



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

Electronically Delivered

June 12, 2024

Licensee

Compassion Home Health Care LLC  
1364 Granite Lane North  
Landfall Village, MN 55128

RE: Project Number(s) SL36941015

Dear Licensee:

On May 24, 2024, the Minnesota Department of Health (MDH) completed a follow-up survey of your facility to determine correction of orders found on the survey completed on October 26, 2023. This follow-up survey determined your facility had not corrected all of the state correction orders issued pursuant to the October 26, 2023 survey.

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

In accordance with Minn. Stat. § 144G.31 Subd. 4 (a), state correction orders issued pursuant to the last survey, completed on October 26, 2023, found not corrected at the time of the May 24, 2024, follow-up survey and/or subject to penalty assessment are as follows:

- 0470 - Minimum Requirements - 144g.41 Subdivision 1 - \$500.00**
- 0790 - Fire Protection And Physical Environment - 144g.45 Subd. 2 (a) (2)-(3)**
- 1370 - Training And Evaluation Of Unlicensed Personn - 144g.61 Subd. 2 (a)**
- 1380 - Training And Evaluation Of Unlicensed Personn - 144g.61 Subd. 2 (b)**
- 1470 - Content Of Required Orientation - 144g.63 Subd. 2**
- 1500 - Required Annual Training - 144g.63 Subd. 5**
- 1530 - Training In Dementia Care Required - 144g.64 - \$500.00**
- 1760 - Documentation Of Administration Of Medication - 144g.71 Subd. 8 - \$500.00**
- 1820 - Prescriptions - 144g.71 Subd. 13 - \$500.00**

The details of the violations noted at the time of this follow-up survey completed on May 24, 2024 (listed above), are on the attached State Form. Brackets around the ID Prefix Tag in the left hand column, e.g., {2 ----} will identify the uncorrected tags.

Also, at the time of this follow-up survey completed on May 24, 2024, we identified the following violation(s):



## **0650 - Employee Records - 144g.42 Subd. 8**

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

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$2,000.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

### **DOCUMENTATION OF ACTION TO COMPLY**

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

### **IMPOSITION OF FINES:**

Level 1: no fines or enforcement.

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

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

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

### **CORRECTION ORDER RECONSIDERATION PROCESS**

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

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

To submit a reconsideration request, please visit:

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

### **REQUESTING A HEARING**

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



correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor. to submit a hearing request, please visit:

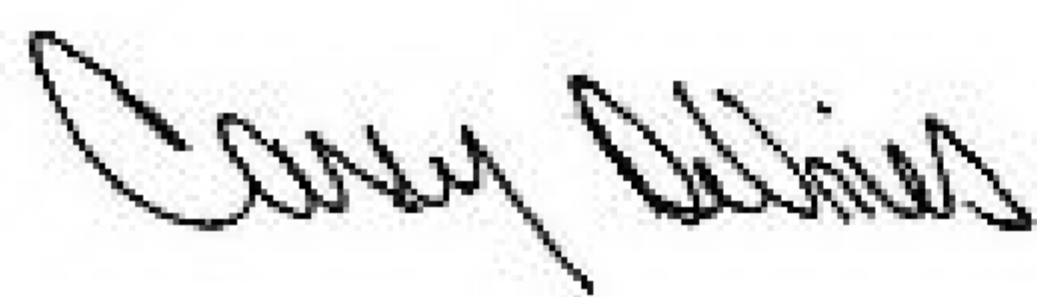
**<https://forms.web.health.state.mn.us/form/HRDAppealsForm>**

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

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

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

Sincerely,

A handwritten signature in black ink, appearing to read "Casey DeVries", is written over a faint, light blue circular background.

Casey DeVries, Supervisor  
State Evaluation Team  
Email: casey.devries@state.mn.us  
Telephone: 651-201-5917 Fax: 1-866-890-9290

JMD



Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>36941 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    | (X3) DATE SURVEY COMPLETED<br><br>R<br>05/24/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>COMPASSION HOME HEALTH CARE LL |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br>1364 GRANITE LANE NORTH<br>LANDFALL VILLAGE, MN 55128                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                                                   |
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| {0 000}                                                            | <p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER</p> <p>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.</p> <p>INITIAL COMMENTS:</p> <p>SL36941015-2</p> <p>On May 22, 2024, through May 24, 2024, the Minnesota Department of Health conducted a follow-up survey at the above provider to follow-up on orders issued pursuant to a survey completed on October 26, 2023. At the time of the survey, there was one resident who received services under the Assisted Living license. As a result of the follow-up survey, the following orders were reissued/issued.</p> | {0 000}                                                         | <p>Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living 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 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 evaluators ' findings is the Time Period for Correction.</p> <p>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.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.</p> |                    |                                                   |
| {0 470}<br>SS=F                                                    | 144G.41 Subdivision 1 Minimum requirements<br><br>(11) develop and implement a staffing plan for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | {0 470}                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |                                                   |

Minnesota Department of Health

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

TITLE

(X6) DATE



Minnesota Department of Health

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| {0 470}                                                                   | <p>Continued From page 1</p> <p>determining its staffing level that:</p> <p>(i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility;</p> <p>(ii) ensures sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; and</p> <p>(iii) ensures that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility;</p> <p>(12) ensure that one or more persons are available 24 hours per day, seven days per week, who are responsible for responding to the requests of residents for assistance with health or safety needs. Such persons must be:</p> <p>(i) awake;</p> <p>(ii) located in the same building, in an attached building, or on a contiguous campus with the facility in order to respond within a reasonable amount of time;</p> <p>(iii) capable of communicating with residents;</p> <p>(iv) capable of providing or summoning the appropriate assistance; and</p> <p>(v) capable of following directions;</p> <p>This MN Requirement is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the licensee failed to ensure that one or more persons were available 24 hours per day, seven days per week, who are responsible for responding to the requests of residents for assistance with health or safety needs. This impacted one resident (R1) who received care from licensee. Additionally, the licensee failed to ensure the staffing plan was posted as required, potentially affecting the licensee's current</p> | {0 470}                                                                |                                                                                                                          |  |                                                                 |



Minnesota Department of Health

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| {0 470}                                                            | <p>Continued From page 2</p> <p>resident, staff, and visitors.</p> <p>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).</p> <p>The findings include:</p> <p>AVAILABLE STAFF</p> <p>On May 22, 2024, at 9:40 a.m. through 9:48 a.m., the surveyor knocked and rang the doorbell to the facility (a single family-style home) multiple times with no response. The surveyor did not observe any movement in the house through the upper-level window. There was black ford fusion parked in the driveway.</p> <p>On May 22, 2024, at 9:50 a.m., the surveyor contacted the licensee via phone to see if there was a staff member available to open the front door. Owner/registered nurse (O/RN)-B stated owner/clinical nurse supervisor (O/CNS)-C should be at the facility and they would contact them. The surveyor continued to knock and ring the doorbell and attempted to open the front door which was locked.</p> <p>On May 22, 2024, at 9:55 a.m., the surveyor contacted O/RN-B to see if a staff member could open the front door. O/RN-B stated O/CNS-B was at a grocery store and would be back soon.</p> <p>On May 22, 2024, at 10:00 a.m., the surveyor observed a white Toyota pull into the licensee's driveway. The surveyor observed O/CNS-C exit</p> | {0 470}                                                         |                                                                                                                          |                          |                                                   |



Minnesota Department of Health

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| {0 470}                                                            | <p>Continued From page 3</p> <p>the car with no other people in the vehicle. The surveyor inquired where R1 was located. O/CNS-C stated, "I just left him sleeping. I had to pick up some stuff."</p> <p>On May 22, 2024, during facility tour the surveyor observed R1 exit their room and independently ambulate to the deck to smoke.</p> <p>On May 22, 2024, at 10:12 a.m., R1 declined an interview with the surveyor.</p> <p>On May 22, 2024, at 10:29 a.m., O/CNS-C stated the black ford fusion in the driveway belonged to R1.</p> <p>On May 22, 2024, at 2:05 p.m., R1 declined an interview with the surveyor.</p> <p>On May 23, 2024, at 8:12 a.m., O/RN-B stated there was always someone at the facility. When the surveyor inquired why there was not someone at the facility when the surveyor arrived, O/RN-B stated, "the person is always at the house unless they are picking something up or taking him [R1] somewhere." The surveyor reviewed the statute with O/RN-B. O/RN-B stated they felt like it was different for the licensee because R1 was able to drive and would leave the facility for hours at a time independently and they did not have other residents who resided at the facility.</p> <p>STAFFING PLAN<br/>On May 22, 2024, at 10:31 a.m., the surveyor observed a Staffing Calendar posted by the dining room table. The staff schedule was set up for the month of May and showed two employees working each day. The surveyor did not observe which hours staff members would be working on specific days.</p> | {0 470}                                                         |                                                                                                                          |                          |                                                   |



Minnesota Department of Health

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| {0 470}                                                            | Continued From page 4<br><br>The licensee's 2.15 Staffing policy effective date August 16, 2022, indicated qualified employees would be scheduled to meet the needs of [licensee's operation].<br><br>No further information was provided.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | {0 470}                                                                                        |                                                                                                                          |  |                                                   |
| {0 480}<br>SS=F                                                    | 144G.41 Subd 1 (13) (i) (B) Minimum requirements<br><br>(13) offer to provide or make available at least the following services to residents:<br>(B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and<br><br>This MN Requirement is not met as evidenced by:<br>No further action is required.                                                                                                                                                                                                                                                                                                                                                                                                | {0 480}                                                                                        |                                                                                                                          |  |                                                   |
| 0 650<br>SS=D                                                      | 144G.42 Subd. 8 Employee records<br><br>(a) The facility must maintain current records of each paid employee, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following information:<br>(1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules;<br>(2) records of orientation, required annual training and infection control training, and competency evaluations;<br>(3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision;<br>(4) documentation of annual performance | 0 650                                                                                          |                                                                                                                          |  |                                                   |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>COMPASSION HOME HEALTH CARE LL</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                           | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1364 GRANITE LANE NORTH</b><br><b>LANDFALL VILLAGE, MN 55128</b>             |  |                                                                    |
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| 0 650                                                                     | <p>Continued From page 5</p> <p>reviews that identify areas of improvement needed and training needs;<br/>(5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and<br/>(6) documentation of the background study as required under section 144.057.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to ensure the employee record contained the required content for one of one employee (owner/registered nurse (O/RN)-B).</p> <p>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).</p> <p>The findings include:</p> <p>O/RN-B was hired July 25, 2016, and on May 31, 2023, began providing direct care services to licensee's one resident (R1).</p> <p>O/RN-B's training record included the following:<br/>-home care basics;<br/>-home care bill of rights;<br/>-home care orientation;<br/>-emergency preparedness; and<br/>-abuse prevention.</p> <p>O/RN-B's employee record lacked documentation</p> | 0 650                                                                     |                                                                                                                          |  |                                                                    |



Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>36941</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   |  | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>05/24/2024</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>COMPASSION HOME HEALTH CARE LL</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1364 GRANITE LANE NORTH<br/>LANDFALL VILLAGE, MN 55128</b>                   |  |                                                                 |
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| 0 650                                                                     | <p>Continued From page 6</p> <p>the following orientation topics were completed:<br/>-an overview of assisted living MN statutes 144G;<br/>-the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights;<br/>-the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person;<br/>-handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints;<br/>-consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services; and<br/>-a review of the types of assisted living services the employee will be providing and the facility's category of licensure.</p> <p>On May 24, 2024, at 2:40 p.m., O/RN-B stated he completed the missing training sometime in January and would check for the documentation. The missing training records were not provided by the end of survey exit.</p> <p>The licensee's Facility Employee Orientation policy, undated, included completion of the orientation training shall be documented in the employee's personnel file.</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p> | 0 650                                                                  |                                                                                                                          |  |                                                                 |



Minnesota Department of Health

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| {0 790}                                                                   | Continued From page 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | {0 790}                                                                                                |                                                                                                                          |  |                                                                    |
| {0 790}<br>SS=F                                                           | <b>144G.45 Subd. 2 (a) (2)-(3) Fire protection and physical environment</b><br><br>(2) install and maintain portable fire extinguishers in accordance with the State Fire Code;<br><br>(3) install portable fire extinguishers having a minimum 2-A:10-B:C rating within Group R-3 occupancies, as defined by the State Fire Code, located so that the travel distance to the nearest fire extinguisher does not exceed 75 feet, and maintained in accordance with the State Fire Code; and<br><br>This MN Requirement is not met as evidenced by:<br>No further action is required.                                                                                                         | {0 790}                                                                                                |                                                                                                                          |  |                                                                    |
| {0 810}<br>SS=F                                                           | <b>144G.45 Subd. 2 (b)-(f) Fire protection and physical environment</b><br><br>(b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to:<br>(1) location and number of resident sleeping rooms;<br>(2) employee actions to be taken in the event of a fire or similar emergency;<br>(3) fire protection procedures necessary for residents; and<br>(4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation.<br>(c) Employees of assisted living facilities shall | {0 810}                                                                                                |                                                                                                                          |  |                                                                    |



Minnesota Department of Health

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| {0 810}                                                            | Continued From page 8<br><br>receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter.<br>(d) Fire safety and evacuation plans shall be readily available at all times within the facility.<br>(e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year.<br>(f) Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill.<br><br>This MN Requirement is not met as evidenced by:<br>No further action is required. | {0 810}                                                         |                                                                                                                          |                          |                                                   |
| {01370}<br>SS=D                                                    | 144G.61 Subd. 2 (a) Training and evaluation of unlicensed personn<br><br>(a) Training and competency evaluations for all unlicensed personnel must include the following:<br>(1) documentation requirements for all services provided;<br>(2) reports of changes in the resident's condition to the supervisor designated by the facility;<br>(3) basic infection control, including blood-borne pathogens;<br>(4) maintenance of a clean and safe environment;<br>(5) appropriate and safe techniques in personal hygiene and grooming, including:<br>(i) hair care and bathing;                                                                                                                                                                                                                                                                                            | {01370}                                                         |                                                                                                                          |                          |                                                   |



Minnesota Department of Health

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| {01370}                                                                   | <p>Continued From page 9</p> <p>(ii) care of teeth, gums, and oral prosthetic devices;<br/>(iii) care and use of hearing aids; and<br/>(iv) dressing and assisting with toileting;<br/>(6) training on the prevention of falls;<br/>(7) standby assistance techniques and how to perform them;<br/>(8) medication, exercise, and treatment reminders;<br/>(9) basic nutrition, meal preparation, food safety, and assistance with eating;<br/>(10) preparation of modified diets as ordered by a licensed health professional;<br/>(11) communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family;<br/>(12) awareness of confidentiality and privacy;<br/>(13) understanding appropriate boundaries between staff and residents and the resident's family;<br/>(14) procedures to use in handling various emergency situations; and<br/>(15) awareness of commonly used health technology equipment and assistive devices.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to ensure training and competency evaluations were completed for all required skill areas, prior to providing services, for one of one unlicensed personnel ((ULP)-F).</p> <p>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</p> | {01370}                                                                |                                                                                                                          |  |                                                                 |



Minnesota Department of Health

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| {01370}                                                                   | <p>Continued From page 10</p> <p>limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>ULP-F was hired on April 18, 2023, and provided direct care services to licensee's one resident (R1).</p> <p>ULP-F's records lacked the following required trainings and competency evaluations:</p> <ul style="list-style-type: none"><li>-documentation requirements for all services provided;</li><li>-reports of changes in the residents condition to the supervisor designated by the facility;</li><li>-maintenance of a clean and safe environment;</li><li>-appropriate and safe techniques in personal hygiene and grooming, including:<ul style="list-style-type: none"><li>-hair care and bathing;</li><li>-care of teeth, gums, and oral prosthetic devices;</li><li>-care and use of hearing aids; and</li><li>-dressing and assisting with toileting;</li></ul></li><li>-standby assistance techniques and how to perform them;</li><li>-exercise, and treatment reminders;</li><li>-basic nutrition, meal preparation, food safety, and assistance with eating;</li><li>-preparation of modified diets as ordered by a licensed health professional;</li><li>-understanding appropriate boundaries between staff and residents and the resident's family;</li><li>-procedures to use in handling various emergency situations; and</li><li>-awareness of commonly used health technology equipment and assistive devices.</li></ul> <p>On May 22, 2024, at 12:15 p.m., upon request for ULP-F's training records, owner/registered nurse</p> | {01370}                                                                |                                                                                                                          |  |                                                                 |



Minnesota Department of Health

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| {01370}                                                                   | <p>Continued From page 11</p> <p>(O/RN)-B stated the trainings were completed since the last follow-up survey. Surveyor requested documentation that they were completed.</p> <p>On May 22, 2024, at 12:45 p.m., O/RN-B stated the licensee provided training for personal cares during an in-person training by reading through EduCare (a training software) modules and then completing knowledge test. The licensee would then send the ULP to receive a personal care attendant (PCA) certification through Department of Human Services (DHS) to determine their competency in personal cares. O/RN-B stated after they received their PCA certification they would have an employee complete one-on-one training at the location to review tasks and medications.</p> <p>On May 23, 2024, at 9:20 a.m., and 1:27 p.m., surveyor left ULP-F voice messages requesting a call back. On May 24, 2024, at 8:30 a.m., surveyor left another voice message requesting a return call. Surveyor was unable to reach ULP-F to confirm trainings received.</p> <p>The licensee's Qualifications, Training, and Competency policy, undated, indicated each ULP providing assisted living services must have:</p> <ul style="list-style-type: none"><li>-successfully completed a training and competency evaluation appropriate to the services provided by the facility and the topics listed in the statute;</li><li>-demonstrated competency by satisfactorily completing a written or oral test on the tasks of the ULP will perform and on the topics listed in 144G.61, Subdivision (Subd) 2;</li><li>-successfully demonstrated competency by a practical skills test; and</li><li>-ULP who only provide assisted living services</li></ul> | {01370}                                                                |                                                                                                                          |  |                                                                 |



Minnesota Department of Health

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| {01370}                                                            | Continued From page 12<br><br>listed in 144G.08, Subd 9 shall not perform delegated nursing or therapy tasks.<br><br>No further information was provided.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | {01370}                                                         |                                                                                                                          |  |                                                   |
| {01380}<br>SS=D                                                    | 144G.61 Subd. 2 (b) Training and evaluation of unlicensed personn<br><br>(b) In addition to paragraph (a), training and competency evaluation for unlicensed personnel providing assisted living services must include:<br>(1) observing, reporting, and documenting resident status;<br>(2) basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel;<br>(3) reading and recording temperature, pulse, and respirations of the resident;<br>(4) recognizing physical, emotional, cognitive, and developmental needs of the resident;<br>(5) safe transfer techniques and ambulation;<br>(6) range of motioning and positioning; and<br>(7) administering medications or treatments as required.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to ensure training and competency evaluations were completed for all required skill areas, prior to providing services, for one of one unlicensed personnel ((ULP)-F).<br><br>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and | {01380}                                                         |                                                                                                                          |  |                                                   |



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| NAME OF PROVIDER OR SUPPLIER<br><br>COMPASSION HOME HEALTH CARE LL |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br>1364 GRANITE LANE NORTH<br>LANDFALL VILLAGE, MN 55128                           |                          |                                                   |
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| {01380}                                                            | <p>Continued From page 13</p> <p>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).</p> <p>The findings include:</p> <p>ULP-F was hired on April 18, 2023, and provided direct care services to licensee's one resident (R1).</p> <p>ULP-F's employee records lacked evidence to indicate they both completed training and/or practical skills evaluations as required in the following areas:</p> <ul style="list-style-type: none"><li>-basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel;</li><li>-reading and recording temperature, pulse, and respirations of the resident;</li><li>-recognizing physical, emotional, cognitive, and developmental needs of the resident;</li><li>-safe transfer techniques and ambulation; and</li><li>-range of motioning and positioning.</li></ul> <p>On May 22, 2024, at 12:15 p.m., upon request for ULP-F's training records, owner/registered nurse (O/RN)-B stated the trainings were completed since the last follow-up survey. Surveyor requested documentation that they were completed.</p> <p>On May 22, 2024, at 12:45 p.m., O/RN-B stated the licensee provided training for personal cares during an in-person training by reading through EduCare (a training software) modules and then completing knowledge test. The licensee would then send the ULP to receive a personal care attendant (PCA) certification through Department</p> | {01380}                                                         |                                                                                                                          |                          |                                                   |



