor safety awareness, we consider all our dementia residents a high risk. We can use a QuietCare	{02310}		

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{02310}	Continued From page 21	{02310}		

motion sensor system for up to 23 hours for our high risk fall residents, hourly rounding, toileting schedules and staff offer assistance when in the rooms, but again, this is a dementia care unit, they will climb over things not recognizing their own safety awareness."

The surveyor reviewed with RN-A on October 4, 2022, at 1:07 p.m., the licensee's Bedrail/Siderail Use-Assisted Living policy, and confirmed the licensee was not following the policy, as the policy directs for the nurse to document assessments and actions taken prior to bedrail/siderail initiation on the Evaluation for Assist Grab Bars - Assisted Living resident medical record.

On October 5, 2022, at 12:09 p.m., the surveyor interviewed RN-A about R11's inability to enter and exit the bed independently, lack of ability to use a call pendant and the request by family to implement the use of siderails because she climbs out of bed without calling for help. The surveyor asked RN-A if the siderail was being utilized as a restraint. RN-A stated, "I would say not, I wouldn't say she climbs over the rails. It's not used in a restraint format." RN-A was unable to provide additional information regarding R11 spouse's request for the siderails or that the licensee adequately assessed the request of the spouse or the potential for the siderail to be used as a restraint when it was implemented in May 2021, as RN-A stated she was out during that timeframe.

The licensee's policy Bed Rail/Side Rail Use - Assisted Living dated October 3, 2022, indicated that any bedrail/siderail that prevents a resident from exiting the bed independently is a restraint and the Society policy prohibits the use of restraints. The bedrail/siderail will be used only at

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{02310}	Continued From page 22 the request of the resident for assistance with in-bed repositioning and assistance with entering or exiting the bed. Additionally, the policy indicated completion and documentation of specific resident assessments, education regarding bedrail/siderail risks and benefits and an evaluation of bedrail/siderail safety is required when a bedrail/siderail is in use. The MDH Assisted Living Resources and frequently asked questions information available to the public and providers, pertaining to siderail use, undated, indicated an assessment of an individual be completed to ensure the individual is an appropriate candidate for a siderail and individualized to each resident's risks prior to initiating siderails. The licensee must also consider whether the siderail has the effect of being an improper restraint. The U.S. Food & Drug Administration (FDA) "A Guide to Bed Safety" revised April 2010, included the following information: "When bed rails are used, perform an on-going assessment of the patient's physical and mental status, closely monitor high-risk patients. The FDA also identified; "Patients who have problems with memory, sleeping, incontinence, pain, uncontrolled body movement, or who get out of bed and walk unsafely without assistance, must be carefully assessed for the best ways to keep them from harm, such as falling. Assessment by the patient's health care team will help to determine how best to keep the patient safe". No further information was provided.	{02310}		
{03000} SS=D	626.557 Subd. 3 Timing of report	{03000}		

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{03000}	Continued From page 23 (a) A mandated reporter who has reason to believe that a vulnerable adult is being or has been maltreated, or who has knowledge that a vulnerable adult has sustained a physical injury which is not reasonably explained shall immediately report the information to the common entry point. If an individual is a vulnerable adult solely because the individual is admitted to a facility, a mandated reporter is not required to report suspected maltreatment of the individual that occurred prior to admission, unless: (1) the individual was admitted to the facility from another facility and the reporter has reason to believe the vulnerable adult was maltreated in the previous facility; or (2) the reporter knows or has reason to believe that the individual is a vulnerable adult as defined in section 626.5572, subdivision 21, paragraph (a), clause (4). (b) A person not required to report under the provisions of this section may voluntarily report as described above. (c) Nothing in this section requires a report of known or suspected maltreatment, if the reporter knows or has reason to know that a report has been made to the common entry point. (d) Nothing in this section shall preclude a reporter from also reporting to a law enforcement agency. (e) A mandated reporter who knows or has reason to believe that an error under section 626.5572, subdivision 17, paragraph (c), clause (5), occurred must make a report under this subdivision. If the reporter or a facility, at any time believes that an investigation by a lead investigative agency will determine or should determine that the reported error was not neglect according to the criteria under section 626.5572,	{03000}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	26844	A. BUILDING: _____ B. WING _____	R 10/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRILLIUM AT WOODSEDGE	**930 ANNE STREET NW BEMIDJI, MN 56601**

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{03000}	Continued From page 24 subdivision 17, paragraph (c), clause (5), the reporter or facility may provide to the common entry point or directly to the lead investigative agency information explaining how the event meets the criteria under section 626.5572, subdivision 17, paragraph (c), clause (5). The lead investigative agency shall consider this information when making an initial disposition of the report under subdivision 9c. This MN Requirement is not met as evidenced by: No further action required.	{03000}		

Electronically Delivered

September 14, 2022

Administrator
Trillium at Woodsedge
930 Anne Street Northwest
Bemidji, MN 56601

RE: Project Number(s) SL26844015

Dear Administrator:

The Minnesota Department of Health completed an evaluation on August 31, 2022, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the evaluation, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

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

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

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

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

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

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

St - 0 - 2310 - 144g.91 Subd. 4 - Appropriate Care And Services - $3,000.00

The total amount you are assessed is $3,000.00. You will be invoiced after 15 days of the receipt of this notice, subject to appeal.

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

The correction order documentation should include the following:

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

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

A state licensing order under Minn. Stat. § 144G.91, Subd. 8, Free from Maltreatment is associated with a maltreatment determination by the Office of Health Facility Complaints. If maltreatment is substantiated, you will receive a separate letter with the reconsideration process under Minn. Stat. § 626.557. Please email general reconsideration requests to: **Health.HRD.Appeals@state.mn.us**.

Please address your cover letter for general reconsideration requests to:
Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place
St. Paul, MN 55164-0970

Free from Maltreatment reconsideration requests should be addressed to:
Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place
St. Paul, MN 55164-0970

REQUESTING A HEARING
Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the Department of Health within 15 business days of the correction order receipt date. Requests for hearing may be emailed to **Health.HRD.Appeals@state.mn.us**.

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

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

Sincerely,

Jessica Chenze, Interim Supervisor
Health Regulation Division
State Evaluation Team
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Email: jessica.chenze@state.mn.us
Telephone: 218-332-5175 | Fax: 218-332-5196

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	26844	A. BUILDING: _____ B. WING _____	08/31/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRILLIUM AT WOODSEDGE	930 ANNE STREET NW BEMIDJI, MN 56601

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments Initial comments ******ATTENTION****** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(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: SL#26844015 On, August 29, 2022, through August 31, 2022, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were 24 residents, 23 receiving services under the provider's Assisted Living with Dementia Care license. An immediate correction order was identified on August 30, 2022, issued for SL#26844015, tag identification 2310. On August 30, 2022, the immediacy of correction order 2310 was removed, however non-compliance remained at a scope and level of I.	0 000	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Home Care/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 144A.474 subd. 11 (b) (1) (2) -or- 144G.31 subd. 1, 2 and 3	

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0 430	Continued From page 1	0 430		
0 430 SS=A	144G.40 Subd. 2 Uniform checklist disclosure of services (a) All assisted living facilities must provide to prospective residents: (1) a disclosure of the categories of assisted living licenses available and the category of license held by the facility; (2) a written checklist listing all services permitted under the facility's license, identifying all services the facility offers to provide under the assisted living facility contract, and identifying all services allowed under the license that the facility does not provide; and (3) an oral explanation of the services offered under the contract. (b) The requirements of paragraph (a) must be completed prior to the execution of the assisted living contract. (c) The commissioner must, in consultation with all interested stakeholders, design the uniform checklist disclosure form for use as provided under paragraph (a). This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide a copy of the uniform checklist disclosure of services (UDALSA) with the required content for one of two residents (R3) with records reviewed. 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 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).	0 430		

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0 430	Continued From page 2 The findings include: R3's diagnoses included dementia, osteoporosis, anxiety, and physical deconditioning. R3's service plan dated August 4, 2022, indicated the resident received the following services: medication administration, assistance with transferring, toileting, bathing, and grooming. R3's record lacked evidence the resident received a copy of the licensee's UDALSA to include: - a disclosure of the categories of assisted living licenses available and the category of license held by the facility; and - a written checklist listing all services permitted under the facility's license, identifying all services the facility offers to provide under the assisted living facility contract, and identifying all services allowed under the license that the facility does not provide. On August 30, 2022, at 10:41 a.m., licensed assisted living director (LALD)-B stated R3's record lacked evidence that R3 had received a copy of the licensees UDALSA as required. LALD-B stated this was "overlooked" for R3. The licensee's Uniform Checklist Disclosure of Services - Minnesota policy dated May 13, 2022, noted Minnesota assisted living communities are required to provide an up to date UDALSA to each prospective resident and each prospective resident's representative who requests information about the facility. No further information was provided.	0 430		

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0 430	Continued From page 3 TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 430		
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: (i) at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The following apply: (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).	0 480		

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0 480	Continued From page 4 The findings include: Please refer to the included document titled, Food and Beverage Establishment Inspection Report dated August 29, 2022, for the specific Minnesota Food Code deficiencies. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 480		
0 490 SS=F	144G.41 Subd 1 (13) (ii)-(vii) Minimum requirements (ii) weekly housekeeping; (iii) weekly laundry service; (iv) upon the request of the resident, provide direct or reasonable assistance with arranging for transportation to medical and social services appointments, shopping, and other recreation, and provide the name of or other identifying information about the persons responsible for providing this assistance; (v) upon the request of the resident, provide reasonable assistance with accessing community resources and social services available in the community, and provide the name of or other identifying information about persons responsible for providing this assistance; (vi) provide culturally sensitive programs; and (vii) have a daily program of social and recreational activities that are based upon individual and group interests, physical, mental, and psychosocial needs, and that creates opportunities for active participation in the community at large; and	0 490		

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0 490	Continued From page 5 This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to have daily programs of social and recreational activities based on individual and group interests, physical, mental, and psychosocial needs. This had the potential to affect all 23 residents who were being provided services at 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) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). Findings include: During the entrance conference on August 29, 2022, at 9:41 a.m., the surveyor asked for the licensee's daily activity calendar. Registered nurse (RN)-A stated the monthly activity calendar was posted in the entryway and each resident received a copy. RN-A stated unlicensed personnel (ULP)-H oversaw the facility's activity program. On August 29, 2022, at 10:19 a.m., the surveyor toured the facility with RN-A. The August 2022, activity calendar was posted at the entrance to the unit. The calendar included at least one scheduled activity daily except for Saturday August 6, 13, 20, and 27th. The date boxes for these dates were left blank. On August 20, 2022, at 9:13 a.m., ULP-H stated activities were routinely scheduled for Sunday,	0 490		

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0 490	Continued From page 6 Monday, Tuesday, Wednesday, Thursday and Friday. ULP-H stated there were no scheduled or planned activities on Saturdays because she didn't work on Saturdays. The licensee's Activity Programming - Assisted Living Memory Care policy dated August 23, 2022, noted the facility would develop and implement an activities calendar that contained meaningful activities based on the resident's skills, abilities and preferences. There would be ongoing evaluation and scheduled programming offering daily activities throughout the week. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 490		
0 620 SS=D	144G.42 Subd. 6 (a) Compliance with requirements for reporting ma 144G.42 Subd. 6. Compliance with requirements for reporting maltreatment of vulnerable adults; abuse prevention plan. (a) The assisted living facility must comply with the requirements for the reporting of maltreatment of vulnerable adults in section 626.557. The facility must establish and implement a written procedure to ensure that all cases of suspected maltreatment are reported. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to timely submit a report to the Minnesota Adult Abuse Reporting Center (MAARC) for one of one resident (R4) who had an altercation with another resident (R5) with	0 620		