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| {01380}                                                            | Continued From page 14<br><br>of Human Services (DHS) to determine their competency in personal cares. O/RN-B stated after they received their PCA certification they would have an employee complete one-on-one training at the location to review tasks and medications.<br><br>On May 23, 2024, at 9:20 a.m., and 1:27 p.m., surveyor left ULP-F voice messages requesting a call back. On May 24, 2024, at 8:30 a.m., surveyor left another voice message requesting a return call. Surveyor was unable to reach ULP-F to confirm trainings received.<br><br>The licensee's Qualifications, Training, and Competency policy, undated, indicated each ULP providing assisted living services must have:<br>-successfully completed a training and competency evaluation appropriate to the services provided by the facility and the topics listed in the statute;<br>-demonstrated competency by satisfactorily completing a written or oral test on the tasks of the ULP will perform and on the topics listed in 144G.61, Subdivision (Subd) 2 and a practical skills test on tasks listed in, and all the delegated tasks they will perform;<br>-successfully demonstrated competency by a practical skills test; and<br>-ULP who only provide assisted living services listed in 144G.08, Subd 9 shall not perform delegated nursing or therapy tasks.<br><br>No further information was provided. | {01380}                                                         |                                                                                                                          |                          |                                                   |
| {01470}<br>SS=D                                                    | 144G.63 Subd. 2 Content of required orientation<br><br>(a) The orientation must contain the following topics:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | {01470}                                                         |                                                                                                                          |                          |                                                   |



Minnesota Department of Health

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| {01470}                                                                   | <p>Continued From page 15</p> <p>(1) an overview of this chapter;</p> <p>(2) an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person;</p> <p>(3) handling of emergencies and use of emergency services;</p> <p>(4) compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC);</p> <p>(5) the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights;</p> <p>(6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person;</p> <p>(7) handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints;</p> <p>(8) consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services; and</p> <p>(9) a review of the types of assisted living services the employee will be providing and the facility's category of licensure.</p> <p>(b) In addition to the topics in paragraph (a), orientation may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics:</p> | {01470}                                                                |                                                                                                                          |  |                                                                 |



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| {01470}                                                                   | <p>Continued From page 16</p> <p>(1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and the challenges it poses to communication;</p> <p>(2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or</p> <p>(3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to ensure employees received orientation to assisted living, including all required content, for one of three employees (unlicensed personnel (ULP)-F).</p> <p>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).</p> <p>The findings include:</p> <p>ULP-F was hired on April 18, 2023, to provide direct care services to licensee's one resident (R1).</p> <p>ULP-F's training record included the following:<br/>-home care basics;</p> | {01470}                                                                                                |                                                                                                                          |  |                                                                    |



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| {01470}                                                                   | <p>Continued From page 17</p> <p>-home care bill of rights; and<br/>-home care orientation.</p> <p>ULP-F's employee record lacked documentation<br/>the following orientation topics were completed:<br/>-an overview of assisted living MN statutes 144G;<br/>-an introduction and review of the facility's<br/>policies and procedures related to the provision of<br/>assisted living services by the individual staff<br/>person;<br/>-handling of emergencies and use of emergency<br/>services;<br/>-compliance with and reporting of the<br/>maltreatment of vulnerable adults under section<br/>626.557 to the Minnesota Adult Abuse Reporting<br/>Center (MAARC);<br/>-the assisted living bill of rights and staff<br/>responsibilities related to ensuring the exercise<br/>and protection of those rights;<br/>-the principles of person-centered planning and<br/>service delivery and how they apply to direct<br/>support services provided by the staff person;<br/>-handling of residents' complaints, reporting of<br/>complaints, and where to report complaints,<br/>including information on the Office of Health<br/>Facility Complaints;<br/>-consumer advocacy services of the Office of<br/>Ombudsman for Long-Term Care, Office of<br/>Ombudsman for Mental Health and<br/>Developmental Disabilities, Managed Care<br/>Ombudsman at the Department of Human<br/>Services, county-managed care advocates, or<br/>other relevant advocacy services; and<br/>-a review of the types of assisted living services<br/>the employee will be providing and the facility's<br/>category of licensure.</p> <p>On May 22, 2024, at 12:04, O/RN-B stated they<br/>knew the Educare module (a training software)<br/>Home Care Orientation did not meet the assisted</p> | {01470}                                                                                                      |                                                                                                                          |  |                                                                    |



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| {01470}                                                                   | <p>Continued From page 18</p> <p>living statues for orientation. O/RN-B stated they assigned the "guide to assisted living" module in Educare to be completed in March 2024 however, the modules were not showing up on the training log. O/RN-B stated they are still learning.</p> <p>On May 23, 2024, at 9:20 a.m., and 1:27 p.m., surveyor left ULP-F voice messages requesting a call back. On May 24, 2024, at 8:30 a.m., surveyor left another voice message requesting a return call. Surveyor was unable to reach ULP-F to confirm trainings received.</p> <p>The licensee's Facility Employee Orientation policy, undated, indicated all employees of the assisted living facility, including those who provide direct care, supervision of direct care, or management of services for the facility, shall complete an orientation on topics required by Minnesota (MN) statutes and rules for assisted living. The state required orientation to home care must include the following:</p> <ul style="list-style-type: none"><li>-overview of MN's home care law (MN statutes 144A.43 to 144.4798);</li><li>-introduction and review of licensee's policies and procedures related to the provision of home care services;</li><li>-handling of emergencies and use of emergency services;</li><li>-reporting maltreatment of vulnerable minors or adults;</li><li>-the home care bill of rights (MN statute 144A.44):<ul style="list-style-type: none"><li>-overview of home care statute and licensure rules;</li><li>- handling of emergencies and use of emergency services;</li><li>-reporting maltreatment of vulnerable minors or adults;</li><li>-assisted living bill of rights;</li></ul></li></ul> | {01470}                                                                |                                                                                                                          |  |                                                                 |



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| {01470}                                                                   | Continued From page 19<br><br>-handling of resident's complaints and reporting of complaints to the Office of Health Facility Complaints;<br>-consumer advocacy services of the Ombudsman for Long-Term care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county managed care advocates and other relevant advocacy services;<br>-a review of the types of services the employee will be providing and the scope of the facility's services under the specific license.<br>-completion of the orientation training shall be documented in the employee's personnel file.<br><br>No further information was provided.                                                                                                                                                                                                                                                                                        | {01470}                                                                |                                                                                                                          |  |                                                                 |
| {01500}<br>SS=E                                                           | 144G.63 Subd. 5 Required annual training<br><br>(a) All staff that perform direct services must complete at least eight hours of annual training for each 12 months of employment. The training may be obtained from the facility or another source and must include topics relevant to the provision of assisted living services. The annual training must include:<br>(1) training on reporting of maltreatment of vulnerable adults under section 626.557;<br>(2) review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights;<br>(3) review of infection control techniques used in the home and implementation of infection control standards including a review of hand washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; | {01500}                                                                |                                                                                                                          |  |                                                                 |



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| (X4) ID<br>PREFIX<br>TAG                                                  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ID<br>PREFIX<br>TAG                                                    | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                                        |
| {01500}                                                                   | <p>Continued From page 20</p> <p>disinfecting environmental surfaces; and reporting communicable diseases;</p> <p>(4) effective approaches to use to problem solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders;</p> <p>(5) review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and</p> <p>(6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person.</p> <p>(b) In addition to the topics in paragraph (a), annual training may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics:</p> <p>(1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and challenges it poses to communication;</p> <p>(2) the health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or</p> <p>(3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to ensure employees received at</p> | {01500}                                                                |                                                                                                                          |  |                                                                 |



Minnesota Department of Health

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| {01500}                                                                   | <p>Continued From page 21</p> <p>least eight (8) hours of training for each 12 months of employment for two of three employees (owner/registered nurse (O/RN)-B and unlicensed personnel (ULP)-F).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).</p> <p>The findings include:</p> <p>O/RN-B and ULP-F were hired July 25, 2016, and April 18, 2023, respectively, and on May 31, 2023, began providing direct care services to licensee's one resident (R1).</p> <p>O/RN-B<br/>O/RN-B's employee record lacked documentation of eight hours of annual training completed within the last 12 months, including the following required topics:</p> <ul style="list-style-type: none"><li>-review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights;</li><li>-review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and</li><li>-the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person.</li></ul> <p>ULP-F</p> | {01500}                                                                |                                                                                                                          |  |                                                                 |



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| {01500}                                                                   | <p>Continued From page 22</p> <p>ULP-F's employee record lacked documentation of eight hours of annual training completed within the last 12 months, including the following required topics:</p> <ul style="list-style-type: none"><li>-training on reporting of maltreatment of vulnerable adults under section 626.557;</li><li>-review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights;</li><li>-review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and</li><li>-the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person.</li></ul> <p>On May 22, 2024, at 1:34 p.m., O/RN-B stated their plan for annual training was to complete them on November 1st of every year whether staff are a new hire or not. They will complete dementia, client safety, behavior management training along with emergency preparedness, a "guide to Assisted Living", infection control, personal cares, and vulnerable adult training. O/RN-B stated they preferred to complete the training in-house where they sit with employees and go through the material and have that employee complete a test to ensure they understood what was taught.</p> <p>On May 23, 2024, at 9:20 a.m., and 1:27 p.m., surveyor left ULP-F voice messages requesting a call back. On May 24, 2024, at 8:30 a.m., surveyor left another voice message requesting a return call. Surveyor was unable to reach ULP-F to confirm trainings received.</p> <p>The licensee's Annual Training Requirements policy, undated, included that all staff that provide</p> | {01500}                                                                |                                                                                                                          |  |                                                                 |



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| {01500}                                                                   | Continued From page 23<br><br>direct care services in assisted living must complete at least eight (8) hours of annual training for each 12 months of employment. The policy also included that annual training must include the following:<br>-training on reporting of maltreatment of vulnerable adults under section 626.557;<br>-review of Assisted Living Bill of Rights and staff responsibilities related to ensuring the exercise and protection of those rights;<br>-review of infection control techniques used in the home and implementation of infection control standards;<br>-effective approaches to use to problems solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease or related disorders;<br>-review of facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and<br>-the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person.<br><br>No further information provided. | {01500}                                                                                                |                                                                                                                          |  |                                                                 |
| {01530}<br>SS=F                                                           | <b>144G.64 TRAINING IN DEMENTIA CARE REQUIRED</b><br><br>(a) All assisted living facilities must meet the following training requirements:<br>(1) supervisors of direct-care staff must have at least eight hours of initial training on topics specified under paragraph (b) within 120 working hours of the employment start date, and must have at least two hours of training on topics related to dementia care for each 12 months of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | {01530}                                                                                                |                                                                                                                          |  |                                                                 |



Minnesota Department of Health

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| {01530}                                                                   | <p>Continued From page 24</p> <p>employment thereafter;<br/>(2) direct-care employees must have completed at least eight hours of initial training on topics specified under paragraph (b) within 160 working hours of the employment start date. Until this initial training is complete, an employee must not provide direct care unless there is another employee on site who has completed the initial eight hours of training on topics related to dementia care and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for consultation with the new employee until the training requirement is complete. Direct-care employees must have at least two hours of training on topics related to dementia for each 12 months of employment thereafter;</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure a supervisor of direct-care employees received at least eight hours of initial training on topics specified under paragraph (b) within 120 working hours of the employment start date for two of two nurses (owner/clinical nurse supervisor (O/CNS)-C, owner/registered nurse (O/RN)-B). In addition, the licensee failed to ensure direct-care staff received at least eight hours of initial training on topics specified under paragraph (b) within 160 working hours of the employment start date for one of one direct care employee (unlicensed personnel (ULP)-F).</p> <p>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</p> | {01530}                                                                |                                                                                                                          |  |                                                                 |



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| {01530}                                                            | <p>Continued From page 25</p> <p>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).</p> <p>The findings include:</p> <p>O/RN-B<br/>O/RN-B was hired on July 25, 2016, to provide supervision and oversight to unlicensed personnel (ULP) and to provide direct services to residents.</p> <p>O-RN-B's employee record included six hours and 15 minutes of initial training on dementia completed July 1, 2023, through January 4, 2024. The employee record lacked the required eight hours of dementia training to be completed within 120 working hours of employment.</p> <p>O/CNS-C<br/>O/CNS-C was hired on July 26, 2016, to provide supervision and oversight to unlicensed personnel (ULP) and to provide direct services to residents.</p> <p>On May 22, 2024, at 10:12 a.m., the surveyor observed O/CNS-C as the only employee at the assisted living facility.</p> <p>O/CNS-C's employee record included seven hours and 25 minutes of initial training on dementia completed November 20, 2023, through March 16, 2024. The employee record lacked the required eight hours of dementia training to be completed with 120 hours of employment.</p> <p>ULP-F<br/>ULP-F was hired on April 18, 2023, to provide direct cares and services to licensee's one resident (R1).</p> | {01530}                                                         |                                                                                                                          |                          |                                                   |



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| {01530}                                                                   | <p>Continued From page 26</p> <p>ULP-F's employee record included five hours and 15 minutes of initial training on dementia completed November 25, 2023, through January 4, 2024. The employee record lacked the required eight hours of dementia training to be completed within 160 working hours of employment.</p> <p>On May 22, 2024, at 12:04 p.m., O/RN-B stated they believed the licensee offered 12 hours of dementia care training for nurses and at least nine hours of dementia care training for ULP. O/RN-B stated training was offered in person and via EduCare (a training software program). O/RN-B stated they "know" O/CNS-C completed their dementia care training however, they believed EduCare deleted the work.</p> <p>On May 22, 2024, at 12:41 p.m., O/RN-B stated employees complete a dementia care quiz after they completed an in-person training.</p> <p>On May 22, 2024, at 2:02 p.m., O/CNS-C stated both O/CNS-C and O/RN-B trained employees in person and they used online EduCare modules to complete dementia care trainings. O/CNS-C stated most dementia care training was completed in person because employees were not comfortable with using computer systems and they did not want to have to drive to the office. O/CNS-C stated prior to the initial survey, the licensee was completing one hour of dementia care training and post initial survey they are now completing five hours. The surveyor reviewed the regulation with O/CNS-C and O/CNS-C stated they did not understand the requirement and they believed they were providing the employees an extra hour of dementia care training because they did not provide care to residents who had dementia.</p> | {01530}                                                                   |                                                                                                                          |  |                                                                    |



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| {01530}                                                                   | <p>Continued From page 27</p> <p>On May 23, 2024, at 9:20 a.m., and 1:27 p.m., surveyor left ULP-F voice messages requesting a call back. On May 24, 2024, at 8:30 a.m., surveyor left another voice message requesting a return call. Surveyor was unable to reach ULP-F to confirm trainings received.</p> <p>On May 24, 2023, at 11:01 a.m., O/RN-B stated ULP-F worked overnight shifts.</p> <p>The licensee's undated Dementia Care Training policy indicated the licensee must meet the following training requirements:</p> <ul style="list-style-type: none"><li>- Supervisors of direct-care staff must have at least eight hours of initial training within 120 working hours of employment start date and must have at least two hours of training on topics related to dementia care for each 12 months of employment;</li><li>- direct care employees must have completed at least eight (8) hours of initial training on required topics in the 160 hours from employment. Until this training is complete, the employee must not provide direct care unless there is another employee on site who has completed the initial eight hours of training related to dementia care and who can act as a resource and assist if issues arise; and</li><li>- Staff must have at least hour hours of dementia care training every 12 months.</li></ul> <p>No further information was provided.</p> | {01530}                                                                                                      |                                                                                                                          |  |                                                                    |
| {01760}<br>SS=F                                                           | <p><b>144G.71 Subd. 8 Documentation of</b><br/><b>administration of medication</b></p> <p>Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | {01760}                                                                                                      |                                                                                                                          |  |                                                                    |



Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>36941</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                    |  | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>05/24/2024</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>COMPASSION HOME HEALTH CARE LL</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1364 GRANITE LANE NORTH<br/>LANDFALL VILLAGE, MN 55128</b>                   |  |                                                                 |
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| {01760}                                                                   | <p>Continued From page 28</p> <p>include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure medications were transcribed as prescribed for one of one resident (R1).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>R1 admitted to the licensee on May 31, 2023, and began receiving assisted living services.</p> <p>R1's diagnoses included seizure disorder, chronic kidney disease stage three, hypertension, and thrombocytopenia (abnormally low level of platelets in the blood causing an increase of bleeding).</p> | {01760}                                                                |                                                                                                                          |  |                                                                 |



Minnesota Department of Health

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| {01760}                                                                   | <p>Continued From page 29</p> <p>R1's Assisted Living Service Plan signed May 30, 2023, indicated R1 received meals, housekeeping, room and board, and medication management.</p> <p>On May 22, 2024, at 10:22 a.m., the surveyor observed the licensee's medication closet and observed Narcan 0.4 mg/0.1 milliter (ml) nasal spray.</p> <p>R1's prescriber orders signed January 4, 2024, included Narcan 4 mg as needed for accidental overdose (OD).</p> <p>R1's Med Admin Summary- Month dated May 1, 2024, through May 31, 2024, lacked Narcan 0.4 mg/0.1 ml nasal spray.</p> <p>On May 24, 2024, at 10:10 a.m., medical assistant (MA)-M confirmed Narcan 4 mg was still an active order for R1.</p> <p>On May 24, 2024, at 10:42 a.m., owner/registered nurse (O/RN)-B stated they believed they accidently discontinued the Narcan from the medication administration record (MAR) when they discontinued another medication.</p> <p>The licensee's undated Medication Prescription and Refills policy indicated the registered nurse (RN) would make any changes to the MAR immediately after receiving a prescription or order change in medication. The RN would make any necessary changes to the service plan or care plan, including specific written directions for the administration of the new or changed medications.</p> <p>No further information was provided.</p> | {01760}                                                                |                                                                                                                          |  |                                                                 |



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| {01820}                                                                   | Continued From page 30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | {01820}                                                                   |                                                                                                                          |  |                                                                    |
| {01820}<br>SS=F                                                           | <p><b>144G.71 Subd. 13 Prescriptions</b></p> <p>There must be a current written or electronically recorded prescription as defined in section 151.01, subdivision 16a, for all prescribed medications that the assisted living facility is managing for the resident.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to ensure written or electronically recorded prescriptions were obtained for one of one resident (R1) who received medication management.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>R1 admitted to the licensee on May 31, 2023, and began receiving assisted living services.</p> <p>R1's diagnoses included seizure disorder, chronic kidney disease stage three, hypertension, and thrombocytopenia (abnormally low level of platelets in the blood causing an increase of bleeding).</p> <p>R1's Assisted Living Service Plan signed May 30, 2023, indicated R1 received meals,</p> | {01820}                                                                   |                                                                                                                          |  |                                                                    |



Minnesota Department of Health

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| {01820}                                                            | <p>Continued From page 31</p> <p>housekeeping, room and board, and medication management.</p> <p>On May 22, 2024, at 10:22 a.m., the surveyor observed the medication closet and observed buprenorphine and naloxone 2 milligrams (mg) /0.5 mg, tamsulosin 0.4 mg, folic acid 1 mg, atorvastatin 10 mg, famotidine 20 mg, sertraline 100 mg, levetiracetam 500 mg, Narcan 0.4 mg/0.1milliter (ml) nasal spray, and acetaminophen 500 mg for R1.</p> <p>R1's Med Admin Summary - Actual - Month dated April 1, 2024, through April 30, 2024, included acetaminophen 500 mg give up to three times a day. The medication was administered one time in the month of April.</p> <p>R1's Med Admin Summary- Month dated May 1, 2024, through May 31, 2024, included buprenorphine and naloxone 2 mg/ 0.5 mg four times a day, famotidine 20 mg twice per day, folic acid 1 mg one time per day, levetiracetam 500 mg twice per day, sertraline hydrochloride 100 mg one time per day, tamsulosin 0.4 mg once per day, atorvastatin 10 mg once per day, and acetaminophen one tablet by mouth three times per day as needed (PRN) [incomplete order].</p> <p>R1's prescriber orders signed January 4, 2024, included Narcan 4 mg as needed for accidental overdose (OD), buprenorphine and naloxone 2 mg / 0.5 mg three times per day, hydromorphone 2 mg twice a day PRN for severe headache.</p> <p>R1's prescriber orders signed January 17, 2024, included amlodipine 5mg one time per day, atorvastatin 10 mg at bedtime, buprenorphine hydrogen chloride (HCL) 150 micrograms (mcg) every 12 hours, famotidine 20 mg twice per day,</p> | {01820}                                                         |                                                                                                                          |                          |                                                   |



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| {01820}                                                                   | <p>Continued From page 32</p> <p>folic acid 1 mg daily, hydromorphone 2mg by mouth (incomplete order), levetiracetam 500 mg twice per day, Narcan 0.4 mg/0.1 ml nasal spray (incomplete order), sertraline 100 mg daily, and tamsulosin 0.4 mg daily.</p> <p>The prescriber's orders not listed on the electronic medication record (EMAR) included Narcan 4 mg, buprenorphine HCL 150 mcg, amlodipine 5 mg, hydromorphone 2 mg. Buprenorphine-naloxone 2 mg/0.5 mg was listed as four times per day on the EMAR verses the prescriber order of three times per day. Acetaminophen was listed on the EMAR however, there was no prescriber order.</p> <p>The licensee lacked discontinuation orders for amlodipine (Norvasc) 5 mg, buprenorphine 150 mcg and hydromorphone 2 mg. The licensee lacked a current order for acetaminophen as needed (PRN) three times a day and buprenorphine and naloxone 2 mg / 0.5 mg four times per day.</p> <p>On May 23, 2024, 9:42 a.m., the surveyor requested all of R1's signed prescriber orders. At 10:27 a.m., via email correspondence, owner/registered nurse (O/RN)-B wrote, "I am aware [prescriber] hasn't sent us the new written order. We have called them multiple times, but they haven't sent it yet. Calling them again now."</p> <p>On May 23, 2024, at 1:51 p.m., owner/clinical nurse supervisor (O/CNS)-C stated the licensee entered prescriber's orders into RTasks (a computer documenting system). The surveyor inquired if they received signed provider orders for each order entered into the computer system. O/CNS-B stated, "most of the time yes, 99.5 percent, yes." O/CNS-C stated R1 use to be able</p> | {01820}                                                                |                                                                                                                          |  |                                                                 |



Minnesota Department of Health

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| {01820}                                                            | <p>Continued From page 33</p> <p>to attend medical appointments independently and would bring back a summary. The licensee would then call the prescriber to confirm the orders and attempt to receive a signature for the order.</p> <p>On May 23, 2024, at 2:37 p.m., pharmacist (P)-I stated the last time they filled R1's hydromorphone was February of 2024.</p> <p>On May 23, 2024, at 2:49 p.m., outside providers registered nurse (OPRN)-J stated R1 was last seen at the clinic on April 17, 2024. OPRN-J stated R1's current orders included levetiracetam (Keppra) 500 mg bid (twice daily), Pepcid 20 mg bid, Zoloft 100 mg one time a day, Lipitor 10 mg at bedtime, folate 1 mg daily, Flomax 0.4 mg daily. In addition, OPRN-J stated they had historical medications on file that were not prescribed by their provider which included Dilaudid 2 mg as needed, buprenorphine 150 mcg and Narcan. The surveyor inquired if R1 was ordered acetaminophen or Norvasc. OPRN-J stated they did not have those orders on record.</p> <p>On May 24, 2024, at 8:08 a.m., P-K stated they filled R1's hydromorphone 2 mg prescription in January and February, and R1 received 56 tablets of hydromorphone 2 mg with each fill.</p> <p>On May 24, 2024, at 10:10 a.m., medical assistant (MA)-M stated R1's hydromorphone was discontinued on April 25, 2024, because the prescriber believed R1 was drug seeking and the prescriber did not find it appropriate to use for a headache. MA-M confirmed Narcan 4 mg was still an active order and buprenorphine and naloxone was changed from three times a day to four times a day at the beginning of April.</p> | {01820}                                                         |                                                                                                                          |                          |                                                   |



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| NAME OF PROVIDER OR SUPPLIER<br><br><b>COMPASSION HOME HEALTH CARE LL</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                           | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1364 GRANITE LANE NORTH</b><br><b>LANDFALL VILLAGE, MN 55128</b>             |                          |                                                                    |
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| {01820}                                                                   | <p>Continued From page 34</p> <p>On May 24, 2024, at 10:42 a.m., O/RN-B stated R1 used to bring themselves to the pain clinic and when they returned, they would not provide the licensee with any of the orders. The licensee would contact the prescriber for orders however, the licensee would not receive a response. O/RN-B stated they attempted to call and fax the clinic multiple times for the orders.</p> <p>Although requested, the surveyor did not receive documentation from the licensee of the attempts to contact the prescriber for medication orders prior the survey conclusion.</p> <p>The licensee's undated Medication Prescriptions and Refills policy indicated a current, written prescriber's prescription must be obtained for any medication, including an over-the-counter medication, whenever staff was responsible for setting up the medication, administering the medication or providing other medication management services for a resident.</p> <p>No further information was provided.</p> | {01820}                                                                   |                                                                                                                          |                          |                                                                    |





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

Electronically Delivered

February 20, 2024

Licensee

Compassion Home Health Care LLC  
1364 Granite Lane North  
Landfall Village, MN 55128

RE: Project Number(s) SL36941015

Dear Licensee:

On January 2, 2024, the Minnesota Department of Health (MDH) completed a follow-up survey of your facility to determine correction of orders found on the survey completed on October 26, 2023. This follow-up survey determined your facility had not corrected all of the state correction orders issued pursuant to the October 26, 2023 survey.

In accordance with Minn. Stat. § 144G.31 Subd. 4 (a), state correction orders issued pursuant to the last survey, completed on October 26, 2023, found not corrected at the time of the January 2, 2024, follow-up survey and/or subject to penalty assessment are as follows:

- 0470 - Minimum Requirements - 144g.41 Subdivision 1 - \$500.00**
- 0550 - Resident Grievances; Reporting Maltreatment - 144g.41 Subd. 7 - \$500.00**
- 0660 - Tuberculosis Prevention And Control - 144g.42 Subd. 9**
- 1370 - Training And Evaluation Of Unlicensed Person - 144g.61 Subd. 2 (a) - \$500.00**
- 1380 - Training And Evaluation Of Unlicensed Person - 144g.61 Subd. 2 (b) - \$500.00**
- 1470 - Content Of Required Orientation - 144g.63 Subd. 2 - \$500.00**
- 1500 - Required Annual Training - 144g.63 Subd. 5**
- 1530 - Training In Dementia Care Required - 144g.64 - \$500.00**
- 1820 - Prescriptions - 144g.71 Subd. 13**

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

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$3,000.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.



Also, at the time of this follow-up survey completed on January 2, 2024, we identified the following violation(s):

**0330 - Information Provided By Facility - 144g.30 Subd. 4**

**1760 - Documentation Of Administration Of Medication - 144g.71 Subd. 8**

**1770 - Documentation Of Medication Setup - 144g.71 Subd. 9**

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

#### **DOCUMENTATION OF ACTION TO COMPLY**

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

#### **IMPOSITION OF FINES:**

Level 1: no fines or enforcement.

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

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

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

#### **CORRECTION ORDER RECONSIDERATION PROCESS**

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

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

To submit a reconsideration request, please visit:

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

#### **REQUESTING A HEARING**

Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14.



Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the Department of Health within 15 business days of the correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor. to submit a hearing request, please visit:

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

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

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

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

Sincerely,



Jess Schoenecker, Supervisor  
State Evaluation Team  
Email: [jess.schoenecker@state.mn.us](mailto:jess.schoenecker@state.mn.us)  
Telephone: 651-201-3789 Fax: 1-866-890-9290

JMD



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br>COMPASSION HOME HEALTH CARE LL |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br>1364 GRANITE LANE NORTH<br>LANDFALL VILLAGE, MN 55128                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                                                   |
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| {0 000}                                                            | <p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING<br/>CORRECTION ORDER</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95 this correction order(s) has been issued pursuant to a survey.</p> <p>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.</p> <p>INITIAL COMMENTS:<br/>SL36941015-1</p> <p>On December 27, 2023, through January 2, 2024, the Minnesota Department of Health conducted a revisit at the above provider to follow-up on orders issued pursuant to a survey completed on October 26, 2023. At the time of the survey, there was one (1) resident receiving services under the Assisted Living license. As a result of the revisit, the following orders were reissued.</p> | {0 000}                                                         | <p>Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction.</p> <p>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.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3.</p> |                          |                                                   |
| 0 330<br>SS=F                                                      | 144G.30 Subd. 4 Information provided by facility<br><br>(a) The assisted living facility shall provide accurate and truthful information to the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0 330                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                                                   |

Minnesota Department of Health

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

TITLE

(X6) DATE



Minnesota Department of Health

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| 0 330                                                                     | <p>Continued From page 1</p> <p>department during a survey, investigation, or other licensing activities.</p> <p>(b) Upon request of a surveyor, assisted living facilities shall within a reasonable period of time provide a list of current and past residents and their legal representatives and designated representatives that includes addresses and telephone numbers and any other information requested about the services to residents.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to provide accurate and truthful information regarding whether someone was living in the fully furnished bedroom in the lower level and whether there was smoking within that room.</p> <p>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).</p> <p>The findings include:</p> <p>During phone interview on December 27, 2023, at 11:49 a.m., R1 stated two gentlemen identified as volunteer (V)-E and maintenance (M)-G were living downstairs and R1 lived upstairs. R1 stated V-E had lived there prior to R1's admission. R1 then stated his truck broke down recently and did not have his own transportation anymore. R1 stated V-E gave R1 rides to get food and that he owed V-E \$100 for food. R1 then said V-E was "a great guy and gave me transportation wherever I</p> | 0 330                                                                     |                                                                                                                          |  |                                                                    |



Minnesota Department of Health

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| 0 330                                                                     | <p>Continued From page 2</p> <p>needed to go." R1 could not explain why M-G lived there.</p> <p>On December 28, 2023, at 9:56 a.m., arrived at the facility where no one responded. At 10:17 a.m., registered nurse (RN)-C arrived at the facility by car. Both RN-C and surveyor entered facility.</p> <p>On December 28, 2023, at 10:28 a.m., RN-C stated M-G was hired to help with the dishwasher and mount the fire extinguishers. When asked how the corrections from the initial survey were progressing, RN-C stated they had been busy with completing the corrections and had about 90% of the corrections completed.</p> <p><b>BEDROOM #1 CONTENTS</b><br/>During facility tour on December 28, 2023, at 10:30 a.m., surveyor observed the lower level, bedroom #2 on the right had a queen- or full-sized bed with sheets on, and other mattresses stacked up against the bed. The bed was partially covered. The closet was empty, and it did not appear to be lived in. The following was observed for the bedroom #1 on the left:<br/>-RN-C stated bedroom #1 on the left was locked. Surveyor observed a key wedged between the door frame and sheetrock and asked RN-C to open the door.<br/>-Upon opening the door, surveyor observed a queen-sized bed which was made, an oversized leather chair in the corner with a large blanket draped over it.<br/>-The bedside table between the chair and bed with a lamp, which was on, miscellaneous items such as lotion, nose sprays, a book, crumpled up Home Depot receipt, alarm clock, used mug and clear plastic cup with spoon in it, book, and an ashtray containing formed ashes from the</p> | 0 330                                                                  |                                                                                                                          |  |                                                                 |



Minnesota Department of Health

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| 0 330                                                              | <p>Continued From page 3</p> <p>partially smoked cigar (cigar was the size of a cigarette).</p> <p>-There was a full trash can between the bedside table and chair with food containers, and a full bag of caramel corn popcorn on the floor next to the trash can.</p> <p>-The room had a light sweet smell of cigar and the ceiling fan was running at a high speed.</p> <p>-A closet packed with long sleeved flannel shirts, dress shirts, dry cleaned shirts in clear plastic bag, folded pants, shoes, and other items located on the top shelf of the closet.</p> <p>-Several coats hanging on the wall near the bed and behind the door.</p> <p>-Four holiday bags on the floor underneath the television that was mounted to the wall. A plug in air freshener and shoes around the holiday bags.</p> <p>-On the half wall ledge was a portable home phone charger, ball caps, lint roller, several refillable air refreshers, several books.</p> <p>-Two framed pictures hanging on the wall and curtains on the window.</p> <p>On December 28, 2023, at 10:56 a.m., registered nurse (RN)-C stated volunteer (V)-E did not work as a volunteer anymore and stated, "it was too much of a liability to keep [V-E] around." Licensee backgrounded him because V-E was coming back to clear his stuff out, and since the last survey, V-E had not provided any services for the licensee.</p> <p>On December 28, 2023, at 11:00 a.m., surveyor interviewed R1 in person and he stated both V-E and maintenance (M)-G lived at the facility as he mentioned the day prior.</p> <p>December 28, 2023, at 11:28 a.m., M-G stated he had known clinical nurse supervisor (CNS)-B for some time and had worked on CNS-B's personal</p> | 0 330                                                           |                                                                                                                          |                          |                                                   |



Minnesota Department of Health

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| 0 330                                                                     | <p>Continued From page 4</p> <p>home. M-G stated he worked at the facility a while back doing a little bit of everything. M-G planned to work at the facility either today or tomorrow. At 2:44 p.m., M-G denied ever living or staying at the facility and stated the belongings in bedroom #1 may have belonged to CNS-B for him to change clothes, but V-E stated he never had anything to do with that room.</p> <p>On December 28, 2023, at 1:12 p.m., V-E stated his role was to get the facility ready for licensee's first resident admission and stated he was no longer providing services for licensee. He stated he was not currently providing any volunteer work or activities with R1. At 2:03 p.m., V-E did admit he did stay at the facility a "couple of night before October," but he no longer stayed at the facility and all his stuff was in a storage unit.</p> <p>On December 28, 2023, at 4:11 p.m., CNS-B stated he believed R1 smoked Marlboro Red cigarettes which he tried not to buy for R1. CNS-B stated the cigar and belongings in bedroom #1 belonged to a former tenant (T)-H who rented bedroom #1 before the facility admitted R1 to licensee on May 29, 2023. CNS-B stated T-H moved to Texas, and that CNS-B did not have time to clean the place up. CNS-B then stated T-H was coming back into town and would grab his belongings. Surveyor asked whose presents those belonged to, CNS-B said they were T-H's. Surveyor asked if those presents had been there since before May of 2023, he stated yes.</p> <p>On December 28, 2023, at 8:55 p.m., when surveyor asked unlicensed personnel (ULP)-F whose belongings in the bedroom downstairs belonged to, ULP-F stated, "I believe they belong to [V-E], I'm not sure." When asked if anyone was</p> | 0 330                                                                  |                                                                                                                          |  |                                                                 |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>COMPASSION HOME HEALTH CARE LL</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1364 GRANITE LANE NORTH<br/>LANDFALL VILLAGE, MN 55128</b>                   |  |                                                                 |
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| 0 330                                                                     | <p>Continued From page 5</p> <p>living downstairs, ULP-F stated, "Not that I know of, no one is living down there." "[V-E] did live there before and that [M-G] did not live there. "As long as I have been here, [R1] has been alone."</p> <p><b>SMOKING</b></p> <p>On December 28, 2023, at 10:28 a.m. during facility tour, surveyor observed a partially smoked cigar with formed ashes in an ashtray located in the bedroom to the left on the lower level. The ashes were able to be cleared by pressing down on the black knob which would open the tray and drop the ashes into the container below. Surveyor observed a sweet cigar smell which lingered along with air fresheners and ceiling fan running at a high speed.</p> <p>During interview on December 28, 2023, at 10:28 a.m., surveyor asked RN-C if anyone smoked in that room and RN-C stated "no," but did indicate CNS-B did "hang out" in that room.</p> <p>On December 28, 2023, at 4:11 p.m., CNS-B stated he believed R1 smoked Marlboro Red cigarettes which he tried not to buy for R1. CNS-B stated the cigar and belonging in bedroom #1 belonged to a former tenant (T)-H who rented bedroom #1 before the facility admitted R1 to licensee on May 29, 2023.</p> <p>On December 28, 2023, at 8:55 p.m., ULP-F stated R1 smoked approximately two to three times per shift (12-hour shift) outside on the deck off the kitchen (upper level). ULP-F stated there could be no smoking in the house because s/he had asthma.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one</p> | 0 330                                                                  |                                                                                                                          |  |                                                                 |



Minnesota Department of Health

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| 0 330                                                              | Continued From page 6<br><br>(21) days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0 330                                                           |                                                                                                                          |                          |                                                   |
| {0 470}<br>SS=F                                                    | 144G.41 Subdivision 1 Minimum requirements<br><br>(11) develop and implement a staffing plan for determining its staffing level that:<br>(i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility;<br>(ii) ensures sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; and<br>(iii) ensures that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility;<br>(12) ensure that one or more persons are available 24 hours per day, seven days per week, who are responsible for responding to the requests of residents for assistance with health or safety needs. Such persons must be:<br>(i) awake;<br>(ii) located in the same building, in an attached building, or on a contiguous campus with the facility in order to respond within a reasonable amount of time;<br>(iii) capable of communicating with residents;<br>(iv) capable of providing or summoning the appropriate assistance; and<br>(v) capable of following directions;<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to ensure that one or more persons were available 24 hours per day, seven days per week, who are responsible for | {0 470}                                                         |                                                                                                                          |                          |                                                   |



Minnesota Department of Health

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| {0 470}                                                            | <p>Continued From page 7</p> <p>responding to the requests of residents for assistance with health or safety needs. This impacted one resident (R1) who received care from licensee. Additionally, the licensee failed to ensure the staffing plan was posted as required, potentially affecting the licensee's current resident, staff, and visitors.</p> <p>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).</p> <p>The findings include:</p> <p>AVAILABLE STAFF</p> <p>On December 28, 2023, at 9:54 a.m., surveyor knocked at the door and rang the doorbell a few times with no response. At 9:57 a.m., surveyor contacted R1's cellphone and he stated he was sleeping and did not want to be bothered at that moment and to return another time. Surveyor knocked at the front door and rang the doorbell again with no response. Surveyor went around the back of the house and did not observe any staff at the lower-level patio door after knocking. At 10:08 a.m., surveyor contacted registered nurse (RN)-C by phone (he was scheduled to work that shift), with no answer. At 10:17 a.m., a black car arrived at the facility and RN-C stated he left to go to the office. He stated, "I left around 10:00 a.m." RN-C and surveyor entered the facility and found R1 lying in bed with no one else in the facility. The address of the office was located 4.5 miles or nine (9) minutes one way depending on traffic from the facility according to</p> | {0 470}                                                         |                                                                                                                          |                          |                                                   |



Minnesota Department of Health

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| {0 470}                                                            | Continued From page 8<br><br>the Google Maps search. The black car was not in the driveway when the surveyor arrived at the facility.<br><br>STAFFING PLAN<br>During observation and interview on December 28, 2023, at approximately 12:15 p.m., the surveyor did not observe a posted staff schedule. Surveyor asked if there was one posted somewhere, RN-C stated there was always one person staffed. RN-C stated they would post a staffing schedule.<br><br>The licensee's 2.15 Staffing policy effective date August 16, 2022, indicated qualified employees would be scheduled to meet the needs of [licensee's operation].<br><br>No further information was provided. | {0 470}                                                         |                                                                                                                          |                          |                                                   |
| {0 480}<br>SS=F                                                    | 144G.41 Subd 1 (13) (i) (B) Minimum requirements<br><br>(13) offer to provide or make available at least the following services to residents:<br>(B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and<br><br>This MN Requirement is not met as evidenced by:<br>No further action required.                                                                                                                                                                                                                                                                                                                             | {0 480}                                                         |                                                                                                                          |                          |                                                   |
| {0 550}<br>SS=F                                                    | 144G.41 Subd. 7 Resident grievances; reporting maltreatment<br><br>All facilities must post in a conspicuous place information about the facilities' grievance procedure, and the name, telephone number, and                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | {0 550}                                                         |                                                                                                                          |                          |                                                   |



Minnesota Department of Health

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| {0 550}                                                                   | <p>Continued From page 9</p> <p>email contact information for the individuals who are responsible for handling resident grievances. The notice must also have the contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities and must have information for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center. The notice must also state that if an individual has a complaint about the facility or person providing services, the individual may contact the Office of Health Facility Complaints at the Minnesota Department of Health.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation and interview, the licensee failed to post the required information related to the grievance procedure, including the name, telephone number, and e-mail contact information for the individuals who are responsible for handling resident grievances. This had the potential to affect all residents receiving assisted living services.</p> <p>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).</p> <p>The findings include:</p> <p>During observation and interview on December 28, 2023, at 12:15 p.m., the surveyor observed the common area lacked a posted grievance</p> | {0 550}                                                                                                |                                                                                                                          |  |                                                                    |



Minnesota Department of Health

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| {0 550}                                                                   | Continued From page 10<br><br>procedure with the facility contacts, and grievance posting information. Registered nurse (RN)- C stated they had the procedure available and could get it for the surveyor. RN-C stated he understood that it needed to be posted and asked if it was okay to place it on the bulletin board in the living room, which surveyor stated yes.<br><br>The licensee's undated Complaint and Investigation Process policy included, "Residents will be informed of their right to complain to the facility about the services received and of the process to follow when making a complaint to the provider. Residents and their representatives will be informed that complaints may be made without fear of discrimination and/or retaliation."<br><br>No further information was provided. | {0 550}                                                                   |                                                                                                                          |  |                                                                    |
| {0 660}<br>SS=D                                                           | <b>144G.42 Subd. 9 Tuberculosis prevention and control</b><br><br>(a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines.<br>(b) The facility must maintain written evidence of compliance with this subdivision.                         | {0 660}                                                                   |                                                                                                                          |  |                                                                    |