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0 620	Continued From page 7 records reviewed. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: R4's diagnoses included dementia, osteoporosis, depression, panic, bradycardia (slow heart rate), and tremors. R4's Nursing Assessment and Level of Care Evaluation dated June 10, 2022, indicated R4 needed assistance with toileting, dressing, grooming, and bathing. R4 needed recurring redirection and cueing related to cognitive impairment and/or reassurance in response to fear, anxiety and/or paranoia. R4 needed ongoing staff monitoring, redirection, and management for inappropriate behaviors such as hallucinations and delusions; R4 yells for family and deceased husband; and will yell at other residents. R4's Vulnerable Adult Assessment dated June 10, 2022, indicated the resident did exhibit psychotic behavior such as hallucinations or delusions; was verbally abusive to others; did exhibit poor impulse control; and was likely to be easily exploited. In addition, in the comment section it was noted "Staff to report any signs or abuse/neglect to nursing immediately." R5's diagnoses included Alzheimer disease, hypertension (high blood pressure), arthritis, and	0 620		

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0 620	Continued From page 8 transient ischemic attack (TIA - a mini stroke). R5's Nursing Assessment and Level of Care Evaluation dated August 18, 2022, indicated R5 needed assistance with grooming, incontinence care, dressing, and bathing. R5 needed reorientation and redirection in response to cognitive impairment and/or reassurance in response to fear and/or paranoia. R5 was noted to have verbal and had gestured physical aggression towards staff and other residents. R5's Vulnerable Adult Assessment dated August 18, 2022, indicated the resident did exhibit psychotic behavior such as hallucinations or delusion; was verbally abusive to others; expressed anger in an inappropriate manner; and was likely to harm himself or others because he was unable to control his actions d/t neurological impairments, seizures, poor motor control, or heavy medications. R5's progress note dated/timed August 19, 2022, at 5:35 p.m., and written by unlicensed personnel (ULP)-F noted R4 was seated at one of the tables in the dining room and announced "Oh look, here he [R5] come" to everyone around. R5 immediately grew aggravated and yelled "Oh look it's the old fart" at R4. R4 did not answer R5. Shortly after, ULP-F noticed that R4 was screaming and when ULP-F looked, she saw R5 had his hands around R4's neck. ULP-F intervened and separated R4 and R5 and deescalated the situation. A review of the MAARC Common Entry Point Report for the above noted incident indicated the incident had been reported to MAARC on August 22, 2022, at 12:06 p.m. (three days after the incident). The report also indicated following the	0 620		

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0 620	Continued From page 9 description of the incident, that this report had not been "filed in a timely manner". On August 29, 2022, at 12:17 p.m., licensed assisted living director (LALD)-B stated the licensee's policy was for MAARC reports to be filed immediately or at least within 24 hours of the incident. LALD-B stated it was a newer employee who had witnessed the incident between R4 and R5. This employee felt because she had dealt with the situation; she did not need to report the incident to the RN. LALD-B stated that was why the report to MAARC was not done timely. The licensee's Vulnerable Adults, Reporting Maltreatment, Assisted Living - Minnesota policy dated May 13, 2022, noted the suspected maltreatment situation must be reported immediately, which means as soon as possible but no longer than 24 hours. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 620		
0 630 SS=D	144G.42 Subd. 6 (b) Compliance with requirements for reporting ma (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	0 630		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	26844	A. BUILDING: _____ B. WING _____	08/31/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRILLIUM AT WOODSEDGE	930 ANNE STREET NW BEMIDJI, MN 56601

(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
0 630	Continued From page 10 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 was developed to include the required content for one of three residents (R2) with records reviewed. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, 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 to the assisted living with dementia care facility on November 11, 2020, and contracted for housing only from the licensee. On August 29, 2022, at 9:30 a.m., during the entrance conference, registered nurse (RN)-A stated R2 had a housing only contract and did not receive any services. R2 shared an apartment with her sister (R9). R2's Vulnerability Assessment dated July 31, 2021, identified areas of vulnerability and a review of the resident's risk of abusing other vulnerable adults. R2's Vulnerability Assessment did not include a review of the resident's susceptibility to be abused by another individual, including other vulnerable adults.	0 630		

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0 630	Continued From page 11 On August 31, 2022, at 8:39 a.m., licensed assisted living director (LALD)-B stated she completes the Vulnerability Assessments on those residents who have a housing only contract with the facility. LALD-B confirmed R2's Vulnerability Assessment was incomplete as it did not include a review of the resident's susceptibility to be abused by others. The licensee's Resident Assessment policy dated August 3, 2021, noted a Vulnerability Assessment would be completed by an RN for each resident prior to or upon admission, upon significant change in condition, annually, or per state regulations for all residents who reside in Memory Care Assisting Living. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 630		
0 900 SS=D	144G.50 Subdivision 1 Contract required (a) An assisted living facility may not offer or provide housing or assisted living services to any individual unless it has executed a written contract with the resident. (b) The contract must contain all the terms concerning the provision of: (1) housing; (2) assisted living services, whether provided directly by the facility or by management agreement or other agreement; and (3) the resident's service plan, if applicable. (c) A facility must:	0 900		

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0 900	Continued From page 12 (1) offer to prospective residents and provide to the Office of Ombudsman for Long-Term Care a complete unsigned copy of its contract; and (2) give a complete copy of any signed contract and any addendums, and all supporting documents and attachments, to the resident promptly after a contract and any addendum has been signed. (d) A contract under this section is a consumer contract under sections 325G.29 to 325G.37. (e) Before or at the time of execution of the contract, the facility must offer the resident the opportunity to identify a designated representative according to subdivision 3. (f) The resident must agree in writing to any additions or amendments to the contract. Upon agreement between the resident and the facility, a new contract or an addendum to the existing contract must be executed and signed. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop and execute a written assisted living contract with the required content for one of three residents (R3) with records reviewed. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally).	0 900		

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0 900	Continued From page 13 The findings include: R3's diagnoses included dementia, osteoporosis, anxiety, and physical deconditioning. R3's service plan dated August 4, 2022, indicated the resident received the following services: medication administration, assistance with transferring, toileting, bathing, grooming, laundry, and housekeeping. R3's records lacked a written contract which included the terms concerning the provisions of the following as required: (1) housing (2) assisted living services, whether provided directly by the facility or by management agreement or other agreement. In addition, R3's record lacked evidence that the contract had been fully executed as the facility must: - give a complete copy of any signed contract and any addendums, and all supporting documents and attachments, to the resident promptly after a contract and any addendum has been signed; and - the facility must offer the resident the opportunity to identify a designated representative. On August 30, 2022, at 10:37 a.m., licensed assisted living director (LALD)-B stated she did not have a signed assisted living contract for R3. LALD-B stated she thought they had sent the assisted living contract out to R3's family back in July 2021. LALD-B stated they must not have received the signed assisted living contract back and it just got "overlooked".	0 900		