Minnesota Department of Health

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| {0 660}                                                            | <p>Continued From page 11</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the facility failed to establish and maintain a tuberculosis (TB) prevention program, based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) which included documentation of a completed health history and symptom screening, baseline screening, and TB training for one of three employees (unlicensed personnel (ULP)-D).</p> <p>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).</p> <p>The findings include:</p> <p>ULP-D was hired on July 13, 2017.</p> <p>ULP-D's employee record included a first step TB Mantoux test dated February 9, 2023. ULP-D's employee record lacked a second step TB Mantoux test.</p> <p>On December 29, 2023, at 11:30 a.m., by email, clinical nurse supervisor (CNS)-B stated ULP-D had a TB QuantiFERON Gold blood test scheduled early January because their primary physician had to see them first before scheduling the TB Gold test.</p> <p>The Minnesota Department of Health (MDH) guidelines, "Regulations for Tuberculosis Control</p> | {0 660}                                                         |                                                                                                                          |  |                                                   |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br>COMPASSION HOME HEALTH CARE LL |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br>1364 GRANITE LANE NORTH<br>LANDFALL VILLAGE, MN 55128                           |  |                                                   |
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| {0 660}                                                            | Continued From page 12<br><br>in Minnesota Health Care Settings", dated July 2013, and based on CDC guidelines, indicated a TB infection control program should include the following: a team responsible for TB infection control; a facility TB risk assessment; written TB infection control procedures; and HCW education. The guidelines also indicate an employee may begin working with patients after a negative TB history and symptom screen (no symptoms of active TB disease) and a negative IGRA (serum blood test) or TST-tuberculin skin test (first step) dated within 90 days before hire. The second TST may be performed after the HCW starts working with patients. Baseline TB screening should be documented in the employee's record.<br><br>The licensee's undated Tuberculosis Prevention and Control policy indicated the licensee would establish a protocol for early identification of individuals with active tuberculosis. The licensee would offer the TB Mantoux skin test or a blood test at the time of employment.<br><br>No further information was provided. | {0 660}                                                         |                                                                                                                          |  |                                                   |
| {0 790}<br>SS=F                                                    | 144G.45 Subd. 2 (a) (2)-(3) Fire protection and physical environment<br><br>(2) install and maintain portable fire extinguishers in accordance with the State Fire Code;<br><br>(3) install portable fire extinguishers having a minimum 2-A:10-B:C rating within Group R-3 occupancies, as defined by the State Fire Code, located so that the travel distance to the nearest fire extinguisher does not exceed 75 feet, and maintained in accordance with the State Fire                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | {0 790}                                                         |                                                                                                                          |  |                                                   |



Minnesota Department of Health

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| {0 790}                                                            | Continued From page 13<br><br>Code; and<br><br>This MN Requirement is not met as evidenced<br>by:<br>No further action required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | {0 790}                                                         |                                                                                                                          |                          |                                                   |
| {0 810}<br>SS=F                                                    | 144G.45 Subd. 2 (b)-(f) Fire protection and<br>physical environment<br><br>(b) Each assisted living facility shall develop and<br>maintain fire safety and evacuation plans. The<br>plans shall include but are not limited to:<br>(1) location and number of resident sleeping<br>rooms;<br>(2) employee actions to be taken in the event of<br>a fire or similar emergency;<br>(3) fire protection procedures necessary for<br>residents; and<br>(4) procedures for resident movement,<br>evacuation, or relocation during a fire or similar<br>emergency including the identification of unique<br>or unusual resident needs for movement or<br>evacuation.<br>(c) Employees of assisted living facilities shall<br>receive training on the fire safety and evacuation<br>plans upon hiring and at least twice per year<br>thereafter.<br>(d) Fire safety and evacuation plans shall be<br>readily available at all times within the facility.<br>(e) Residents who are capable of assisting in<br>their own evacuation shall be trained on the<br>proper actions to take in the event of a fire to<br>include movement, evacuation, or relocation. The<br>training shall be made available to residents at<br>least once per year.<br>(f) Evacuation drills are required for employees<br>twice per year per shift with at least one | {0 810}                                                         |                                                                                                                          |                          |                                                   |



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| {0 810}                                                            | Continued From page 14<br><br>evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill.<br><br>This MN Requirement is not met as evidenced by:<br>No further action required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | {0 810}                                                         |                                                                                                                          |                          |                                                   |
| {01370}<br>SS=F                                                    | 144G.61 Subd. 2 (a) Training and evaluation of unlicensed personn<br><br>(a) Training and competency evaluations for all unlicensed personnel must include the following:<br>(1) documentation requirements for all services provided;<br>(2) reports of changes in the resident's condition to the supervisor designated by the facility;<br>(3) basic infection control, including blood-borne pathogens;<br>(4) maintenance of a clean and safe environment;<br>(5) appropriate and safe techniques in personal hygiene and grooming, including:<br>(i) hair care and bathing;<br>(ii) care of teeth, gums, and oral prosthetic devices;<br>(iii) care and use of hearing aids; and<br>(iv) dressing and assisting with toileting;<br>(6) training on the prevention of falls;<br>(7) standby assistance techniques and how to perform them;<br>(8) medication, exercise, and treatment reminders;<br>(9) basic nutrition, meal preparation, food safety, and assistance with eating;<br>(10) preparation of modified diets as ordered by a licensed health professional; | {01370}                                                         |                                                                                                                          |                          |                                                   |



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| {01370}                                                                   | <p>Continued From page 15</p> <p>(11) communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family;</p> <p>(12) awareness of confidentiality and privacy;</p> <p>(13) understanding appropriate boundaries between staff and residents and the resident's family;</p> <p>(14) procedures to use in handling various emergency situations; and</p> <p>(15) awareness of commonly used health technology equipment and assistive devices.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to ensure training and competency evaluations were completed for all required skill areas, prior to providing services, for two of two unlicensed personnel ((ULP)-D, ULP-F).</p> <p>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).</p> <p>The findings include:</p> <p>ULP-D was hired on July 13, 2017, and began providing direct care services under the licensees Assisted Living license on August 1, 2021.</p> <p>ULP-F was hired on April 18, 2023, and provided direct care for residents of the facility.</p> <p>ULP-D and ULP-F's records lacked the following</p> | {01370}                                                                |                                                                                                                          |  |                                                                 |



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| {01370}                                                            | <p>Continued From page 16</p> <p>required trainings and competency evaluations:<br/>-documentation requirements for all services provided;<br/>-reports of changes in the residents condition to the supervisor designated by the facility;<br/>-basic infection control, including blood borne pathogens (has training only);<br/>-maintenance of a clean and safe environment;<br/>-training on the prevention of falls;<br/>-standby assistance techniques and how to perform them (has competency only);<br/>-exercise, and treatment reminders;<br/>-basic nutrition, meal preparation, food safety, and assistance with eating;<br/>-preparation of modified diets as ordered by a licensed health professional;<br/>-understanding appropriate boundaries between staff and residents and the resident's family;<br/>-procedures to use in handling various emergency situations; and<br/>-awareness of commonly used health technology equipment and assistive devices.</p> <p>On January 2, 2024, at 9:44 a.m., surveyor asked registered nurse (RN)-C if they sent all the training records for ULP-D and ULP-F, which was requested multiple times throughout the survey. RN-C stated, "I believe CNS-B [name] sent them to you on Friday." RN-C stated he was going to check with CNS-B again. Additional training records were received by email at 12:43 p.m.</p> <p>The licensee's undated Delegation of Nursing/Therapy Tasks policy indicated the agency would permit unlicensed personnel (aides) who have been selected in accordance with this policy to perform delegated nursing/therapy tasks so long as state laws and regulations are followed and criteria in this policy are followed." The policy also indicated under</p> | {01370}                                                         |                                                                                                                          |  |                                                   |



Minnesota Department of Health

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| {01370}                                                                   | Continued From page 17<br><br>section: "TRAINING/COMPETENCY OF THE CAREGIVER"<br>1. Delegation of nursing/therapy tasks is specific to the client and the caregivers assigned to provide the care;<br>2. Unlicensed personnel will be trained to the task in the home setting and will return demonstration of the task to be performed. Training may be provided one-on-one or in a group. Each unlicensed person will be required to satisfactorily perform the delegated task to be deemed competent; and<br>6. Documentation of employee training and competency assessment will be noted on the assignment sheet and in the employee personnel file."<br><br>No further information was provided.                                                                                          | {01370}                                                                |                                                                                                                          |  |                                                                 |
| {01380}<br>SS=F                                                           | 144G.61 Subd. 2 (b) Training and evaluation of unlicensed personn<br><br>(b) In addition to paragraph (a), training and competency evaluation for unlicensed personnel providing assisted living services must include:<br>(1) observing, reporting, and documenting resident status;<br>(2) basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel;<br>(3) reading and recording temperature, pulse, and respirations of the resident;<br>(4) recognizing physical, emotional, cognitive, and developmental needs of the resident;<br>(5) safe transfer techniques and ambulation;<br>(6) range of motioning and positioning; and<br>(7) administering medications or treatments as required. | {01380}                                                                |                                                                                                                          |  |                                                                 |



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| {01380}                                                                   | <p>Continued From page 18</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to ensure training and competency evaluations for the required topics for two of two unlicensed personnel (ULP)-D, ULP-F)).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>ULP-D was hired on July 13, 2017, and began providing assisted living services August 1, 2021.</p> <p>ULP-F was hired on April 18, 2023, and provided assisted living services for the licensee.</p> <p>ULP-D and ULP-F's employee records lacked evidence to indicate they both completed training and/or practical skills evaluations as required in the following areas:</p> <ul style="list-style-type: none"><li>-observing, reporting, and documenting resident status;</li><li>-basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel;</li><li>-reading and recording temperature, pulse, and respirations of the resident;</li><li>-recognizing physical, emotional, cognitive, and developmental needs of the resident;</li></ul> | {01380}                                                                |                                                                                                                          |  |                                                                 |



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| {01380}                                                            | Continued From page 19<br><br>-safe transfer techniques and ambulation; and<br>-range of motioning and positioning.<br><br>On December 28, 2023, at 8:55 p.m., ULP-F<br>stated the services s/he provided to R1 included<br>medication administration, checking R1's vital<br>signs (blood pressure, temperature, pulse,<br>respirations, and oxygen saturation), and "hung<br>out."<br><br>On January 2, 2024, at 9:44 a.m., surveyor asked<br>registered nurse (RN)-C if they sent all the<br>training records for ULP-D and ULP-F, which was<br>requested multiple times throughout the survey.<br>RN-C stated, "I believe [CNS-B] sent them to you<br>on Friday." RN-C stated he was going to check<br>with CNS-B again. Additional training records<br>were received by email at 12:43 p.m.<br><br>The licensee's 3.01 Orientation for Home Care<br>Staff policy effective date January 1, 2022,<br>indicated "All staff must be trained and competent<br>in the provision of home care services with<br>current standards and appropriate to client needs.<br><br>No further information was provided. | {01380}                                                         |                                                                                                                          |                          |                                                   |
| {01470}<br>SS=F                                                    | 144G.63 Subd. 2 Content of required orientation<br><br>(a) The orientation must contain the following<br>topics:<br>(1) an overview of this chapter;<br>(2) an introduction and review of the facility's<br>policies and procedures related to the provision<br>of assisted living services by the individual staff<br>person;<br>(3) handling of emergencies and use of<br>emergency services;<br>(4) compliance with and reporting of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | {01470}                                                         |                                                                                                                          |                          |                                                   |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br>COMPASSION HOME HEALTH CARE LL |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br>1364 GRANITE LANE NORTH<br>LANDFALL VILLAGE, MN 55128                           |                          |                                                   |
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| {01470}                                                            | Continued From page 20<br><br>maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC);<br>(5) the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights;<br>(6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person;<br>(7) handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints;<br>(8) consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services; and<br>(9) a review of the types of assisted living services the employee will be providing and the facility's category of licensure.<br>(b) In addition to the topics in paragraph (a), orientation may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics:<br>(1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and the challenges it poses to communication;<br>(2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or<br>(3) information about strategies and technology | {01470}                                                         |                                                                                                                          |                          |                                                   |



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| {01470}                                                            | <p>Continued From page 21</p> <p>that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure employees received orientation to assisted living, including all required content, for three of three employees (clinical nurse specialist (CNS)-B, unlicensed personnel (ULP)-D, ULP-F).</p> <p>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).</p> <p>The findings include:</p> <p>CNS-B<br/>CNS-B was hired July 25, 2016, to provide direct care services to residents.</p> <p>On December 28, 2023, at 10:56 a.m., registered nurse (RN)-B was observed to assist R1 with medication administration using a blue medication planner organizer strip.</p> <p>CNS-B's employee record lacked documentation the following orientation topics were completed:<br/>-an overview of assisted living MN statutes 144G;<br/>-the assisted living bill of rights and staff responsibilities related to ensuring the exercise</p> | {01470}                                                         |                                                                                                                          |                          |                                                   |



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| {01470}                                                                   | <p>Continued From page 22</p> <p>and protection of those rights;<br/>-the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person;<br/>-handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints;<br/>-consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services; and<br/>-a review of the types of assisted living services the employee will be providing and the facility's category of licensure.</p> <p>ULP-D<br/>ULP-D was hired on July 13, 2017, and began providing direct care services under the licensees Assisted Living license on August 1, 2021.</p> <p>ULP-F<br/>ULP-F was hired on April 18, 2023, to provide direct care services to residents.</p> <p>ULP-D and ULP-F's employee record lacked documentation the following orientation topics were completed:<br/>-an overview of assisted living MN statutes 144G;<br/>-an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person;<br/>-handling of emergencies and use of emergency services;<br/>-compliance with and reporting of the maltreatment of vulnerable adults under section</p> | {01470}                                                                |                                                                                                                          |  |                                                                 |



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| {01470}                                                            | <p>Continued From page 23</p> <p>626.557 to the Minnesota Adult Abuse Reporting Center (MAARC);</p> <ul style="list-style-type: none"><li>-the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights;</li><li>-the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person;</li><li>-handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints;</li><li>-consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services; and</li><li>-a review of the types of assisted living services the employee will be providing and the facility's category of licensure.</li></ul> <p>On December 29, 2023, at 10:43 a.m., surveyor emailed a request for all training documents including any additional training completed since October 26, 2023, for CNS-B, ULP- and ULP-F.</p> <p>On December 29, 2023, at 5:59 p.m., CNS-B provided the following training documents for CNS-B, ULP-D, and ULP-F dated November 25, 2023:</p> <ul style="list-style-type: none"><li>-Resident Rights for residents who receive home care services or stay at a skilled nursing facility.</li></ul> <p>On January 2, 2024, at 9:44 a.m., surveyor asked registered nurse (RN)-C if they sent all the training records for CNS-B, ULP-D, and ULP-F, which was requested multiple times throughout the survey. RN-C stated, "I believe CNS-B [name]</p> | {01470}                                                         |                                                                                                                          |                          |                                                   |



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| {01470}                                                                   | <p>Continued From page 24</p> <p>sent them to you on Friday." RN-C stated he was going to check with CNS-B again. Additional training records were received by email at 12:43 p.m.</p> <p>The licensee's 3.01 Orientation for Home Care Staff policy dated January 1, 2022, indicated all employees must complete the following orientation to home care training prior to providing services:</p> <ul style="list-style-type: none"><li>-overview of the appropriate home care rules;</li><li>-introduction and review of licensee's policies and procedures;</li><li>-infection control policies and procedures;</li><li>-handling of emergencies and use of emergency services;</li><li>-emergency preparedness;</li><li>-reporting requirements of the Minnesota Vulnerable Adults Act;</li><li>-Minnesota Home Care Bill of Rights; and</li><li>-how to handle complaints and reporting of complaints;</li><li>-review of Office of Health Facility Complaints (OHFC) and the Minnesota Adult Abuse Reporting Center (MAARC);</li><li>-review of the consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, and etc;</li><li>-review of the types of home care services the employee will be providing and the provider's scope of home care license;</li><li>-for home care providers that provide services for persons with Alzheimer's or related disorders, all direct care staff and supervisors must include training (no amount of time specified).</li></ul> <p>No further information was provided.</p> | {01470}                                                                |                                                                                                                          |  |                                                                 |



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| {01500}                                                                   | Continued From page 25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | {01500}                                                                |                                                                                                                          |  |                                                                 |
| {01500}<br>SS=E                                                           | <b>144G.63 Subd. 5 Required annual training</b><br><br>(a) All staff that perform direct services must complete at least eight hours of annual training for each 12 months of employment. The training may be obtained from the facility or another source and must include topics relevant to the provision of assisted living services. The annual training must include:<br>(1) training on reporting of maltreatment of vulnerable adults under section 626.557;<br>(2) review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights;<br>(3) review of infection control techniques used in the home and implementation of infection control standards including a review of hand washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting communicable diseases;<br>(4) effective approaches to use to problem solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders;<br>(5) review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and<br>(6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person.<br>(b) In addition to the topics in paragraph (a), annual training may also contain training on providing services to residents with hearing loss. | {01500}                                                                |                                                                                                                          |  |                                                                 |



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| NAME OF PROVIDER OR SUPPLIER<br><br><b>COMPASSION HOME HEALTH CARE LL</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1364 GRANITE LANE NORTH<br/>LANDFALL VILLAGE, MN 55128</b>                   |  |                                                                 |
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| {01500}                                                                   | <p>Continued From page 26</p> <p>Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics:</p> <p>(1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and challenges it poses to communication;</p> <p>(2) the health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or</p> <p>(3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions.</p> <p>This MN Requirement is not met as evidenced by:</p> <p>Based on interview and record review, the licensee failed to ensure employees received at least eight (8) hours of training for each 12 months of employment for two of three employees (clinical nurse supervisor (CNS)-B, unlicensed personnel (ULP)-D).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).</p> <p>The findings include:</p> | {01500}                                                                |                                                                                                                          |  |                                                                 |



Minnesota Department of Health

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| {01500}                                                            | <p>Continued From page 27</p> <p>The licensee had an assisted living facility license effective August 1, 2021.</p> <p>CNS-B and ULP-D were hired on July 25, 2016, and July 13, 2017, respectively, and began providing assisted living services August 1, 2021.</p> <p>CNS-B's employee record lacked documentation of eight hours of annual training completed within the last 12 months, including the following required topics:</p> <ul style="list-style-type: none"><li>-review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights;</li><li>-review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and</li><li>-the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person.</li></ul> <p>ULP-D's employee record lacked documentation of eight hours of annual training completed within the last 12 months, including the following required topics:</p> <ul style="list-style-type: none"><li>-training on reporting of maltreatment of vulnerable adults under section 626.557;</li><li>-review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights;</li><li>-review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and</li><li>-the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person.</li></ul> | {01500}                                                         |                                                                                                                          |                          |                                                   |



Minnesota Department of Health

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| {01500}                                                            | Continued From page 28<br><br>On January 2, 2024, at 9:44 a.m., surveyor asked registered nurse (RN)-C if they sent all the training records for CNS-B and ULP-D, which was requested multiple times throughout the survey. RN-C stated, "I believe CNS-B [name] sent them to you on Friday." RN-C stated he was going to check with CNS-B again. Additional training records were received by email at 12:43 p.m.<br><br>On January 2, 2024, at 12:43 p.m., RN-C stated the document "Home Care Bill of Rights Minnesota" was the PowerPoint training they provided to employees for the bill of rights training.<br><br>ULP-D was not available for an interview.<br><br>The licensee's 3.08 Required Annual Staff Training policy dated January 1, 2022, indicated employees would complete a minimum of eight (8) hours of annual training for each 12 months of employment. The following training would include:<br>-reporting of maltreatment of vulnerable adults under section 626.557;<br>-home care bill of rights;<br>-review of infection control techniques; and<br>-review of home care provider's policies and procedures relating to the provision of home care services and how to implement them.<br><br>No further information provided. | {01500}                                                                                        |                                                                                                                          |  |                                                   |
| {01530}<br>SS=F                                                    | 144G.64 TRAINING IN DEMENTIA CARE<br>REQUIRED<br><br>(a) All assisted living facilities must meet the following training requirements:<br>(1) supervisors of direct-care staff must have at                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | {01530}                                                                                        |                                                                                                                          |  |                                                   |



Minnesota Department of Health

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| {01530}                                                                   | <p>Continued From page 29</p> <p>least eight hours of initial training on topics specified under paragraph (b) within 120 working hours of the employment start date, and must have at least two hours of training on topics related to dementia care for each 12 months of employment thereafter;</p> <p>(2) direct-care employees must have completed at least eight hours of initial training on topics specified under paragraph (b) within 160 working hours of the employment start date. Until this initial training is complete, an employee must not provide direct care unless there is another employee on site who has completed the initial eight hours of training on topics related to dementia care and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for consultation with the new employee until the training requirement is complete. Direct-care employees must have at least two hours of training on topics related to dementia for each 12 months of employment thereafter;</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure the required amount of dementia care training was completed in the required time frame for three of three employees (clinical nurse supervisor (CNS)-B, unlicensed personnel (ULP)-D, ULP-F).</p> <p>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</p> | {01530}                                                                |                                                                                                                          |  |                                                                 |



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| {01530}                                                                   | <p>Continued From page 30<br/>of the residents).</p> <p>The findings include:</p> <p>The licensee had an assisted living facility license effective August 1, 2021.</p> <p>CNS-B and ULP-D were hired on July 25, 2016, and July 13, 2017, respectively, and began providing assisted living services August 1, 2021.</p> <p>ULP-F was hired on April 18, 2023, and provided assisted living services for the licensee.</p> <p>On December 28, 2023, at 10:56 a.m., registered nurse (RN)-B was observed to assist R1 with medication administration using a blue medication planner organizer strip.</p> <p>CNS-B's employee record lacked documentation of eight hours of initial training on topics related to dementia within 120 working hours of the employment start date.</p> <p>ULP-D and ULP-F's employee records lacked documentation of eight hours of initial training on topics related to dementia within 160 working hours of the employment start date.</p> <p>ULP-D's employee record also lacked at least two hours of dementia care training completed within the previous 12 months.</p> <p>On December 28, 2023, at 8:55 p.m., ULP-F stated s/he had received training recently but could not remember any specific training.</p> <p>On January 2, 2024, at 9:44 a.m., surveyor asked registered nurse (RN)-C if they sent all the training records for CNS-B, ULP-D, and ULP-F,</p> | {01530}                                                                                                |                                                                                                                          |  |                                                                    |



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| {01530}                                                                   | <p>Continued From page 31</p> <p>which was requested multiple times throughout the survey. RN-C stated, "I believe CNS-B [name] sent them to you on Friday." RN-C stated he was going to check with CNS-B again. Additional training records were received by email at 12:43 p.m.</p> <p>On January 2, 2024, at 1:17 p.m., RN-C stated he believed the recent dementia training completed was about one or one and one-half hours, but then stated it was usually one hour.</p> <p>The licensee's 3.01 Orientation for Home Care Staff policy dated January 1, 2022, indicated all employees must complete the following orientation to home care training prior to providing services:<br/>-for home care providers that provide services for persons with Alzheimer's or related disorders, all direct care staff and supervisors must receive training to include: current explanation of Alzheimer's Disease and related disorders; effective approaches to use to problem-solve when working with a client's challenging behaviors; and how to communicate with clients who have Alzheimer's or related disorders.</p> <p>The licensee's 3.08 Required Annual Staff Training policy dated January 1, 2022, did not specify dementia training was required on an annual basis.</p> <p>No further information was provided.</p> | {01530}                                                                |                                                                                                                          |  |                                                                 |
| 01760<br>SS=D                                                             | <p><b>144G.71 Subd. 8 Documentation of administration of medication</b></p> <p>Each medication administered by the assisted living facility staff must be documented in the</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 01760                                                                  |                                                                                                                          |  |                                                                 |



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| 01760                                                                     | <p>Continued From page 32</p> <p>resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure medications were transcribed as prescribed for one of one resident (R1).</p> <p>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).</p> <p>The findings include:</p> <p>R1 was admitted May 29, 2023, with diagnoses including history of a stroke in January 2020, and currently being treated for thrombocytopenia (a coagulation disorder).</p> <p>R1's Service Plan-Waiver dated May 30, 2023, indicated R1 received medication administration three times per day.</p> | 01760                                                                  |                                                                                                                          |  |                                                                 |



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| NAME OF PROVIDER OR SUPPLIER<br><br><b>COMPASSION HOME HEALTH CARE LL</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1364 GRANITE LANE NORTH<br/>LANDFALL VILLAGE, MN 55128</b>                   |  |                                                                 |
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| 01760                                                                     | <p>Continued From page 33</p> <p>On December 28, 2023, at 10:56 a.m., registered nurse (RN)-B was observed to open the locked hallway closet and the surveyor saw a box of naloxone nasal spray on the shelf.</p> <p>R1's prescriber orders dated October 30, 2023, prescribed:<br/>-naloxone HCL (treats opioid overdose) 4 mg/ 0.1 ml, (route and frequency not indicated).</p> <p>R1's electronic medication administration record (EMAR) dated November 2023, lacked naloxone nasal spray.</p> <p>R1's EMAR dated December 1, 2023, through December 28, 2023, lacked naloxone nasal spray.</p> <p>On December 29, 2023, at 12:42 p.m., unlicensed personnel (ULP)-F stated they did not administer medications to R1, only the RN did. ULP-F stated they were not trained on how to administer naloxone if they suspected an opioid overdose. ULP-F then stated they would call the on-call RN or emergency services for assistance.</p> <p>On December 29, 2023, at 1:55 p.m., clinical nurse supervisor (CNS)-B stated the ULPs were trained on how to administer naloxone. When asked why naloxone was not on the December 2023 EMAR for R1, CNS-B stated they were seeing it on their end and would try to figure out how to show the surveyor.</p> <p>On December 29, 2023, at 5:59 p.m., licensee provided an updated December 2023 EMAR which indicated the following:<br/>-naloxone hydrochloride (daily) nasal spray (Started: December 29. 2023 at 5:50 p.m.).</p> | 01760                                                                  |                                                                                                                          |  |                                                                 |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>COMPASSION HOME HEALTH CARE LL</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1364 GRANITE LANE NORTH<br/>LANDFALL VILLAGE, MN 55128</b>                   |  |                                                                    |
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| 01760                                                                     | Continued From page 34<br><br>The licensee's 5.04 Medication & Treatment Orders-Receiving policy dated January 1, 2023, which indicated content of medication orders must contain the name of the drug, dosage, frequency, route, indicated and directions for use. The policy also indicated all orders for medications must be dated and signed by the prescriber and must be current and consistent with the nursing assessment.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days                                                                                                                                                                                                                                                                                                                             | 01760                                                                     |                                                                                                                          |  |                                                                    |
| 01770<br>SS=D                                                             | 144G.71 Subd. 9 Documentation of medication setup<br><br>Documentation of dates of medication setup, name of medication, quantity of dose, times to be administered, route of administration, and name of person completing medication setup must be done at the time of setup.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to ensure documentation of medication setup included all the required content for one of one resident (R1) receiving medication management.<br><br>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a | 01770                                                                     |                                                                                                                          |  |                                                                    |



Minnesota Department of Health

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| 01770                                                                     | <p>Continued From page 35</p> <p>limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>R1 was admitted May 29, 2023, with diagnoses including history of a stroke in January 2020, and currently being treated for thrombocytopenia (a coagulation disorder).</p> <p>R1's Service Plan-Waiver signed May 30, 2023, indicated R1 received medication administration three times per day.</p> <p>On December 28, 2023, at 10:56 a.m., registered nurse (RN)-C was observed to assist R1 with medication administration using a blue medication planner strip.</p> <p>R1's Individualized Medication Management Plan dated November 8, 2023, indicated unlicensed personnel (ULP) could pass medications after they had been trained, and medications had been set up and verified by the nurse before the ULP could administer them.</p> <p>R1's electronic medication administration record (EMAR) dated December 1, 2023, through December 28, 2023, lacked documentation of the medication setup to include the name of the medication, quantity of dose, times to be administered, and route of administration.</p> <p>On December 29, 2023, at 12:42 p.m., ULP-F stated they did not administer medications to R1, only the RN.</p> <p>On December 29, 2023, at 1:55 p.m., clinical nurse supervisor (CNS)-B stated R1's</p> | 01770                                                                  |                                                                                                                          |  |                                                                 |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>COMPASSION HOME HEALTH CARE LL</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1364 GRANITE LANE NORTH</b><br><b>LANDFALL VILLAGE, MN 55128</b>    |  |                                                                 |
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| 01770                                                                     | <p>Continued From page 36</p> <p>medications were set up using the medication planners based on who was working. The medication planners were not set up on a regular basis. CNS-B stated ULP-F rarely gave medications, but CNS-B will set them up just in case. CNS-B stated between himself and RN-C, they were always at the facility to administer medications to R1. Surveyor asked if neither one was available, who would administer medications, CNS-B stated it had not happened yet, but licensed assisted living director (LALD)-A would be available.</p> <p>The licensee's undated Medication Set Up Policy indicated a MAR or other medication documentation method should be used to set up medications.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p> | 01770                                                                  |                                                                                                                 |  |                                                                 |
| {01820}<br>SS=D                                                           | <p><b>144G.71 Subd. 13 Prescriptions</b></p> <p>There must be a current written or electronically recorded prescription as defined in section 151.01, subdivision 16a, for all prescribed medications that the assisted living facility is managing for the resident.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to ensure written or electronically recorded prescriptions were obtained for one of one resident (R1).</p> <p>This practice resulted in a level two violation (a</p>                                                                                                                                                                                                                                                            | {01820}                                                                |                                                                                                                 |  |                                                                 |



Minnesota Department of Health

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| {01820}                                                            | <p>Continued From page 37</p> <p>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).</p> <p>The findings include:</p> <p>R1 was admitted May 29, 2023, diagnoses including history of a stroke in January 2020, and currently being treated for thrombocytopenia (a coagulation disorder).</p> <p>R1's Service Plan-Waiver dated May 30, 2023, indicated R1 received medication administration three times per day.</p> <p>On December 28, 2023, at 10:56 a.m., registered nurse (RN)-C was observed to assist R1 with medication administration using a blue med-planner strip.</p> <p>R1's electronic medication administration record (EMAR) dated December 1, 2023, through December 28, 2023, included:</p> <ul style="list-style-type: none"><li>-amlodipine (for blood pressure) 5 milligrams (mg), one tablet by mouth daily;</li><li>-buprenorphine and naloxone (for pain) 2-0.5 mg, dissolve one tablet under the tongue three times daily;</li><li>-famotidine (for ulcers) 20 mg, one tablet by mouth twice daily;</li><li>-levetiracetam (for seizures) 500 mg, take one tablet twice daily;</li><li>-sertraline hydrochloride (HCL) (anti-depressant) 100 mg, one tab daily;</li><li>-atorvastatin (for high cholesterol) 10 mg, take</li></ul> | {01820}                                                         |                                                                                                                          |                          |                                                   |



Minnesota Department of Health

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| {01820}                                                                   | <p>Continued From page 38</p> <p>one tab daily; and<br/>-hydromorphone HCL (for pain) 2 mg, one tablet daily as needed.</p> <p>R1's prescriber orders dated October 30, 2023, prescribed:<br/>-amlodipine 5 milligrams (mg), one tablet by mouth daily;<br/>-belbuca (for pain) 150 micrograms (mcg), place inside cheek every 12 hours;<br/>-famotidine 20 mg, one tablet by mouth twice daily;<br/>-folic acid (supplement) 1 mg, one tab by mouth daily;<br/>-atorvastatin (for cholesterol) 10 mg, one tablet by mouth daily;<br/>-folic acid (supplement) 1 mg, one tablet by mouth daily;<br/>-levetiracetam 500 mg, take one tablet two times daily;<br/>-hydromorphone hydrochloride 2 mg, take 2 mg by mouth (frequency not indicated);<br/>-naloxone HCL (treats opioid overdose) 4 mg/ 0.1 ml, (route and frequency not indicated);<br/>-Sertraline hydrochloride (for depression) 100 mg, (route and frequency not indicated).</p> <p>R1's medication list electronically signed by a registered nurse on December 29, 2023, at 1:43 p.m., indicated R1 to take sertraline 100 mg, one tablet by mouth daily.</p> <p>R1's record lacked the following:<br/>-complete prescriber orders to include route and frequency.</p> <p>On December 29, 2023, 12:42 p.m., unlicensed personnel (ULP)-F stated they did not administer medications to R1, only the RN.</p> | {01820}                                                                |                                                                                                                          |  |                                                                 |



Minnesota Department of Health

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| {01820}                                                                   | <p>Continued From page 39</p> <p>On December 29, 2023, at 1:55 p.m., clinical nurse supervisor (CNS)-B stated he had made contact with the primary doctor and stated they never got back to him. CNS-B stated they obtained the missing information from the prescription label on the medication itself.</p> <p>The licensee's 5.04 Medication &amp; Treatment Orders-Receiving policy dated January 1, 2023, which indicated content of medication orders must contain the name of the drug, dosage, frequency, route, indicated and directions for use. The policy also indicated all orders for medications must be dated and signed by the prescriber, and must be current and consistent with the nursing assessment.</p> <p>No further information was provided.</p> | {01820}                                                                   |                                                                                                                          |  |                                                                    |





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

Electronically Delivered

December 8, 2023

Licensee

Compassion Home Health Care, LLC

1364 Granite Lane North

Landfall Village, MN 55128

RE: Project Number(s) SL36941015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on October 26, 2023, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, the MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

#### **STATE CORRECTION ORDERS**

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

#### **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 may be 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.31, Subd. 4 (a)(5), the MDH may impose fine amounts of either \$1,000 or \$5,000 to licensees who are found to be responsible for maltreatment. The MDH may impose 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 MDH 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 (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 survey:

**St - 0 - 0110 - 144g.10 Subdivision 1a - Assisted Living Director License Required = \$500.00**

**St - 0 - 0510 - 144g.41 Subd. 3 - Infection Control Program = \$500.00**

**St - 0 - 0650 - 144g.42 Subd. 8 - Employee Records = \$3,000.00**

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$4,000.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

#### **DOCUMENTATION OF ACTION TO COMPLY**

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

The correction order documentation should include the following:

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

#### **CORRECTION ORDER RECONSIDERATION PROCESS**

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

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



To submit a reconsideration request, please visit:

**<https://www.web.health.state.mn.us/form/HRD-Appeals-Form>**

**REQUESTING A HEARING**

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

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

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

If you have any questions, please contact me.

Sincerely,

A handwritten signature in dark ink, appearing to read "Jonathan Hill", is written over a light gray circular background.

Jonathan Hill, Supervisor

State Evaluation Team

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Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>36941</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | (X3) DATE SURVEY COMPLETED<br><br><b>10/26/2023</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>COMPASSION HOME HEALTH CARE LL</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1364 GRANITE LANE NORTH<br/>LANDFALL VILLAGE, MN 55128</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                     |
| (X4) ID<br>PREFIX<br>TAG                                                  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ID<br>PREFIX<br>TAG                                                    | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | (X5)<br>COMPLETE<br>DATE                            |
| 0 000                                                                     | <p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING<br/>CORRECTION ORDER(S)</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.</p> <p>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.</p> <p>INITIAL COMMENTS:<br/>SL36941015-0</p> <p>On October 23, 2023, through October 26, 2023, the Minnesota Department of Health conducted a full survey at the above provider, and the following correction orders are issued. At the time of the survey, there was one (1) active resident, who received services under the Assisted Living with Dementia Care license.</p> <p>On October 23, 2023, at 2:44 p.m. an immediate correction order was issued for tag number 0650. On October 24, 2023, at 1:36 p.m., immediacy was removed from the order; the scope and level remained the same.</p> | 0 000                                                                  | <p>Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living with Dementia Care 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.</p> <p>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.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3.</p> |  |                                                     |
| 0 110<br>SS=F                                                             | <p>144G.10 Subdivision 1a Assisted living director license required</p> <p>Each assisted living facility must employ an</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 0 110                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                     |

Minnesota Department of Health

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

TITLE

(X6) DATE



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>COMPASSION HOME HEALTH CARE LL</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1364 GRANITE LANE NORTH<br/>LANDFALL VILLAGE, MN 55128</b>                   |  |                                                     |
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| 0 110                                                                     | <p>Continued From page 1</p> <p>assisted living director licensed or permitted by the Board of Executives for Long Term Services and Supports.?</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to ensure the licensed assisted living director (LALD) was listed as the Director of Record for the licensee through the Board of Executives for Long-Term Service and Supports (BELTSS) website. This had the potential to affect all the licensee's residents, staff, and visitors.</p> <p>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).</p> <p>The findings include:</p> <p>LALD-A was hired on October 23, 2018, and provided assisted living direct care services as of August 1, 2021. LALD-A was licensed as LALD on June 15, 2022.</p> <p>On October 23, 2023, at 10:00 a.m. upon arrival to the facility for the survey, clinical nurse supervisor (CNS)-B stated, they were not aware LALD-A was required to identify as the Director of Record on the BELTSS website. CNS-B also stated, LALD-A was not available to assist with survey today as they worked at another place of employment. CNS-B stated, they had sent a text to LALD-A, and requested them to return a response. CNS-B then stated, LALD-A had</p> | 0 110                                                                  |                                                                                                                          |  |                                                     |



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| 0 110                                                                     | <p>Continued From page 2</p> <p>replied in text, and LALD-A was at a conference all day, and not available. CNS-B stated, LALD-A worked Fridays and some weekends at the facility.</p> <p>The licensee's staffing calendar for October 2023 indicated LALD-A was documented as having worked:<br/>-October 2, 4, 6, from 7:00 a.m. until 7:00 p.m.; and<br/>-October 8, 13, 14, 15, 20, 21, 22, 27, from 7:00 p.m. until 7:00 a.m.</p> <p>The BELTSS website accessed by the surveyor on October 23, 2023, at 10:15 a.m., indicated LALD-A was licensed but was not listed as the Director of Record for any licensee.</p> <p>LALD-A was unavailable and uninvolved with the survey from October 23, 2023, through October 26, 2023.</p> <p>On October 26, 2023, at 11:25 a.m., before the exit conference, surveyor accessed the BELTSS website, and LALD-A was not listed as the Director of Record for any licensee.<br/>-At 11:30 a.m. during the exit conference, CNS-B stated he was not aware the BELTSS website had not been updated. In addition, CNS-B stated, LALD-A was not available to attend the survey exit conference.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Two (2) days</p> | 0 110                                                                                                  |                                                                                                                          |  |                                                     |
| 0 470<br>SS=F                                                             | 144G.41 Subdivision 1 Minimum requirements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 0 470                                                                                                  |                                                                                                                          |  |                                                     |



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| 0 470                                                                     | <p>Continued From page 3</p> <p>(11) develop and implement a staffing plan for determining its staffing level that:</p> <p>(i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility;</p> <p>(ii) ensures sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; and</p> <p>(iii) ensures that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility;</p> <p>(12) ensure that one or more persons are available 24 hours per day, seven days per week, who are responsible for responding to the requests of residents for assistance with health or safety needs. Such persons must be:</p> <p>(i) awake;</p> <p>(ii) located in the same building, in an attached building, or on a contiguous campus with the facility in order to respond within a reasonable amount of time;</p> <p>(iii) capable of communicating with residents;</p> <p>(iv) capable of providing or summoning the appropriate assistance; and</p> <p>(v) capable of following directions;</p> <p>This MN Requirement is not met as evidenced by:</p> <p>Based on observation, interview and record review, the licensee failed to develop and implement a staffing plan to determine staffing levels to meet the needs of all residents. This had the potential to affect all residents, staff, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or</p> | 0 470                                                                                                  |                                                                                                                          |  |                                                     |



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| 0 470                                                                     | <p>Continued From page 4</p> <p>safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>The licensee held an assisted living facility license. The facility was licensed for a bed capacity of five residents, and had a current census of one resident.</p> <p>On October 23, 2023, at 11:00 a.m., during the entrance conference, clinical nurse supervisor (CNS)-B stated, the staffing schedule was not posted. CNS-B also stated, the employees worked 12 hour shifts, one employee from 7:00 a.m., until 7:00 p.m., and one employee from 7:00 p.m. until 7:00 a.m.</p> <p>- CNS-B stated licensed assisted living director (LALD)-A was not available to assist with survey as they worked at another place of employment. CNS-B stated, they had sent a text to LALD-A, and requested them to return a response. CNS-B then stated, LALD-A had replied in text, and LALD-A was at a conference all day, and not available. CNS-B stated, LALD-A worked Fridays and some weekends at the facility.</p> <p>The licensee failed to develop and implement a staffing plan for determining its staffing level that:</p> <ul style="list-style-type: none"><li>-included an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility;</li><li>-ensured sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required</li></ul> | 0 470                                                                  |                                                                                                                          |  |                                                     |



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| 0 470                                                                     | <p>Continued From page 5</p> <p>by the residents' assessments and service plans on a 24-hour per day basis;<br/>-ensured that the facility could respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility.<br/>-ensured that one or more persons were available 24-hours per day, seven days per week, who were responsible for responding to the requests of residents for assistance with health or safety needs. Such persons must be:<br/>-awake."</p> <p>On October 23, 2023, at 4:45 p.m., surveyor asked if the employees sleep at the facility on the night shift? CNS-B replied, "yes, sometimes the employees sleep here" on the night shift from 7:00 p.m. until 7:00 a.m.</p> <p>On October 24, 2023, at 10:50 a.m., the bedroom on the lower level was observed with registered nurse (RN)-C. The lower level bedroom was furnished, and included but was not limited to: a bed, dresser, night stand, bedding, pillows, clothing, and alarm clock.<br/>- At 11:00 a.m., RN-C stated the licensee's lower level bedroom was a place where employees could rest during the night shift. RN-C also stated some employees kept changes of clothes there. Although, RN-C stated the staff slept in the lower level bed room when scheduled on the night shift, RN-C stated they were still able to assist R1 at any time during the night when needed.</p> <p>LALD-A was unavailable and uninvolved with the survey from October 23, 2023, through October 26, 2023.</p> <p>On October 26, 2023, 11:00 a.m. CNS-B stated, the licensee had not created a staffing plan and</p> | 0 470                                                                  |                                                                                                                          |  |                                                     |