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0 900	Continued From page 14 No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 900		
0 950 SS=D	144.50 Subd. 3 Designation of representative (a) Before or at the time of execution of an assisted living contract, an assisted living facility must offer the resident the opportunity to identify a designated representative in writing in the contract and must provide the following verbatim notice on a document separate from the contract: "RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES. You have the right to name anyone as your "Designated Representative." A Designated Representative can assist you, receive certain information and notices about you, including some information related to your health care, and advocate on your behalf. A Designated Representative does not take the place of your guardian, conservator, power of attorney ("attorney-in-fact"), or health care power of attorney ("health care agent"), if applicable." (b) The contract must contain a page or space for the name and contact information of the designated representative and a box the resident must initial if the resident declines to name a designated representative. Notwithstanding subdivision 1, paragraph (f), the resident has the right at any time to add, remove, or change the name and contact information of the designated representative. This MN Requirement is not met as evidenced	0 950		

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0 950	Continued From page 15 by: Based on interview and record review, the licensee failed to offer the resident the opportunity to identify a designated representative in writing for one of two residents (R3) with records reviewed. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: R3's diagnoses included dementia, osteoporosis, anxiety, and physical deconditioning. R3's service plan dated August 4, 2022, indicated the resident received the following services: medication administration, assistance with transferring, toileting, bathing, grooming, laundry, and housekeeping. R3's record lacked evidence of a notice with the required statutory language for the resident to identify a designated representative or documentation that R3 declined to name a designated representative. On August 30, 2022, at 9:54 a.m., licensed assisted living director (LALD)-B stated R3 had not been provided the opportunity to identify a designated representative. No further information was provided.	0 950		

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0 950	Continued From page 16 TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 950		
0 970 SS=C	144.50 Subd. 5 Waivers of liability prohibited The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract did not include language waiving the facility's liability for health, safety, or personal property of a resident. This had the potential to affect all residents. This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: During the entrance conference on August 29, 2022, at 10:15 a.m., the surveyor asked for a copy of the licensee's assisted living contract. The assisted living contract and Resident	0 970		

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0 970	Continued From page 17 Handbook (considered part of the assisted living contract) were provided to and later reviewed by the surveyor. The assisted living contract provided included a clause that indicated the resident would waive the facility's liability for health, safety, or personal property of the resident. Page 8, section VI. Rights and Responsibilities of [name of facility], item A. of the assisted living contract indicates [name of the facility] is not liable for loss of damage by fire, theft, or other casualty, nor injuries from the use of the UNIT to RESIDENT or personal possessions. In the Resident Handbook on page 22, section Assisted Devices Guidelines indicates you [the resident] assumes all responsibility for any damages that result from the use or ownership of an assistive device and will hold [name of corporate owner] harmless. You [the resident] will assume all risk of liability for damages resulting from the operation of an assistive device on or off our property. We [the facility] are not responsible for theft or damage to your assistive device even when it is located on our property. You [the resident] will be held responsible for any damage to our property as well. On August 31, 2022, at 9:07 a.m., licensed assisted living director (LALD)-B stated the corporate office is currently reviewing the assisted living contract. LALD-B was unsure if they were also reviewing the Resident Handbook. LALD-B stated this assisted living contract and Resident Handbook were provided to all residents. LALD-B stated she could see how this language noted above could be interpreted in a way that did not meet the regulation. No further information was provided.	0 970		

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0 970	Continued From page 18 TIME PERIOD OF CORRECTION: Twenty-One (21) days	0 970		
0 980 SS=C	144G.51 ARBITRATION (a) An assisted living facility must clearly and conspicuously disclose, in writing in an assisted living contract, any arbitration provision in the contract that precludes, limits, or delays the ability of a resident from taking a civil action. (b) An arbitration requirement must not include a choice of law or choice of venue provision. Assisted living contracts must adhere to Minnesota law and any other applicable federal or local law. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the resident agreement arbitration requirement did not include a choice of venue provision. This practice resulted in a level one violation, 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: During the entrance conference on August 29, 2022, at 10:15 a.m., the surveyor asked for a copy of the licensee's assisted living contract. The assisted living contract and Resident Handbook (considered part of the assisted living contract) were provided to and later reviewed by	0 980		

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0 980	Continued From page 19 the surveyor. The assisted living contract used for all residents included an arbitration section. On page 34, addendum E - Assisted Living Resolution of Legal Disputes, section C. Conduct of Arbitration of the assisted living contract indicated any arbitration conducted pursuant to this Resolution of Legal Disputes shall be conducted within the county wherein this community [assisted living] is located. On August 31, 2022, at 9:11 a.m., licensed assisted living director (LALD)-B stated she could see how this above noted section was making a provision on where the arbitration would be held. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 980		
01060 SS=F	144G.52 Subd. 9 Emergency relocation (a) A facility may remove a resident from the facility in an emergency if necessary due to a resident's urgent medical needs or an imminent risk the resident poses to the health or safety of another facility resident or facility staff member. An emergency relocation is not a termination. (b) In the event of an emergency relocation, the facility must provide a written notice that contains, at a minimum: (1) the reason for the relocation; (2) the name and contact information for the location to which the resident has been relocated and any new service provider; (3) contact information for the Office of Ombudsman for Long-Term Care;	01060		

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01060	Continued From page 20 (4) if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and (5) a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal. (c) The notice required under paragraph (b) must be delivered as soon as practicable to: (1) the resident, legal representative, and designated representative; (2) for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the resident's case manager; and (3) the Office of Ombudsman for Long-Term Care if the resident has been relocated and has not returned to the facility within four days. (d) Following an emergency relocation, a facility's refusal to provide housing or services constitutes a termination and triggers the termination process in this section. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide a written notice with required content for an emergency relocation and failed to notify the Office of Ombudsman for Long-Term Care of the emergency relocation for two of two residents (R7, R8) with records reviewed. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a	01060		

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01060	Continued From page 21	01060		

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:

R7
R7 was admitted for assisted living with dementia care services on November 19, 2021.