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| 0 470                                                                     | Continued From page 6<br><br>also stated, "most" of the time during the night shift the employees were awake and, "Sometimes they sleep at night." CNS-B stated RN-C, and LALD-A rounded the licensee's facilities periodically, and checked on the employees at various times of the night. CNS-B additionally stated, LALD-A was not available to answer questions for the survey.<br>-At 11:10 a.m. the surveyor requested the licensee's staffing plan policy, but the policy was not provided.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days                                                                                                                                                                                         | 0 470                                                                  |                                                                                                                          |  |                                                     |
| 0 480<br>SS=F                                                             | 144G.41 Subd 1 (13) (i) (B) Minimum requirements<br><br>(13) offer to provide or make available at least the following services to residents:<br>(B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code.<br><br>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected | 0 480                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 480                                                                     | Continued From page 7<br><br>or has the potential to affect a large portion or all the residents).<br><br>The findings include:<br><br>Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated October 23, 2023, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.<br><br>TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 0 480                                                                  |                                                                                                                          |  |                                                     |
| 0 510<br>SS=F                                                             | 144G.41 Subd. 3 Infection control program<br><br>(a) All assisted living facilities must establish and maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control.<br>(b)The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities.<br>(c) The facility must maintain written evidence of compliance with this subdivision.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, and interview the licensee failed to establish and maintain an effective infection control program to comply with accepted health care, medical, and nursing standards for infection control. The licensee failed to ensure direct care staff performed adequate hand | 0 510                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 510                                                                     | <p>Continued From page 8</p> <p>hygiene (HH) for two of two employees (clinical nurse supervisor (CNS)-B, and registered nurse (RN)-C).</p> <p>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).</p> <p>The findings include:</p> <p>CNS-B, and RN-B were hired July 26, 2016, August 1, 2016, respectively, and provided assisted living direct care services since August 1, 2021.</p> <p>R1 diagnoses included history of a stroke (blockage which prevents brain tissue from getting oxygen) in January 2020, and currently being treated for thrombocytopenia (a coagulation disorder). R1's unsigned service plan dated October 23, 2023, indicated R1 received assistance with meals and medication administration.</p> <p>On October 23, 2023, at 12:28 p.m., CNS-B was observed to administer medications to R1. Without performing HH, CNS-B went to the locked closet where R1's medications were stored, and obtained R1's bubble packed medication cards. CNS-B accessed R1's electronic medication administration record (eMAR). CNS-B dispensed R1's medications from medication card into a medication cup.<br/>- CNS-B then went to R1's room. Without performing HH, CNS-B administered medications</p> | 0 510                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 510                                                                     | <p>Continued From page 9</p> <p>to the resident.</p> <p>- Without performing HHD, CNS-B locked the medications in the closet, and walked to the kitchen table and documented the medications administered in eMAR. CNS-B failed to disinfect the kitchen counter surface prior to medication preparation, and hand hygiene (HH) was not completed before or after medication administration.</p> <p>- At 2:00 p.m. surveyor interviewed CNS-B on the facility infection control program. CNS-B stated the employees were trained upon hire and annually. CNS-B also included he was not aware he didn't disinfect the medication surface preparation area, or not completing HH before and after medication administration.</p> <p>On October 24, 2023, at 1:10 p.m., surveyor observed the main floor bathroom which had no hand soap or hand sanitizer available for resident, employees, or visitors. RN-C stated, he was not aware the bathroom did not have any hand soap.</p> <p>On October 26, 2023, at 10:10 a.m., CNS-B stated, the employees were trained to perform HH upon hire and annually CNS-B further stated, it would be her expectation that all employees perform HH before and after direct care services and medications administered were provided. CNS-B stated he would follow up with employees to have more education completed on infection control.</p> <p>The CDC guidance, CDC's Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings, revised November 29, 2022, indicated, standard precautions were to be used to care for all patients in all settings to include HH, and noted, "Use an alcohol-based hand rub or wash with</p> | 0 510                                                                  |                                                                                                                          |  |                                                     |



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| 0 510                                                                     | <p>Continued From page 10</p> <p>soap and water for the following clinical indications:</p> <ul style="list-style-type: none"><li>a. Immediately before touching a patient</li><li>b. Before performing an aseptic task (e.g., placing an indwelling device) or handling invasive medical devices</li><li>c. Before moving from work on a soiled body site to a clean body site on the same patient</li><li>d. After touching a patient or the patient's immediate environment</li><li>e. After contact with blood, body fluids or contaminated surfaces</li><li>f. Immediately after glove removal."</li></ul> <p>The licensee's Infection Control policy, dated November 25, 2017, included "[Licensee] will observe the recommended precautions for home care as identified by the Centers for Disease Control and Prevention (CDC). The precautions cover those clients with documented or suspected infection with highly transmissible or epidemiologically important pathogens that require additional precautions to prevent transmission. The practice of employees will conform with OSHA regulations, current law and currently accepted standards of practice. Additionally, indicated "1. All persons may be carriers of disease-producing microorganisms and therefore a possible source of infection. 2. Caring for clients requires the hands to be almost constantly touching the client, articles of clothing and equipment used for care. 3. Hands should be washed at the following times:</p> <ul style="list-style-type: none"><li>a. After changing beds;</li><li>b. Before assisting with medications;</li><li>c. Before and after treatments;</li><li>d. After all pet care;</li><li>e. After housekeeping;</li><li>f. After emptying bedpans;</li><li>g. After assisting the client to the toilet;</li></ul> | 0 510                                                                  |                                                                                                                          |  |                                                     |



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| 0 510                                                                     | <p>Continued From page 11</p> <p>h. After removing items from the floor;<br/>i. Before preparing food;<br/>j. Before feeding clients;<br/>k. After using the bathroom;<br/>l. After coughing or sneezing;<br/>m. After smoking;<br/>n. After handling plants; and<br/>o. After removing gloves."</p> <p>The licensee's undated Cleaning and Disinfecting In The Home policy included, "To ensure that the worksite is maintained in a clean and sanitary condition. In addition, "Client Homes a. RN/designee shall determine the specific cleaning/decontamination practices needed in the home, based on client needs and medical diagnosis. b. A written schedule and method of decontamination will be placed in the Care Plan with a copy left in the client's home. c. Cleaning and disinfecting/decontamination procedures will be determined by the type of surfaces to be cleaned, type of soil present, and types of procedures being performed."</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p> | 0 510                                                                  |                                                                                                                          |  |                                                     |
| 0 550<br>SS=F                                                             | <p>144G.41 Subd. 7 Resident grievances; reporting maltreatment</p> <p>All facilities must post in a conspicuous place information about the facilities' grievance procedure, and the name, telephone number, and email contact information for the individuals who are responsible for handling resident grievances. The notice must also have the contact information for the Office of Ombudsman for</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0 550                                                                  |                                                                                                                          |  |                                                     |



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| 0 550                                                                     | <p>Continued From page 12</p> <p>Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities and must have information for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center. The notice must also state that if an individual has a complaint about the facility or person providing services, the individual may contact the Office of Health Facility Complaints at the Minnesota Department of Health.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, and interview the licensee failed to post the required information related to the grievance procedure, including the name, telephone number, and e-mail contact information for the individuals who are responsible for handling resident grievances. This had the potential to affect all residents receiving assisted living services.</p> <p>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).</p> <p>The findings include:</p> <p>On October 23, 2023, at 10:05 a.m., the surveyor observed the common area in the family room. The common area lacked a posted grievance procedure with the facility contacts, and grievance posting information.</p> <p>On October 23, 2023, at 11:00 a.m., during the</p> | 0 550                                                                  |                                                                                                                          |  |                                                     |



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| 0 550                                                                     | <p>Continued From page 13</p> <p>entrance conference, clinical nurse supervisor (CNS)-B stated, when there was a complaint they would have the resident complete a grievance form. In addition, CNS-B stated, they did not have the grievance/complaint procedure posted in the facility that included the facility contact information, and he was not aware the grievance/complaint procedure was required to be posted.</p> <p>- CNS)-B stated licensed assisted living director (LALD)-A was not available to assist with survey as they worked at another place of employment. CNS-B stated, they had sent a text to LALD-A, and requested them to return a response. CNS-B then stated, LALD-A had replied in text, and LALD-A was at a conference all day, and not available. CNS-B stated, LALD-A worked Fridays and some weekends at the facility.</p> <p>The licensee's undated "Complaint and Investigation Process" policy included, "Residents will be informed of their right to complain to the facility about the services received and of the process to follow when making a complaint to the provider. Residents and their representatives will be informed that complaints may be made without fear of discrimination and/or retaliation."</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p> | 0 550                                                                  |                                                                                                                          |  |                                                     |
| 0 580<br>SS=F                                                             | <p>144G.42 Subd. 2 Quality management</p> <p>The facility shall engage in quality management appropriate to the size of the facility and relevant to the type of services provided. "Quality management activity" means evaluating the</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0 580                                                                  |                                                                                                                          |  |                                                     |



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| 0 580                                                                     | <p>Continued From page 14</p> <p>quality of care by periodically reviewing resident services, complaints made, and other issues that have occurred and determining whether changes in services, staffing, or other procedures need to be made in order to ensure safe and competent services to residents. Documentation about quality management activity must be available for two years. Information about quality management must be available to the commissioner at the time of the survey, investigation, or renewal.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to engage in and maintain documentation of ongoing quality management (QM) activities relevant to the facility size and services provided. This had the potential to affect all residents, staff and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On October 23, 2023, at 11:00 a.m., the clinical nurse supervisor (CNS)-B stated licensee had not established nor implemented a quality management activity. CNS-B stated they were not aware of the requirement.</p> <p>- CNS)-B stated licensed assisted living director (LALD)-A was not available to assist with survey as they worked at another place of employment.</p> | 0 580                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 580                                                                     | <p>Continued From page 15</p> <p>CNS-B stated, they had sent a text to LALD-A, and requested them to return a response. CNS-B then stated, LALD-A had replied in text, and LALD-A was at a conference all day, and not available. CNS-B stated, LALD-A worked Fridays and some weekends at the facility.</p> <p>LALD-A was unavailable and uninvolved with the survey from October 23, 2023, through October 26, 2023.</p> <p>The licensee's undated Quality Management Program policy included, "This Agency shall develop a continuous quality management program to identify and support maintain the agency's quality improvement efforts, and provide quality services to our clients. All staff will be involved in the implementation of performance improvement activities. Outcome measurement of these activities will be monitored on a continuous basis and all results will be reported, at least annually, to the Management team." Also included, "Retention of reports and findings of the Quality Team will be retained in the agency files for two (2) years and will be made available to the Minnesota Department of Health upon request. Documents will include a summary of council meetings, projects and data collection, and findings."</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p> | 0 580                                                                  |                                                                                                                          |  |                                                     |
| 0 630<br>SS=F                                                             | <p>144G.42 Subd. 6 (b) Compliance with requirements for reporting ma</p> <p>(b) The facility must develop and implement an</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 0 630                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 630                                                                     | <p>Continued From page 16</p> <p>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.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview and record review, the licensee failed to ensure an accurate individual abuse prevention plan (IAPP) contained statements of the specific measures to be taken by staff to minimize the risk of abuse for one of one resident (R1).</p> <p>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).</p> <p>The findings include:</p> <p>R1's diagnoses included history of a stroke (blockage which prevents brain tissue from getting oxygen) in January 2020, and currently being treated for thrombocytopenia (a coagulation disorder).</p> <p>R1's unsigned service plan dated October 23, 2023, indicated R1 received assistance with</p> | 0 630                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 630                                                                     | <p>Continued From page 17</p> <p>meals and medication administration.</p> <p>On October 23, 2023, at 12:28 p.m., clinical nurse supervisor (CNS)-B was observed to administer medications to R1.</p> <p>R1's IAPP dated October 24, 2023, lacked an accurate assessment of the section labeled, "safety." R1's vulnerability under safety, was documented, "Is not at risk of being abused."</p> <p>R1's IAPP lacked an accurate assessment of R1's:</p> <ul style="list-style-type: none"><li>-susceptibility to abuse by another individual, including other vulnerable adults;</li><li>-risk of abusing of other vulnerable adults; and</li><li>-statements of the specific measurements to be taken to minimize the risk of abuse to that person and other vulnerable adults.</li></ul> <p>On October 24, 2023, at 12:40 p.m., registered nurse (RN)-C stated, the reason the IAPP was dated October 24, 2023, the second day of the survey, because there was a problem with the electronic medical record (EMR) the licensee used. RN-C stated, when edits were made on R1's IAPP (on the second day of the survey) within the EMR, the EMR "overrides" the original documentation date, to the edited date.</p> <p>On October 26, 2023, at 10:10 a.m., CNS-B stated, he was not aware of all of the required IAPP content. CNS-B also stated, R1 was considered a vulnerable adult.</p> <p>The licensed assistd living director (LALD)-A was unavailable and uninvolved with the survey from October 23, 2023, through October 26, 2023.</p> <p>The licensee's undated "Abuse Prevention Plan"</p> | 0 630                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 630                                                                     | <p>Continued From page 18</p> <p>policy included "All residents admitted to the facility will be assessed for their susceptibility to abuse by other individuals, including other vulnerable adults and their risk of abusing other vulnerable adults. The facility will develop a statement of the specific measures that will be taken to minimize the risk of abuse to that person and other vulnerable adults. This includes self abuse. The plan will be incorporated into the resident care plan and will reflect their ability to participate in and direct their own care in the presence of an identified caregiver." Additionally included "d. Resident Assessment: 1) The following situations need to be addressed:</p> <ul style="list-style-type: none"><li>a) Physically frail or severe functional limitations;</li><li>b) Decreased mental functioning;</li><li>c) Susceptibility to abuse from self or others;</li><li>d) Environmental hazards/safety concerns;</li><li>e) Lack of family support;</li><li>f) Residents lacking basic food, clothing, shelter, health care or supervision; and</li><li>g) Medical history related to drug/alcohol abuse, behavioral concerns."</li></ul> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p> | 0 630                                                                                                  |                                                                                                                          |  |                                                        |
| 0 640<br>SS=F                                                             | <p>144G.42 Subd. 7 Posting information for reporting suspected c</p> <p>The facility shall support protection and safety through access to the state's systems for reporting suspected criminal activity and suspected vulnerable adult maltreatment by:</p> <ul style="list-style-type: none"><li>(1) posting the 911 emergency number in common areas and near telephones provided by the assisted living facility;</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 0 640                                                                                                  |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| 0 640                                                                     | <p>Continued From page 19</p> <p>(2) posting information and the reporting number for the Minnesota Adult Abuse Reporting Center to report suspected maltreatment of a vulnerable adult under section 626.557; and</p> <p>(3) providing reasonable accommodations with information and notices in plain language.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation and interview, the licensee failed to support protection and safety by not posting information and phone numbers for reporting to the Minnesota Adult Abuse Reporting Center (MAARC) and failed to post the 911 emergency number in common areas and near telephones provided by the assisted living facility. This had the potential to affect the one resident, staff, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On October 23, 2023, at 10:05 a.m., the surveyor observed the common areas were found to lack the required posting of the 911 emergency number, and information on reporting suspected maltreatment to MAARC.</p> <p>On October 23, 2023, at 11:00 a.m., clinical nurse supervisor (CNS)-B stated, the required information was not posted in the common areas</p> | 0 640                                                                                                  |                                                                                                                          |  |                                                        |



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| 0 640                                                                     | <p>Continued From page 20</p> <p>of the facility. CNS-B also stated, he was not aware these documents were required to be posted in a common area of the facility.</p> <p>The licensee's undated Reporting Maltreatment of Vulnerable Adult policy included, "d. Posting information for reporting suspected crime and maltreatment. The facility shall support protection and safety through access to the state's systems for reporting suspected criminal activity and suspected vulnerable adult maltreatment by:</p> <p>1) Posting the 911 emergency number in common areas and near telephones provided by the assisted living facility;</p> <p>2) Posting information and the reporting number for the Minnesota Adult Abuse Reporting Center to report suspected maltreatment of a vulnerable adult under section 626.557; and</p> <p>3) Providing reasonable accommodations with information and notices in plain language."</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p> | 0 640                                                                  |                                                                                                                          |  |                                                     |
| 0 650<br>SS=I                                                             | <p>144G.42 Subd. 8 Employee records</p> <p>(a) The facility must maintain current records of each paid employee, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following information:</p> <p>(1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules;</p> <p>(2) records of orientation, required annual training and infection control training, and competency</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 0 650                                                                  |                                                                                                                          |  |                                                     |



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| 0 650                                                                     | <p>Continued From page 21</p> <p>evaluations;<br/>(3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision;<br/>(4) documentation of annual performance reviews that identify areas of improvement needed and training needs;<br/>(5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and<br/>(6) documentation of the background study as required under section 144.057.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to complete a Minnesota Department of Human Services (DHS) NETStudy 2.0 background study and clearance upon hire for one of one volunteer (V-E). This had the potential to affect one of one resident (R1) residing in the facility.</p> <p>This resulted in an immediate correction order issued on October 23, 2023, at 2:44 p.m.</p> <p>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).</p> <p>The findings include:</p> <p>R1's diagnosis included stroke, and arthritis. R1's</p> | 0 650                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 650                                                                     | <p>Continued From page 22</p> <p>unsigned contract dated May 29, 2023, indicated R1 received services to include housekeeping, laundry, bathing, and medication administration.</p> <p>V-E<br/>V-E began to volunteer and reside with licensee since July 15, 2023, to provide maintenance services for the licensee. V-E's record lacked the required Department of Human Services (DHS) NETStudy 2.0 background study.</p> <p>On October 23, 2023, at 10:30 a.m. V-E was observed to carry up two portable fire extinguisher's from downstairs, and stated he wanted to show CNS-B and the surveyor he was making sure they were operating correctly.<br/>-12:45 p.m., V-E was observed to assist CNS-B and surveyor as we completed data collection for the smoke detectors and measurements of two bedroom egress windows. V-E was observed to have unsupervised access to the facility and R1.</p> <p>On October 23, 2023, at 2:00 p.m., clinical nurse supervisor (CNS)-B stated there has been no background study completed for the volunteer (V)-E. CNS-B also stated he was not aware V-E required a background study. CNS-B stated V-E worked unsupervised in the facility and had access to R1 at all times.</p> <p>On October 23, 2023, at 2:20 p.m., CNS-B stated V-E assisted the licensee with maintenance items around the house and with the outside yard maintenance since July 15, 2023. CNS-B stated V-E was a volunteer, and V-E resided, and slept at the facility. CNS-B stated V-E was provided a place to reside for compensation of the maintenance work done around the facility.</p> <p>On October 23, 2023, at 2:30 p.m., surveyor</p> | 0 650                                                                  |                                                                                                                          |  |                                                     |