R7's service plan dated August 6, 2022, indicated R7 received the following services: medication administration, compression stockings, exercise program, assistance with bathing, toileting, dressing, grooming, housekeeping, and laundry.

R7's Progress Notes dated May 23, 2022, indicated the licensee sent R7 to the emergency room at a nearby hospital where R7 was admitted. R7 returned to the facility on June 29, 2022, after her stay at the hospital and short-term rehabilitation facility.

R8
R8 was admitted for assisted living with dementia care services on April 22, 2022.

R8's service plan dated August 5, 2022, indicated R8 received the following services: exercise program, medication administration, blood glucose monitoring, assistance with grooming, bathing, toileting, housekeeping, and laundry.

R8's Progress Notes dated July 19, 2022, indicated the licensee sent R8 to the clinic and then on to the emergency room at a nearby hospital where R8 was admitted for possible urinary tract infection and sepsis (a potentially life-threatening condition that occurs when the

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01060	Continued From page 22 body's extreme response to an infection damage its own tissues). R8 returned to the facility on July 21, 2022. R7 and R8's record lacked a written notice that contains, at a minimum: - the name and contact information for the location to which the resident has been relocated and any new service provider; - contact information for the Office of Ombudsman for Long-Term Care; - if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; - a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal. In addition, R7 and R8's record lacked notification to the Office of Ombudsman for Long-Term Care that the residents had been relocated and had not returned to the facility within four days. On August 31, 2022, at 8:53 a.m., registered nurse (RN)-A and licensed assisted living director (LALD)-B stated they were not familiar with this requirement listed above. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01060		
01290 SS=E	144G.60 Subdivision 1 Background studies required	01290		

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01290	Continued From page 23 (a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information. (b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12. (c) Termination of an employee in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure a background study was submitted and received in affiliation with the assisted living with dementia care license for two of two employees (registered nurse/RN-C, unlicensed personnel/ULP-D) with records reviewed. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at 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: RN-C	01290		

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01290	Continued From page 24 RN-C obtained her RN license on November 1, 2017. RN-C was hired by the licensee on September 24, 2018, to provide supervision of staff and direct care services to the residents. RN-C's employee record contained a background study, submitted by a separate location operated by the same corporation dated September 11, 2018. RN-C's employee record lacked evidence the licensee submitted a background study for their license. ULP-D ULP-D was hired on July 19, 2022, to provide direct care services to the licensee's residents. On August 29, 2022, at 11:56 a.m., the surveyor observed ULP-D administer R3's scheduled medications. ULP-D's employee record contained a background study, submitted by a separate location operated by the same corporation dated July 14, 2022. ULP-D's employee record lacked evidence the licensee submitted a background study for their license. On August 31, 2022, at 2:19 p.m., licensed assisted living director (LALD)-B and registered nurse (RN)-A stated the background studies for RN-C and ULP-D were submitted under the corporations skilled nursing facility. LALD-B stated they will need to have their human resource department work on getting these background studies corrected. The licensee's Hiring and Screening policy dated March 24, 2022, noted Human Resources would conduct background checks on all new employees and transfers prior to beginning	01290		

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01290	Continued From page 25 employment or transferring to a new position. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	01290		
01670 SS=F	144G.70 Subd. 6 Medical cannabis Assisted living facilities may exercise the authority and are subject to the protections in section 152.34. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to adopt reasonable restrictions for the use of medical cannabis (commonly referred to as medical marijuana). This had the potential to affect all residents. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a 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 August 29, 2022, at 10:15 a.m., the surveyor asked for a copy of the licensee's assisted living contract. The assisted living contract and Resident Handbook (considered part of the assisted living contract) were provided to and later reviewed by the surveyor.	01670		

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01670	Continued From page 26 The Resident Handbook indicated under the Marijuana section, despite state laws permitting the prescribing and usage of marijuana for medicinal and/or recreational purposes, [name of the facility] will follow federal law prohibiting possession and usage of marijuana. As such, we [facility] strictly prohibit possession and/or using marijuana on the property. On August 31, 2022, at 9:16 a.m., licensed assisted living director (LALD)-B and registered nurse (RN)-A stated the Resident Handbook was correct that medical cannabis was not allowed. The licensee's Cannabis (Marijuana), Use and Possession policy dated August 24, 2022, noted the FDA had approved medications that contain a synthetic version of a substance that is present in the marijuana plant, as well as medication that contains a synthetic substance that is similar to the chemical structure of compounds found in marijuana. These medications are legal, and the Society does not prohibit their use. On August 31, 2022, at 12:16 p.m., LALD-B stated the licensee's policy contradicts the Resident Handbook. LALD-B stated changes will need to be made to the Resident Handbook to accurately reflect our policy. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01670		
01890 SS=D	144G.71 Subd. 20 Prescription drugs A prescription drug, prior to being set up for	01890		

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01890	Continued From page 27	01890		

immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug.

This MN Requirement is not met as evidenced by:
Based on observation, interview, and record review, the licensee failed to ensure medications were maintained with legible information including the expiration date for time sensitive medications for one of one resident (R1) with records reviewed.

This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally).

The findings include:

On August 29, 2022, at 11:48 a.m., the surveyor observed unlicensed personnel (ULP)-E administer R1's scheduled medications which included administration of 5 units of Novolog insulin. In R1's medication bin the surveyor observed that R1's Basaglar insulin pen did not have a label which indicated the date the insulin pen had been opened and when the insulin pen would expire.