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| 0 650                                                                     | <p>Continued From page 23</p> <p>requested the licensee's background study policy. CNS-B indicated he was not able to pull up the background study policy on his phone.</p> <p>The licensed assisted living director (LALD)-A was not available for interview at the time of these findings and issuance of the order.</p> <p>Continuous Direct Supervision defined in NETStudy 2.0 System User Manual Updated July 7, 2023, page 7: Continuous, Direct Supervision - An individual is within sight or hearing of the program's supervising individual to the extent that the program's supervising individual is capable at all times of intervening to protect the health and safety of the persons served by the program. Direct Contact Services - Providing face-to-face care, training, supervision, counseling, consultation, or medication assistance to persons served by the entity.</p> <p>Supervision defined in, NETStudy 2.0 System User Manual Updated July 7, 2023, page 53: Supervision Status Study subjects must be under continuous, direct supervision until the study subject is determined eligible of until the entity is notified by DHS that the study subject may provide unsupervised services while the background study is being completed. The supervision status is shown in the "Supervision Required" column for convenience. However, programs are instructed to rely on background study notices for supervision status and other background study determination information.</p> <p>No further information was provided.</p> <p>TIME PERIOD OF CORRECTION: Immediate</p> <p>On October 24, 2023, at 12:18 p.m., the facility</p> | 0 650                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 650                                                                     | Continued From page 24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 0 650                                                                                                  |                                                                                                                          |  |                                                     |
| 0 660<br>SS=F                                                             | <p>submitted a plan to address the immediate order to the surveyor supervisor. On October 24, 2023, at 1:36 p.m., immediacy was removed from the order; the scope and level remained the same.</p> <p><b>144G.42 Subd. 9 Tuberculosis prevention and control</b></p> <p>(a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines.</p> <p>(b) The facility must maintain written evidence of compliance with this subdivision.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the facility failed to establish and maintain a tuberculosis (TB) prevention program, based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) which included documentation of a completed health history and symptom screening, baseline screening, and TB training for three of three employees (clinical nurse supervisor (CNS)-B, unlicensed personnel (ULP)-D, and ULP-F).</p> <p>This practice resulted in a level two violation (a</p> | 0 660                                                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 660                                                                     | <p>Continued From page 25</p> <p>violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On October 24, 2023, at 11:46 a.m., registered nurse (RN)-C provided the surveyor a Minnesota Department of Health (MDH) facility TB risk assessment worksheet dated December 12, 2023, with data collected in 2015, completed by CNS-B, and indicated the licensee was considered low risk.</p> <p>-1:40 p.m., the surveyor interviewed RN-C about the TB facility risk assessment documented at a date in the future. RN-C stated, he would check into this.</p> <p>-8:50 p.m., CNS-B provided the surveyor with a MDH facility TB risk assessment worksheet dated June 12, 2023, with data collected in 2015, completed by CNS-B.</p> <p>CNS-B, and ULP-F were hired on July 25, 2016, and August 9, 2021, respectively, employee records lacked evidence of the the following:</p> <p>-baseline TB screening; and</p> <p>-TB training.</p> <p>ULP-D was hired on March 20, 2017. ULP-D's employee record included a first step TB Mantoux test dated February 9, 2023. ULP-D's employee record lacked evidence of the following:</p> <p>-second step TB Mantoux test;</p> <p>-baseline TB screening; and</p> <p>-TB training.</p> | 0 660                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 660                                                                     | <p>Continued From page 26</p> <p>During a phone interview on October 25, 2023, at 4:15 p.m., CNS-B was not aware the TB facility risk worksheet was updated with data on an annual basis.</p> <p>-10:04 p.m., CNS-B provided a corrected TB facility risk assessment worksheet dated October 25, 2023.</p> <p>The Minnesota Department of Health (MDH) guidelines, "Regulations for Tuberculosis Control in Minnesota Health Care Settings", dated July 2013, and based on CDC guidelines, indicated a TB infection control program should include the following: a team responsible for TB infection control; a facility TB risk assessment; written TB infection control procedures; and HCW education. The guidelines also indicate an employee may begin working with patients after a negative TB history and symptom screen (no symptoms of active TB disease) and a negative IGRA (serum blood test) or TST (first step) dated within 90 days before hire. The second TST may be performed after the HCW starts working with patients. Baseline TB screening should be documented in the employee's record.</p> <p>The licensee's "Tuberculosis Screening/Prevention" policy dated November 25, 2017, included, "Training: 1. All staff who provide care or visit clients (including volunteers) will receive education, including the following:</p> <ul style="list-style-type: none"><li>-General training on TB;</li><li>-The importance of evaluation of symptoms or signs of TB disease for early detection and treatment of TB disease;</li><li>-The role of the caregiver in educating clients on the importance of reporting symptoms or signs of TB disease; and;</li><li>-The importance of reporting any adverse effects</li></ul> | 0 660                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 660                                                                     | <p>Continued From page 27</p> <p>to treatment for LTBI or TB disease. 2. On-going education will be provided annually as part of the infection control training based on the availability of new information. 3. All direct care providers will receive annual education on Infection Control." In addition, "Risk Classification, [Licensee] has had no clients with TB and is classified as low risk. 1. The need for TB training will be evaluated annually, and training will be conducted as needed. 2. The TB Prevention Plan and Risk Assessment will be reviewed every other year and updated, if necessary." Also included, "TB Screening: Baseline testing is completed on hire for all direct care providers and anyone who visits clients (including volunteers) 1. Employees receive baseline TB screening upon hire to test for infection with M. tuberculosis. 2. Baseline screening includes an assessment for current TB symptoms. 3. An employee's history of BCG vaccination will be disregarded when administering and interpreting TST results. 4. The baseline test may be either TST (2-step) or BAMT. 5. If the first-step TST is negative, the second-step TST will be administered 1--3 weeks after the first TST result was read. 6. If the first and second-step TST results are both negative, the person is classified as not infected with M. tuberculosis. Additional TB screening is not necessary unless an exposure to M. tuberculosis occurs. 7. Written documentation for all TST results includes the mm induration, the interpretation (either positive or negative), the date read and a signature on letterhead."</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p> | 0 660                                                                  |                                                                                                                          |  |                                                     |



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| 0 680                                                                     | Continued From page 28                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0 680                                                                                                  |                                                                                                                          |  |                                                     |
| 0 680<br>SS=F                                                             | <p>144G.42 Subd. 10 Disaster planning and emergency preparedness</p> <p>(a) The facility must meet the following requirements:</p> <p>(1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency;</p> <p>(2) post an emergency disaster plan prominently;</p> <p>(3) provide building emergency exit diagrams to all residents;</p> <p>(4) post emergency exit diagrams on each floor; and</p> <p>(5) have a written policy and procedure regarding missing residents.</p> <p>(b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site.</p> <p>(c) The facility must meet any additional requirements adopted in rule.</p> <p>This MN Requirement is not met as evidenced by:</p> <p>Based on interview and record review the licensee failed to have a written emergency preparedness plan (EPP) with all the required content. This had the potential to affect one resident receiving services under the assisted living license.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or</p> | 0 680                                                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>36941</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                    |  | (X3) DATE SURVEY COMPLETED<br><br><b>10/26/2023</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>COMPASSION HOME HEALTH CARE LL</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1364 GRANITE LANE NORTH<br/>LANDFALL VILLAGE, MN 55128</b>                   |  |                                                     |
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| 0 680                                                                     | <p>Continued From page 29</p> <p>safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>The licensee's EPP plan lacked evidence of the following required content to include:</p> <ul style="list-style-type: none"><li>-have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, and details staff assignments in the event of a disaster or an emergency;</li><li>-post an emergency disaster plan prominently;</li><li>-provide emergency exit diagrams to all residents; and</li><li>-provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents.</li></ul> <p>On October 23, 2023, at 2:00 p.m., clinical nurse supervisor (CNS)-B stated, there was not emergency plan information available at the facility. CNS-B also stated, there may be some emergency plan information at another office. In addition, CNS-B stated, the licensed assisted living director (LALD)-A was not available to discuss the emergency management plan for the survey.</p> <p>The licensee's undated "MN Statute 144A.4791, Subd. 12 Emergency Management Policy" included, "Facility will have an identified plan in place to ensure the safety and well-being of</p> | 0 680                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 680                                                                     | Continued From page 30<br><br>residents and employees during periods of an emergency or a disaster that disrupts facility services. The plan considers the facility's commitment to provide service while ensuring the safety of its employees and residents. The facility will implement this Emergency Management Policy as soon as the facility becomes aware of the existence of an emergency."<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days                                                                                                                                                                                                                                                           | 0 680                                                                  |                                                                                                                          |  |                                                     |
| 0 790<br>SS=F                                                             | 144G.45 Subd. 2 (a) (2)-(3) Fire protection and physical environment<br><br>(2) install and maintain portable fire extinguishers in accordance with the State Fire Code;<br><br>(3) install portable fire extinguishers having a minimum 2-A:10-B:C rating within Group R-3 occupancies, as defined by the State Fire Code, located so that the travel distance to the nearest fire extinguisher does not exceed 75 feet, and maintained in accordance with the State Fire Code; and<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation and interview, the licensee failed to provide documentation of monthly inspections of all the fire extinguishers. This deficient condition had the ability to affect all staff and residents. | 0 790                                                                  |                                                                                                                          |  |                                                     |



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| 0 790                                                                     | <p>Continued From page 31</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>Findings include:</p> <p>On a facility tour on October 24, 2023, at approximately 4:29 p.m., with Registered Nurse (RN-C), survey staff observed that the fire extinguishers throughout the facility, did not have any documentation to indicate that monthly inspections had been performed as required.</p> <p>RN-C verbally confirmed monthly inspections and documentation for the fire extinguishers had not been done.</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days.</p> | 0 790                                                                  |                                                                                                                          |  |                                                     |
| 0 810<br>SS=F                                                             | <p><b>144G.45 Subd. 2 (b)-(f) Fire protection and physical environment</b></p> <p>(b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to:</p> <p>(1) location and number of resident sleeping rooms;</p> <p>(2) employee actions to be taken in the event of a fire or similar emergency;</p> <p>(3) fire protection procedures necessary for</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0 810                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>COMPASSION HOME HEALTH CARE LL</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1364 GRANITE LANE NORTH<br/>LANDFALL VILLAGE, MN 55128</b>                   |  |                                                     |
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| 0 810                                                                     | <p>Continued From page 32</p> <p>residents; and</p> <p>(4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation.</p> <p>(c) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter.</p> <p>(d) Fire safety and evacuation plans shall be readily available at all times within the facility.</p> <p>(e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year.</p> <p>(f) Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based interview and record review, the licensee failed to develop a fire safety and evacuation plan with required elements; failed to provide required employee training on fire safety and evacuation; and failed to complete required employee evacuation drills. This had the potential to affect all staff, residents, and visitors.</p> <p>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</p> | 0 810                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 810                                                                     | Continued From page 33<br><br>cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).<br><br>Findings include:<br><br>An interview and record review were conducted on October 24, 2023, at approximately 1:30 p.m. with the Registered Nurse (RN-C) on the fire safety and evacuation plan, fire safety and evacuation training, and fire safety and evacuation drills for the facility.<br><br>During interview, RN-C stated that the fire safety and evacuation plan, employee drills and training logs was not available in this location at the time of survey.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 0 810                                                                  |                                                                                                                          |  |                                                     |
| 0 900<br>SS=F                                                             | 144G.50 Subdivision 1 Contract required<br><br>(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.<br>(b) The contract must contain all the terms concerning the provision of:<br>(1) housing;<br>(2) assisted living services, whether provided directly by the facility or by management agreement or other agreement; and<br>(3) the resident's service plan, if applicable.<br>(c) A facility must:<br>(1) offer to prospective residents and provide to the Office of Ombudsman for Long-Term Care a                                                                                                                                                                          | 0 900                                                                  |                                                                                                                          |  |                                                     |



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| 0 900                                                                     | <p>Continued From page 34</p> <p>complete unsigned copy of its contract; and<br/>(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.<br/>(d) A contract under this section is a consumer contract under sections 325G.29 to 325G.37.<br/>(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.<br/>(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.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to ensure there were no non-contracted residents living in the building (volunteer (V)-E). This had the potential to affect the one of one resident (R1).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>R1 was admitted on May 29, 2023, and received assisted living services which included</p> | 0 900                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 900                                                                     | <p>Continued From page 35</p> <p>housekeeping, and medication management.</p> <p>On October 23, 2023, at 9:50 a.m., upon surveyor entrance to on-site survey the clinical nurse supervisor (CNS)-B, R1, and V-E were present at the facility. CNS-B stated, V-E provided maintenance, and yard work services for the facility.</p> <p>-12:45 p.m., CNS-B, and V-E were observed to assist surveyor with data collection of the fire extinguishers at the facility, and the smoke detector system in the facility.</p> <p>-1:52 p.m., CNS-B stated, V-E slept in the lower level family room. CNS-B included, V-E had lived, and slept here the last three months, in exchange for maintenance, and yard work services provided by V-E to the facility.. CNS-B stated he did not consider V-E an employee.</p> <p>-2:11 p.m., CNS-B stated there was no background study completed for V-E.</p> <p>On October 23, 2023, at 2:30 p.m., CNS-B stated the licensed assisted living director (LALD)-A was not available to be interviewed by the surveyor, and she was at a full day conference.</p> <p>The licensee's undated Reporting Maltreatment of Vulnerable Adult policy included "6. Facility Responsibilities a. To admit residents for whose care can be safely provided. b. To do background investigations of all individuals providing direct services to residents. If the facility is licensed by the Department of Human Services and/or Department of Health, the Department of Human Services is responsible for conducting these studies. c. To conduct an internal investigation that includes:</p> <p>-Interviewing witnesses or persons who may have information concerning the incident and documenting the witnesses' statements</p> | 0 900                                                                  |                                                                                                                          |  |                                                     |



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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>36941</b>                                 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                    |  | (X3) DATE SURVEY COMPLETED<br><br><b>10/26/2023</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>COMPASSION HOME HEALTH CARE LL</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1364 GRANITE LANE NORTH<br/>LANDFALL VILLAGE, MN 55128</b> |                                                                                                                          |  |                                                     |
| (X4) ID<br>PREFIX<br>TAG                                                  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ID<br>PREFIX<br>TAG                                                                                    | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                            |
| 0 900                                                                     | Continued From page 36<br><br>concerning the incidents;<br>-Reviewing the resident care plan and relevant records, including the individual abuse prevention plan, and policies to determine whether abuse, neglect, or exploitation has occurred and whether facility policies and standards of care have been violated;<br>-Review, revise and implement service plan revisions and care plan interventions to reduce likelihood of any future maltreatment of vulnerable adult; and<br>-Review, revise and implement agency policies and procedure, as needed, to reduce the risk of future incidents."<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 0 900                                                                                                  |                                                                                                                          |  |                                                     |
| 01370<br>SS=F                                                             | 144G.61 Subd. 2 (a) Training and evaluation of unlicensed personn<br><br>(a) Training and competency evaluations for all unlicensed personnel must include the following:<br>(1) documentation requirements for all services provided;<br>(2) reports of changes in the resident's condition to the supervisor designated by the facility;<br>(3) basic infection control, including blood-borne pathogens;<br>(4) maintenance of a clean and safe environment;<br>(5) appropriate and safe techniques in personal hygiene and grooming, including:<br>(i) hair care and bathing;<br>(ii) care of teeth, gums, and oral prosthetic devices;<br>(iii) care and use of hearing aids; and                         | 01370                                                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>36941</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                    |  | (X3) DATE SURVEY COMPLETED<br><br><b>10/26/2023</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>COMPASSION HOME HEALTH CARE LL</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1364 GRANITE LANE NORTH<br/>LANDFALL VILLAGE, MN 55128</b>                   |  |                                                     |
| (X4) ID<br>PREFIX<br>TAG                                                  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ID<br>PREFIX<br>TAG                                                    | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                            |
| 01370                                                                     | <p>Continued From page 37</p> <p>(iv) dressing and assisting with toileting;<br/>(6) training on the prevention of falls;<br/>(7) standby assistance techniques and how to perform them;<br/>(8) medication, exercise, and treatment reminders;<br/>(9) basic nutrition, meal preparation, food safety, and assistance with eating;<br/>(10) preparation of modified diets as ordered by a licensed health professional;<br/>(11) communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family;<br/>(12) awareness of confidentiality and privacy;<br/>(13) understanding appropriate boundaries between staff and residents and the resident's family;<br/>(14) procedures to use in handling various emergency situations; and<br/>(15) awareness of commonly used health technology equipment and assistive devices.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to ensure training and competency evaluations were completed for all required skill areas, prior to providing services, for two of two (unlicensed personnel (ULP)-D, ULP-F).</p> <p>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).</p> | 01370                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01370                                                                     | <p>Continued From page 38</p> <p>The findings include:</p> <p>ULP-D, was hired on March 20, 2017, and began providing direct care services under the licensees Assisted Living license on August 1, 2021.</p> <p>ULP-F was hired on August 9, 2021, and provided direct care for residents of the facility.</p> <p>ULP-D and ULP-F's records lacked the following required training's and competency evaluations:</p> <ul style="list-style-type: none"><li>-documentation requirements for all services provided;</li><li>-reports of changes in the residents condition to the supervisor designated by the facility;</li><li>-basic infection control, including blood borne pathogens;</li><li>-maintenance of a clean and safe environment;</li><li>-appropriate and safe techniques in personal hygiene and grooming, including:<ul style="list-style-type: none"><li>(i) hair care and bathing;</li><li>(ii) care of teeth, gums, and oral prosthetic devices;</li><li>(iii) care and use of hearing aids;</li><li>(iv) dressing and assisting with toileting;</li></ul></li><li>-training on the prevention of falls;</li><li>-standby assistance techniques and how to perform them;</li><li>-exercise, and treatment reminders;</li><li>-basic nutrition, meal preparation, food safety, and assistance with eating;</li><li>-preparation of modified diets as ordered by a licensed health professional;</li><li>-communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family;</li><li>-understanding appropriate boundaries between staff and residents and the resident's family;</li><li>-procedures to use in handling various</li></ul> | 01370                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>36941</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                    |  | (X3) DATE SURVEY COMPLETED<br><br><b>10/26/2023</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>COMPASSION HOME HEALTH CARE LL</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1364 GRANITE LANE NORTH<br/>LANDFALL VILLAGE, MN 55128</b>                   |  |                                                     |
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| 01370                                                                     | <p>Continued From page 39</p> <p>emergency situations; and<br/>-awareness of commonly used health technology<br/>equipment and assistive devices.</p> <p>On October 26, 2023, at 10:10 a.m., clinical nurse<br/>supervisor (CNS)-B stated, he sent the surveyor<br/>all of the employee records he could find. CNS-B<br/>also stated he was aware not all of the training<br/>had been completed. In addition, CNS-B stated,<br/>the licensed assisted living director (LALD)-A was<br/>not available to be interviewed today, and would<br/>not attend the exit conference.</p> <p>The licensee's undated Delegation of<br/>Nursing/Therapy Tasks policy included, "Agency<br/>will permit unlicensed personnel (aides) who have<br/>been selected in accordance with this policy to<br/>perform delegated nursing/therapy tasks so long<br/>as state laws and regulations are followed and<br/>criteria in this policy are followed." Also indicated,<br/>"TRAINING/COMPETENCY OF THE<br/>CAREGIVER:<br/>1. Delegation of nursing/therapy tasks is specific<br/>to the client and the caregivers assigned to<br/>provide the care;<br/>2. Unlicensed personnel will be trained to the task<br/>in the home setting and will return demonstration<br/>of the task to be performed. Training may be<br/>provided one-on-one or in a group. Each<br/>unlicensed person will be required to satisfactorily<br/>perform the delegated task to be deemed<br/>competent; and<br/>6. Documentation of employee training and<br/>competency assessment will be noted on the<br/>assignment sheet and in the employee personnel<br/>file."</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one</p> | 01370                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01370                                                                     | Continued From page 40<br><br>(21) days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 01370                                                                                                  |                                                                                                                          |  |                                                        |
| 01380<br>SS=F                                                             | <b>144G.61 Subd. 2 (b) Training and evaluation of<br/>unlicensed personn</b><br><br>(b) In addition to paragraph (a), training and<br>competency evaluation for unlicensed personnel<br>providing assisted living services must include:<br>(1) observing, reporting, and documenting<br>resident status;<br>(2) basic knowledge of body functioning and<br>changes in body functioning, injuries, or other<br>observed changes that must be reported to<br>appropriate personnel;<br>(3) reading and recording temperature, pulse,<br>and respirations of the resident;<br>(4) recognizing physical, emotional, cognitive,<br>and developmental needs of the resident;<br>(5) safe transfer techniques and ambulation;<br>(6) range of motioning and positioning; and<br>(7) administering medications or treatments as<br>required.<br><br>This MN Requirement is not met as evidenced<br>by:<br>Based on interview and record review, the<br>licensee failed to ensure training and competency<br>evaluations for the required topics for two of two<br>(unlicensed personnel (ULP)-D, ULP-F) with<br>records reviewed.<br><br>This practice resulted in a level two violation (a<br>violation that did not harm a resident's health or<br>safety but had the potential to have harmed a<br>resident's health or safety, but was not likely to<br>cause serious injury, impairment, or death) and<br>was issued at a widespread scope (when<br>problems are pervasive or represent a systemic<br>failure that has affected or has the potential to | 01380                                                                                                  |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| 01380                                                                     | <p>Continued From page 41</p> <p>affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>ULP-D was hired on March 20, 2017, and began providing assisted living services August 1, 2021.</p> <p>ULP-F was hired on August 9, 2021, and provided assisted living services for the licensee.</p> <p>ULP-D and ULP-F's employee records lacked evidence to indicate they both completed training and/or practical skills evaluations as required in the following areas:</p> <ul style="list-style-type: none"><li>-observing, reporting, and documenting resident status;</li><li>-basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel;</li><li>-reading and recording temperature, pulse, and respirations of the resident;</li><li>-recognizing physical, emotional, cognitive, and developmental needs of the resident;</li><li>-safe transfer techniques and ambulation; and</li><li>-range of motioning and positioning.</li></ul> <p>On October 26, 2023, at 10:10 a.m., clinical nurse supervisor (CNS)-B stated, he sent all of the employee records he could find. Also, CNS-B stated, he was aware not all of the training was completed, and licensed assisted living director (LALD)-A was not available to be interviewed.</p> <p>The licensee's Staff Orientation and Education policy dated November 25, 2017, included "All staff providing home health care through [Licensee] will be prepared to provide safe, effective services to all clients through a thorough orientation and education program pertinent to</p> | 01380                                                                                                  |                                                                                                                          |  |                                                     |