On August 29, 2022, at 11:53 a.m., ULP-E stated staff should be dating the insulin pens with an opened and expiration date when they remove

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01890	Continued From page 28 them from the refrigerator and place them in the resident's medication bin. On August 29, 2022, at 12:30 p.m., registered nurse (RN)-A stated insulin pens should be dated with a date when opened, an expiration date and initialed by the staff person when the pen is removed from the refrigerator and put into use. RN-A confirmed R1's Basaglar insulin pen was not dated as required. The manufacturer's instructions for Basaglar insulin pens dated September 2021, directed to discard the pen 28 days after it had been opened, even if it still had insulin left in it. The license's Medication Administration-Assisted Living policy dated August 3, 2021, noted multi-use medications such as eye drops, inhalers, nose spray and insulin would be labeled with the date they were opened. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890		
02040 SS=F	144G.81 Subdivision 1 Fire protection and physical environment An assisted living facility with dementia care that has a secured dementia care unit must meet the requirements of section 144G.45 and the following additional requirements: (1) a hazard vulnerability assessment or safety risk must be performed on and around the property. The hazards indicated on the assessment must be assessed and mitigated to protect the residents from harm; and	02040		

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02040	Continued From page 29 (2) the facility shall be protected throughout by an approved supervised automatic sprinkler system by August 1, 2029. This MN Requirement is not met as evidenced by: Based on document review and interview, the licensee failed to provide a hazard vulnerability or safety risk assessment that included hazards identified on and around the property. This had the potential to directly affect all residents and staff. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: On August 29, 2022, at approximately 11:25 a.m., the plant supervisor (PS)-I provided documents for review. Documents were reviewed by survey staff on August 29, 2022, between 11:25 a.m. and 11:50 a.m. The Hazard Vulnerability Assessment did not include hazards or safety risks identified on and around the property of the dementia care building. On August 29, 2022, at approximately 11:50 a.m., the PS-I confirmed during an interview that the assessment did not include hazards identified on and around the property of the dementia care building. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one	02040		

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02040	Continued From page 30 (21) days	02040		
02110 SS=F	144G.82 Subd. 3 Policies (a) In addition to the policies and procedures required in the licensing of all facilities, the assisted living facility with dementia care licensee must develop and implement policies and procedures that address the: (1) philosophy of how services are provided based upon the assisted living facility licensee's values, mission, and promotion of person-centered care and how the philosophy shall be implemented; (2) evaluation of behavioral symptoms and design of supports for intervention plans, including nonpharmacological practices that are person-centered and evidence-informed; (3) wandering and egress prevention that provides detailed instructions to staff in the event a resident elopes; (4) medication management, including an assessment of residents for the use and effects of medications, including psychotropic medications; (5) staff training specific to dementia care; (6) description of life enrichment programs and how activities are implemented; (7) description of family support programs and efforts to keep the family engaged; (8) limiting the use of public address and intercom systems for emergencies and evacuation drills only; (9) transportation coordination and assistance to and from outside medical appointments; and (10) safekeeping of residents' possessions. (b) The policies and procedures must be provided to residents and the residents' legal and designated representatives at the time of	02110		

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02110	Continued From page 31 move-in. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop and implement all required policies and procedures related to dementia care. In addition, the licensee failed to ensure the required dementia care policies and procedures were provided to each resident and/or the resident's legal and designated representatives. 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: The facility currently held an Assisted Living with Dementia Care license. On August 29, 2022, at 10:15 a.m., during the entrance conference, the surveyor asked for the licensee's assisted living with dementia care policies and procedures. The policies and procedures provided did not include the following: - medication management, including an assessment of residents for the use and effects of medications, including psychotropic medications; and - safekeeping of residents' possessions. On August 31, 2022, at 9:33 a.m., licensed	02110		

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02110	Continued From page 32 assisted living director (LALD)-B stated she was unable to find the above required dementia care policies. Registered nurse (RN)-A stated the only dementia care policy that is provided to the resident and/or their representative was the Dementia Disclosure policy. 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	02170		

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02170	Continued From page 33 entertainment or outings; (3) spontaneous activities for enjoyment or those that may help defuse a behavior; (4) one-to-one activities that encourage positive 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 have a comprehensive evaluation for an activity plan for two of two residents (R1, R3) who received services under an assisted living with dementia care license. 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: The facility currently held an Assisted Living with Dementia Care license. R1 R1's diagnoses included dementia, hypertension (high blood pressure), chronic kidney disease, and diabetes.	02170		

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02170	Continued From page 34 R1's [name of facility] Lifestyle Questionnaire dated February 2, 2020, identified R1's past hobbies and interests and emotional needs, however the evaluation did not include the following: - current abilities and skills - physical abilities and limitations - adaptations necessary for the resident to participate, and - identification of activities for behavioral interventions. R3 R3's diagnoses included dementia, osteoporosis, anxiety, and physical deconditioning. R3's undated [name of facility] Lifestyle Questionnaire identified R3s past hobbies and interests, however the evaluation did not include the following: - emotional and social needs and patterns - current abilities and skills - physical abilities and limitations - adaptations necessary for the resident to participate, and - identification of activities for behavioral interventions. In addition, R1 and R3's record lacked the development of an individualized activity plan. On August 31, 2022, at 9:26 a.m., licensed assisted living director (LALD)-B reviewed the licensee's template Lifestyle Questionnaire form. LALD-B stated the same Lifestyle Questionnaire was used for all residents to determine the resident's preferences and past interests. LALD-B confirmed the licensee had not completed a comprehensive activity evaluation or developed an activity plan as required for R1, R3 and all	02170		

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02170	Continued From page 35 other residents who received services at the facility. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	02170		
02310 SS=I	144G.91 Subd. 4 Appropriate care and services (a) Residents have the right to care and assisted living services that are appropriate based on the resident's needs and according to an up-to-date service plan subject to accepted health care standards. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to provide care and services according to acceptable health care, medical, or nursing standards for one of one resident (R3) with siderails. This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). This resulted in an immediate correction order on August 30, 2022, at 12:16 p.m. The findings include:	02310		

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02310	Continued From page 36 On August 30, 2022, at 8:55 a.m., the surveyor observed R3 seated in a wheelchair in her room. R3's hospital bed had bilateral upper siderails on the bed. The left upper siderail was in the upright position with the right upper siderail in the down position and the right side of the bed positioned tight up against the wall. R3's diagnoses included dementia, osteoporosis, anxiety, and physical deconditioning. R3's service plan dated August 4, 2022, indicated the resident received the following services: medication administration, assistance with transferring, toileting, bathing, and grooming. R3's assessment dated August 15, 2022, indicated R3 was incontinent of both bowel and bladder, she was deemed a high fall risk, and R3 needed one-person hands-on physical assistance with mobility/transfers. Under the Bed Mobility section of the assessment; it was noted the "resident uses an assist grab bar to reposition self in bed". R3's Side Rail Assessment dated August 15, 2022, indicated R3 had two upper siderails which she used daily for positioning. It was noted R3 had received the hospital bed on December 9, 2021, and the side rail pamphlet had been given to the family on admit for the risk and benefits of side rails. R3's record lacked a siderail assessment which included actual measurements of the entrapment zones. On August 30, 2022, at 11:29 a.m., registered nurse (RN)-A stated R3 had bilateral upper siderails on her bed and that R3 used them for	02310		

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02310	Continued From page 37	02310		

positioning and bed mobility. RN-A stated the same siderail assessment was used for all residents who have a siderail or grab bar on their bed. RN-A stated the siderail assessment was completed each time the 90-day assessment was completed. RN-A stated she was aware of the zones of entrapment, however measuring the zones was not part of the facility's siderail assessment. RN-C and RN-A also stated when they complete a siderail assessment they did not physically go into the resident's room and check the siderail to assure it was secure and safely attached to the bed. RN-C stated they rely on the staff to let them know if a siderail is loose and then they would place a maintenance request in as a high priority. RN-A reviewed the licensee's Bedrail/Siderail Use-Assisted Living policy and confirmed the policy was not being followed as the policy directs for the nurse to measure the bedrail/siderail zones and that these measurements would be documented.

On August 30, 2022, at 11:38 a.m., RN-C measured R3's siderail with the surveyor present. Zone 1 measured 17 inches tall and 2 ½ inches wide, which is compliant with the FDA guidelines. RN-A and RN-C also placed pressure on both upper siderails and stated they were both loose and not secure.

The licensee's Bed Rail/Side Rail Use-Assisted Living policy dated September 28, 2021, noted the bed rail/side rail must be designed to work with the bed "system" including the side rail, bed frame and mattress. A loose or "wobbly" bed rail/side rail would not be used. The assisted living nurse will measure the bed rail/side rail zones 1-4 to assure that the bed rail/side rail meets the FDA's dimensional guidance recommendations to reduce entrapments. The

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	26844	A. BUILDING: _____ B. WING _____	08/31/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRILLIUM AT WOODSEDGE	930 ANNE STREET NW BEMIDJI, MN 56601

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
02310	Continued From page 38 RN will document the assessments and actions in the resident's electronic record. The March 10, 2006, FDA Side Rail Entrapment Zones and Dimensional Recommendations indicated to reduce the risk of entrapment, zone 1 (space between the rails), should be less than 4 and 3/4 inches. The FDA "A Guide to Bed Safety" revised April 2010, included the following information: "When bed rails are used, perform an on-going assessment of the patient's physical and mental status, closely monitor high-risk patients. The FDA also identified; "Patients who have problems with memory, sleeping, incontinence, pain, uncontrolled body movement, or who get out of bed and walk unsafely without assistance, must be carefully assessed for the best ways to keep them from harm, such as falling. Assessment by the patient's health care team will help to determine how best to keep the patient safe". No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days On August 30, 2022, at 3:57 p.m., the immediacy of correction order 2310 was removed, however non-compliance remained at a level three widespread scope (I).	02310		
03000 SS=D	626.557 Subd. 3 Timing of report (a) A mandated reporter who has reason to believe that a vulnerable adult is being or has been maltreated, or who has knowledge that a vulnerable adult has sustained a physical injury	03000		

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	26844	A. BUILDING: _____ B. WING _____	08/31/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRILLIUM AT WOODSEDGE	930 ANNE STREET NW BEMIDJI, MN 56601

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03000	Continued From page 39 which is not reasonably explained shall immediately report the information to the common entry point. If an individual is a vulnerable adult solely because the individual is admitted to a facility, a mandated reporter is not required to report suspected maltreatment of the individual that occurred prior to admission, unless: (1) the individual was admitted to the facility from another facility and the reporter has reason to believe the vulnerable adult was maltreated in the previous facility; or (2) the reporter knows or has reason to believe that the individual is a vulnerable adult as defined in section 626.5572, subdivision 21, paragraph (a), clause (4). (b) A person not required to report under the provisions of this section may voluntarily report as described above. (c) Nothing in this section requires a report of known or suspected maltreatment, if the reporter knows or has reason to know that a report has been made to the common entry point. (d) Nothing in this section shall preclude a reporter from also reporting to a law enforcement agency. (e) A mandated reporter who knows or has reason to believe that an error under section 626.5572, subdivision 17, paragraph (c), clause (5), occurred must make a report under this subdivision. If the reporter or a facility, at any time believes that an investigation by a lead investigative agency will determine or should determine that the reported error was not neglect according to the criteria under section 626.5572, subdivision 17, paragraph (c), clause (5), the reporter or facility may provide to the common entry point or directly to the lead investigative agency information explaining how the event	03000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	26844	A. BUILDING: _____ B. WING _____	08/31/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRILLIUM AT WOODSEDGE	930 ANNE STREET NW BEMIDJI, MN 56601

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03000	Continued From page 40	03000		

meets the criteria under section 626.5572, subdivision 17, paragraph (c), clause (5). The lead investigative agency shall consider this information when making an initial disposition of the report under subdivision 9c.

This MN Requirement is not met as evidenced by:
Based on interview and record review, the licensee failed to timely submit a report to the Minnesota Adult Abuse Reporting Center (MAARC) for one of one resident (R4) who had an altercation with another resident (R5) with records reviewed.

This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally).

The findings include:

R4's diagnoses included dementia, osteoporosis, depression, panic, bradycardia (slow heart rate), and tremors.

R4's Nursing Assessment and Level of Care Evaluation dated June 10, 2022, indicated R4 needed assistance with toileting, dressing, grooming, and bathing. R4 needed recurring redirection and cueing related to cognitive impairment and/or reassurance in response to fear, anxiety and/or paranoia. R4 needed ongoing staff monitoring, redirection, and management for inappropriate behaviors such as hallucinations and delusions; R4 yells for family and deceased

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	26844	A. BUILDING: _____ B. WING _____	08/31/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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03000	Continued From page 41	03000		

husband; and will yell at other residents.

R4's Vulnerable Adult Assessment dated June 10, 2022, indicated the resident did exhibit psychotic behavior such as hallucinations or delusions; was verbally abusive to others; did exhibit poor impulse control; and was likely to be easily exploited. In addition, in the comment section it was noted "Staff to report any signs or abuse/neglect to nursing immediately."

R5's diagnoses included Alzheimer disease, hypertension (high blood pressure), arthritis, and transient ischemic attack (TIA - a mini stroke).

R5's Nursing Assessment and Level of Care Evaluation dated August 18, 2022, indicated R5 needed assistance with grooming, incontinence care, dressing, and bathing. R5 needed reorientation and redirection in response to cognitive impairment and/or reassurance in response to fear and/or paranoia. R5 was noted to have verbal and had gestured physical aggression towards staff and other residents.

R5's Vulnerable Adult Assessment dated August 18, 2022, indicated the resident did exhibit psychotic behavior such as hallucinations or delusion; was verbally abusive to others; expressed anger in an inappropriate manner; and was likely to harm himself or others because he was unable to control his actions d/t neurological impairments, seizures, poor motor control, or heavy medications.

R5's progress note dated/timed August 19, 2022, at 5:35 p.m., and written by unlicensed personnel (ULP)-F noted R4 was seated at one of the tables in the dining room and announced "Oh look, here he [R5] come" to everyone around. R5

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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03000	Continued From page 42	03000		

immediately grew aggravated and yelled "Oh look it's the old fart" at R4. R4 did not answer R5. Shortly after, ULP-F noticed that R4 was screaming and when ULP-F looked, she saw R5 had his hands around R4's neck. ULP-F intervened and separated R4 and R5 and deescalated the situation.

A review of the MAARC Common Entry Point Report for the above noted incident indicated the incident had been reported to MAARC on August 22, 2022, at 12:06 p.m. (three days after the incident). The report also indicated following the description of the incident, that this report had not been "filed in a timely manner".

On August 29, 2022, at 12:17 p.m., licensed assisted living director (LALD)-B stated the licensee's policy was for MAARC reports to be filed immediately or at least within 24 hours of the incident. LALD-B stated it was a newer employee who had witnessed the incident between R4 and R5. This employee felt because she had dealt with the situation; she did not need to report the incident to the RN. LALD-B stated that was why the report to MAARC was not done timely.

The licensee's Vulnerable Adults, Reporting Maltreatment, Assisted Living - Minnesota policy dated May 13, 2022, noted the suspected maltreatment situation must be reported immediately, which means as soon as possible but no longer than 24 hours.

No further information was provided.

TIME PERIOD FOR CORRECTION: Seven (7) days

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

Type: Full
Date: *08/29/22*
Time: 12:42:17
Report: 3822221099

Food and Beverage Establishment Inspection Report

Location:
Windsong/Trillium additional food service Kitchen
1010 Anne Street NW
Bemidji, MN56601
Beltrami County, 04

Establishment Info:
ID #: 0023804
Risk: High
Announced Inspection: No

License Categories:

Expires on: / /

Operator:
Baker Park, Inc.

Phone #: 2187516211
ID #: 34449

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

4-501.114C3 ** Priority 1 **

MN Rule 4626.0805C3 Provide and maintain an approved quaternary ammonium compound sanitizing solution in water with 500 ppm hardness or less, a minimum temperature of 75 degrees F (24 degrees C) and a concentration specified in 21CFR.178.1010 and as indicated by the manufacturer's use directions and label.

OBSERVED NO SANITIZER FOR DISPENSER IN WAREWASH ROOM OF TRILLIUM SERVING KITCHEN.

Corrected on Site

4-300 Equipment Numbers and Capacities

4-302.14 ** Priority 2 **

MN Rule 4626.0715 Provide an appropriate test kit to accurately measure sanitizing solutions.

OBSERVED NO TEST STRIPS AT TRILLIUM SERVING KITCHEN.

Comply By: 09/01/22

6-500 Physical Facility Maintenance/Operation and Pest Control

6-501.14A

MN Rule 4626.1530A Maintain clean all intake and exhaust air ducts and change filters so they are not a source of contamination.

OBSERVED TRILLIUM WAREWASH ROOM CEILING VENTS IN NEED OF CLEANING.

Comply By: 09/02/22

Surface and Equipment Sanitizers

Food and Beverage Establishment Inspection Report

Acid: = 800 ppm at Degrees Fahrenheit
Location: WINDSONG DISPENSER, TRILLUM BOTTLE FOR DINING TABLES
Violation Issued: No

Hot Water: = at 160 Degrees Fahrenheit
Location: TRILLUM DISHWASHER
Violation Issued: No

Hot Water: = at 160 Degrees Fahrenheit
Location: WINDSONG DISHWASHER
Violation Issued: No

Quaternary Ammonia: = 0 PPM at Degrees Fahrenheit
Location: TRILLUM DISPENSER
Violation Issued: Yes

Food and Equipment Temperatures

Process/Item: Walk-In Cooler
Temperature: <41 Degrees Fahrenheit - Location:
Violation Issued: No

Process/Item: Upright Cooler
Temperature: <41 Degrees Fahrenheit - Location: ALL REACH-IN COOLERS
Violation Issued: No

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

INSPECTED WINDSONG MAIN KITCHEN AND TRILLIUM SERVING KITCHEN (FOOD FROM WINDSONG).

DISCUSSION: MAINTAINING FILLED SANITIZER CONTAINER IN WAREWASH ROOM OF TRILLUM SERVING KITCHEN.

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 3822221099 of 08/29/22.

Certified Food Protection Manager: Ed Harapat

Certification Number: FM8009 Expires: 10/07/22

Inspection report reviewed with person in charge and emailed.

Signed:_____
Ed Harapat
Head Cook

Signed:_____
3822

651-201-4500
health.foodlodging@state.mn.us