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| 01380                                                                     | Continued From page 42<br><br>the needs of the clientele." In addition, "1. Upon hire and before providing service to clients, all employees attend a general orientation conducted by [Licensee]. Those providing direct services will complete a competency evaluation as part of the orientation process."<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION:<br>Twenty-One (21) days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 01380                                                                  |                                                                                                                          |  |                                                     |
| 01470<br>SS=F                                                             | 144G.63 Subd. 2 Content of required orientation<br><br>(a) The orientation must contain the following topics:<br>(1) an overview of this chapter;<br>(2) an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person;<br>(3) handling of emergencies and use of emergency services;<br>(4) compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC);<br>(5) the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights;<br>(6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person;<br>(7) handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints;<br>(8) consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of | 01470                                                                  |                                                                                                                          |  |                                                     |



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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>36941</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                    |  | (X3) DATE SURVEY COMPLETED<br><br><b>10/26/2023</b> |
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| (X4) ID<br>PREFIX<br>TAG                                                  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ID<br>PREFIX<br>TAG                                                    | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                            |
| 01470                                                                     | <p>Continued From page 43</p> <p>Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services; and (9) a review of the types of assisted living services the employee will be providing and the facility's category of licensure.</p> <p>(b) In addition to the topics in paragraph (a), orientation may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics:</p> <p>(1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and the challenges it poses to communication;</p> <p>(2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or</p> <p>(3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview and record review, the licensee failed to ensure employees received orientation to assisted living, including all required content, for three of three employees (clinical nurse specialist (CNS)-B, unlicensed personnel (ULP)-D, ULP-F).</p> <p>This practice resulted in a level two violation (a</p> | 01470                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01470                                                                     | <p>Continued From page 44</p> <p>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).</p> <p>The findings include:</p> <p>CNS-B<br/>CNS-B was hired July 25, 2016, and provided direct care and assessment services for residents of the facility.</p> <p>On October 23, 2023, at 12:00 p.m., CNS-B was observed to assist R1 with medication administration.</p> <p>ULP-D<br/>ULP-D, was hired on March 20, 2017, and began providing direct care services under the licensees Assisted Living license on August 1, 2021.</p> <p>ULP-F<br/>ULP-F was hired on August 9, 2021, and provided direct care for residents of the facility.</p> <p>CNS-B, ULP-D, and ULP-F's employee record lacked documentation the following orientation topics were completed:<br/>-an overview of assisted living MN statutes 144G;<br/>-an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person;<br/>-handling of emergencies and use of emergency services;<br/>-compliance with and reporting of the maltreatment of vulnerable adults under section</p> | 01470                                                                                                  |                                                                                                                          |  |                                                     |



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| 01470                                                                     | <p>Continued From page 45</p> <p>626.557 to the Minnesota Adult Abuse Reporting Center (MAARC);</p> <ul style="list-style-type: none"><li>-the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights;</li><li>-the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person;</li><li>-handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints;</li><li>-consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services; and</li><li>-a review of the types of assisted living services the employee will be providing and the facility's category of licensure.</li></ul> <p>On October 26, 2023, at 10:10 a.m. clinical nurse supervisor CNS)-B stated, the employee records that were sent this morning for CNS-B, ULP-D, and ULP-E, were all of records within the employee records. CNS-B stated, the employees did not receive all of the required content, and he was not familiar with all of the new assisted living regulatory requirements.</p> <p>The licensee's "Staff Orientation and Education" policy dated November 25, 2017, included "3.</p> <p>Orientation topics will include, but not be limited to, the following:</p> <ul style="list-style-type: none"><li>a. Overview of Minnesota Home Care Statute Sections 144A.43 to 144A.4798;</li><li>b. Review of the employee's job description and responsibilities;;</li></ul> | 01470                                                                  |                                                                                                                          |  |                                                     |



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| 01470                                                                     | Continued From page 46<br><br>c. Review of the organization's policies and procedures related to the provision of home care services;<br>d. Handling of emergencies and the use of emergency services;<br>e. Compliance with Minnesota's Vulnerable Adult/Minor Acts (Sections 626.556 and 626.557) and specific requirements per organizational policy, including information on common entry point;<br>f. Home Care Bill of Rights;<br>g. Grievance Policy/Process; and<br>h. Consumer advocacy services."<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days                                                                                                                                                                                                                                                                                              | 01470                                                                  |                                                                                                                          |  |                                                     |
| 01500<br>SS=F                                                             | 144G.63 Subd. 5 Required annual training<br><br>(a) All staff that perform direct services must complete at least eight hours of annual training for each 12 months of employment. The training may be obtained from the facility or another source and must include topics relevant to the provision of assisted living services. The annual training must include:<br>(1) training on reporting of maltreatment of vulnerable adults under section 626.557;<br>(2) review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights;<br>(3) review of infection control techniques used in the home and implementation of infection control standards including a review of hand washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such | 01500                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01500                                                                     | <p>Continued From page 47</p> <p>as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting communicable diseases;</p> <p>(4) effective approaches to use to problem solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders;</p> <p>(5) review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and</p> <p>(6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person.</p> <p>(b) In addition to the topics in paragraph (a), annual training may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics:</p> <p>(1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and challenges it poses to communication;</p> <p>(2) the health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or</p> <p>(3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions.</p> <p>This MN Requirement is not met as evidenced by:</p> | 01500                                                                  |                                                                                                                          |  |                                                     |



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| 01500                                                                     | <p>Continued From page 48</p> <p>Based on observation, interview and record review, the licensee failed to ensure employees received at least eight (8) hours of training for each 12 months of employment for three of three employees (clinical nurse supervisor (CNS)-B, and unlicensed personnel (ULP)-D, ULP-F).</p> <p>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).</p> <p>The findings include:</p> <p>The licensee had an assisted living facility license, effective August 1, 2021.</p> <p>CNS-B, and ULP-D were hired on July 25, 2016, March 20, 2017, respectively, and began providing assisted living services August 1, 2021.</p> <p>ULP-F was hired on August 9, 2021, and provided assisted living services for the licensee.</p> <p>On October 23, 2023, at 12:00 p.m., CNS-B was observed to assist R1 with medication administration.</p> <p>CNS-B, ULP-D, and ULP-F's employee records lacked documentation of eight hours of annual training completed within the last 12 months, including the following required topics:<br/>-training on reporting of maltreatment of vulnerable adults under section 626.557;<br/>-review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise</p> | 01500                                                                  |                                                                                                                          |  |                                                     |



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| 01500                                                                     | <p>Continued From page 49</p> <p>and protection of those rights;<br/>-review of infection control techniques used in the home and implementation of infection control standards including a review of hand washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting communicable diseases;<br/>-effective approaches to use to problem solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders.<br/>-review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and<br/>-the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person.</p> <p>On October 26, 2023, at 10:10 a.m., CNS-B stated, he was not able to find evidence of the required annual training for CNS-B, ULP-D, and ULP-F. In addition, CNS-B stated, the licensed assisted living director (LALD)-A remained unavailable to the surveyor in person or over the phone.</p> <p>The licensee's "Staff Orientation and Education" policy, dated November 25, 2017, included, "10. All staff providing direct home care will complete at least eight (8) hours of education for every twelve (12) months of employment. 11. Education topics will include, but not be limited to, the following:<br/>a. Reporting of maltreatment of adults or minors;</p> | 01500                                                                  |                                                                                                                          |  |                                                     |



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| 01500                                                                     | Continued From page 50<br><br>b. Review of Home Care Bill of Rights;<br>c. Review of the organization's policies and procedures related to implementation of home care services;<br>d. Infection control techniques used in the home;<br>i. Implementation of infection control standards based on current recommendations per the CDC;<br>ii. Hand washing;<br>iii. Need for/use of personal protective equipment (PPE);<br>iv. Appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes and razor blades;<br>v. Disinfection of reusable equipment;<br>vi. Disinfection of environmental surfaces; and<br>vii. Reporting of communicable diseases."<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 01500                                                                  |                                                                                                                          |  |                                                     |
| 01530<br>SS=F                                                             | 144G.64 TRAINING IN DEMENTIA CARE REQUIRED<br><br>(a) All assisted living facilities must meet the following training requirements:<br>(1) supervisors of direct-care staff must have at least eight hours of initial training on topics specified under paragraph (b) within 120 working hours of the employment start date, and must have at least two hours of training on topics related to dementia care for each 12 months of employment thereafter;<br>(2) direct-care employees must have completed at least eight hours of initial training on topics specified under paragraph (b) within 160 working hours of the employment start date. Until this initial training is complete, an employee must not                                                                                   | 01530                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>COMPASSION HOME HEALTH CARE LL</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1364 GRANITE LANE NORTH<br/>LANDFALL VILLAGE, MN 55128</b>                   |  |                                                     |
| (X4) ID<br>PREFIX<br>TAG                                                  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ID<br>PREFIX<br>TAG                                                    | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                            |
| 01530                                                                     | <p>Continued From page 51</p> <p>provide direct care unless there is another employee on site who has completed the initial eight hours of training on topics related to dementia care and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for consultation with the new employee until the training requirement is complete. Direct-care employees must have at least two hours of training on topics related to dementia for each 12 months of employment thereafter;</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure the required amount of dementia care training was completed in the required time frame in accordance with 144G.64 for three of three employees (clinical nurse supervisor (CNS)-B, and unlicensed personnel (ULP)-D, ULP-F).</p> <p>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).</p> <p>The findings include:</p> <p>The licensee had an assisted living facility license, effective August 1, 2021.</p> <p>CNS-B, and ULP-D were hired on July 25, 2016, March 20, 2017, respectively, and began providing assisted living services August 1, 2021.</p> | 01530                                                                  |                                                                                                                          |  |                                                     |



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| NAME OF PROVIDER OR SUPPLIER<br><br><b>COMPASSION HOME HEALTH CARE LL</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1364 GRANITE LANE NORTH<br/>LANDFALL VILLAGE, MN 55128</b>                   |  |                                                     |
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| 01530                                                                     | <p>Continued From page 52</p> <p>ULP-F was hired on August 9, 2021, and provided assisted living services for the licensee.</p> <p>On October 23, 2023, at 12:00 p.m., CNS-B was observed to assist R1 with medication administration.</p> <p>CNS-B's employee record lacked documentation of eight hours of initial training on topics related to dementia within 120 working hours of the employment start date, and at least two hours of dementia care training completed within the previous 12 months.</p> <p>ULP-D, and ULP-F's employee records lacked documentation of eight hours of initial training on topics related to dementia within 160 working hours of the employment start date, and at least two hours of dementia care training completed within the previous 12 months.</p> <p>On October 26, 2023, at 10:10 a.m., CNS-B stated, the initial and annual Dementia care training were not found for CNS-B, ULP-D, and ULP-F. CNS-B also stated, the dementia training had not been completed by the licensee's employees.</p> <p>The licensee's Staff Orientation and Education policy, dated November 25, 2017, included, "5. Compassion Home Health Care does provide training related to Alzheimer's Disease. Staff providing or supervising care to clients with Alzheimer's Disease will receive education prior to providing care regarding the following:</p> <ul style="list-style-type: none"><li>a. Current explanation of Alzheimer's Disease and Related Disorders;</li><li>b. Providing assistance with ADL's;</li><li>c. Approaches to problem solving when working</li></ul> | 01530                                                                  |                                                                                                                          |  |                                                     |



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| NAME OF PROVIDER OR SUPPLIER<br><br><b>COMPASSION HOME HEALTH CARE LL</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1364 GRANITE LANE NORTH<br/>LANDFALL VILLAGE, MN 55128</b> |                                                                                                                          |  |                                                        |
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| 01530                                                                     | Continued From page 53<br><br>with a client's challenging behavior; and<br>d. Communicating with clients who have<br>dementia."<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one<br>(21) days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 01530                                                                                                  |                                                                                                                          |  |                                                        |
| 01730<br>SS=F                                                             | 144G.71 Subd. 5 Individualized medication<br>management plan<br><br>(a) For each resident receiving medication<br>management services, the assisted living facility<br>must prepare and include in the service plan a<br>written statement of the medication management<br>services that will be provided to the resident. The<br>facility must develop and maintain a current<br>individualized medication management record for<br>each resident based on the resident's<br>assessment that must contain the following:<br>(1) a statement describing the medication<br>management services that will be provided;<br>(2) a description of storage of medications based<br>on the resident's needs and preferences, risk of<br>diversion, and consistent with the manufacturer's<br>directions;<br>(3) documentation of specific resident instructions<br>relating to the administration of medications;<br>(4) identification of persons responsible for<br>monitoring medication supplies and ensuring that<br>medication refills are ordered on a timely basis;<br>(5) identification of medication management<br>tasks that may be delegated to unlicensed<br>personnel;<br>(6) procedures for staff notifying a registered<br>nurse or appropriate licensed health professional<br>when a problem arises with medication<br>management services; and | 01730                                                                                                  |                                                                                                                          |  |                                                        |



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| 01730                                                                     | <p>Continued From page 54</p> <p>(7) any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions.</p> <p>(b) The medication management record must be current and updated when there are any changes.</p> <p>(c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure an individualized medication management plan included all the required content for one of one resident (R1).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>During the entrance conference, on October 23, 2023, at 10:30 a.m., clinical nurse supervisor (CNS)-B stated, the licensee provided medication management services to residents.</p> <p>R1's unsigned service plan dated October 23,</p> | 01730                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01730                                                                     | <p>Continued From page 55</p> <p>2023, indicated R1 received assistance with meals and medication administration.</p> <p>On October 23, 2023, at 12:28 p.m., CNS-B was observed to assist R1 with medication administration.</p> <p>R1's record included an individualized medication management plan dated October 23, 2023. R1's record lacked evidence of a medication management plan to include:</p> <ul style="list-style-type: none"><li>- any resident-specific requirements relating to documenting medication administration, verifications all medications were administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions.</li></ul> <p>On October 25, 2023, at 1:30 p.m., clinical nurse supervisor (CNS)-B stated, he was not aware of all of the required content to be included in the individualized medication management plan.</p> <p>The licensee's undated Individualized Medication Management Plan and Record policy included "The facility will develop an individualized medication management plan and record based on the nursing assessment and the needs or preferences of the residents. This plan will be developed with the resident and/or resident's representative and this plan will be part of the resident's service plan. Once the medication management plan has been developed, the RN will develop the resident's medication record with detailed information about the medications staff will be managing." Also included, "1. Following completion of the nursing assessment, including an assessment of the resident's need for medication management, the RN develops an individualized medication management record for</p> | 01730                                                                  |                                                                                                                          |  |                                                     |



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| 01730                                                                     | <p>Continued From page 56</p> <p>the resident in conjunction with the resident and/or the resident's representative. The plan must include the following:</p> <ul style="list-style-type: none"><li>a. A statement describing the medication management services that will be provided</li><li>b. Description of how medications will be stored, based on the resident's needs, risk of diversion and consistent with the manufacturer's directions</li><li>c. Documentation of specific resident instructions relating to the administration of medications</li><li>d. Identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis</li><li>e. Identification of medication management tasks that may be delegated to unlicensed personnel</li><li>f. Procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services</li><li>g. Any resident-specific requirements relating to documentation of medication administration, verifications that all medications are administered as prescribed and monitoring of medication use to prevent possible complications or adverse reactions.</li></ul> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p> | 01730                                                                  |                                                                                                                          |  |                                                     |
| 01820<br>SS=F                                                             | <p>144G.71 Subd. 13 Prescriptions</p> <p>There must be a current written or electronically recorded prescription as defined in section 151.01, subdivision 16a, for all prescribed medications that the assisted living facility is managing for the resident.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 01820                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01820                                                                     | <p>Continued From page 57</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to ensure written or electronically recorded prescriptions were obtained for one of one resident (R1).</p> <p>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).</p> <p>The findings include:</p> <p>R1 was admitted May 29, 2023, diagnoses included history of a stroke in January 2020, and currently being treated for thrombocytopenia (a coagulation disorder).</p> <p>On October 23, 2023, at 12:28 p.m., CNS-B was observed to assist R1 with medication administration.</p> <p>R1's medication administration record (MAR) dated October 1, 2023, through October 23, 2023, included:<br/>-amlodipine (for blood pressure) 5 milligrams (mg), one tablet by mouth daily;<br/>-belbuca (for pain) 450 micrograms (mcg), dissolve 1 film twice a day from October 2, 2023, end on October 6, 2023;<br/>-buprenorphine and naloxone (for pain) 2-0.5 mg, dissolve one tablet under the tongue three times daily from October 6, 2023, end on October 7, 2023;</p> | 01820                                                                  |                                                                                                                          |  |                                                     |



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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>36941</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                    |  | (X3) DATE SURVEY COMPLETED<br><br><b>10/26/2023</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>COMPASSION HOME HEALTH CARE LL</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1364 GRANITE LANE NORTH<br/>LANDFALL VILLAGE, MN 55128</b>                   |  |                                                     |
| (X4) ID<br>PREFIX<br>TAG                                                  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ID<br>PREFIX<br>TAG                                                    | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                            |
| 01820                                                                     | <p>Continued From page 58</p> <p>-buprenorphine and naloxone 2-0.05 mg, give 1/2 tablet three times daily beginning October 8, 2023;</p> <p>-famotidine (for ulcers) 20 mg, one tablet by mouth twice daily;</p> <p>-levetiracetam (for seizures) 500 mg, take one tablets two times daily; and</p> <p>-hydromorphone hydrochloride (for pain) 2 mg, one tablet daily as needed.</p> <p>R1's unsigned current medication list dated October 24, 2023, included:</p> <p>-buprenorphine and naloxone 2-0.05 mg, give 1/2 tablet three times daily;</p> <p>-famotidine 20 mg, one tablet by mouth twice daily;</p> <p>-Sertraline hydrochloride (for depression) 100 mg, one tablet by mouth daily;</p> <p>-amlodipine 5 milligrams (mg), one tablet by mouth daily;</p> <p>-atorvastatin (for cholesterol) 10 mg, one tablet by mouth daily;</p> <p>-folic acid (supplement) 1 mg, one tablet by mouth daily;</p> <p>-levetiracetam 500 mg, take one tablets two times daily; and</p> <p>-hydromorphone hydrochloride 2 mg, one tablet daily as needed.</p> <p>R1's record lacked signed prescriber orders for the above listed medications.</p> <p>On October 25, 2023, at 1:30 p.m., CNS-B stated, he was not aware R1's medication orders were not signed. CNS-B stated, he did know that current signed orders were required for R1's medication administration.</p> <p>The licensee's undated "Medication Prescriptions and Refills" policy, included, "When the facility is</p> | 01820                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

|                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                        |                                                                                                                          |  |                                                     |
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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>36941</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                    |  | (X3) DATE SURVEY COMPLETED<br><br><b>10/26/2023</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>COMPASSION HOME HEALTH CARE LL</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1364 GRANITE LANE NORTH<br/>LANDFALL VILLAGE, MN 55128</b>                   |  |                                                     |
| (X4) ID<br>PREFIX<br>TAG                                                  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ID<br>PREFIX<br>TAG                                                    | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                            |
| 01820                                                                     | <p>Continued From page 59</p> <p>responsible for managing the resident's medications, this will be documented on the individualized medication management plan. The Facility RN will develop procedures for requesting and receiving medication prescriptions. A current, written prescriber's prescription must be obtained for any medication, including an over-the-counter medication, whenever staff is responsible for setting up the medication, administering the medication or providing other medication management services for a resident." In addition, "3. When medication prescriptions are initiated by another health care provider (hospice/home care, etc.), the RN or LPN will request a copy of the prescription signed by a prescriber. 4. Upon receiving verbal orders, the RN or LPN will record and sign the verbal order and forward the order to the prescriber for a signature. The RN or LPN will continue to follow up with the prescriber's office or the pharmacy until a signed prescription/ verbal order is received and will document all efforts to obtain a signature. 5. The RN or LPN will assure that the prescriber renews a medication order at least every 12 months, or more frequently if determined necessary based on the nursing assessment."</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p> | 01820                                                                  |                                                                                                                          |  |                                                     |



Type: Full  
Date: 10/23/23  
Time: 12:08:42  
Report: 8058231256

## Food and Beverage Establishment Inspection Report

Page 1

**Location:**

Compassion Home Health Care LI  
1364 Granite Lane North  
Oakdale, MN55128  
Washington County, 82

**Establishment Info:**

ID #: 0038626  
Risk:  
Announced Inspection: No

**License Categories:**

Expires on: / /

**Operator:**

Phone #: 6124242446  
ID #:

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

The following orders were issued during this inspection.

**2-100 Supervision****2-102.12AMN**

MN Rule 4626.0033A Employ a certified food protection manager (CFPM) for the establishment.

MISSING CFPM - INSTRUCTIONS PROVIDED ON SITE

Comply By: 01/25/24

**4-500 Equipment Maintenance and Operation****4-501.11AB**

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

DISH WASHER IS NOT AFFIXED TO COUNTER AND IS ABLE TO TIP AWAY FROM CABINETS  
UNDER USE - REPAIR

Comply By: 11/01/23

**Food and Equipment Temperatures**

Process/Item: CHEESE

Temperature: 41 Degrees Fahrenheit - Location: COOLER

Violation Issued: No

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

HRD INSPECTOR: DEDE HINNENDEAL

RESIDENTIAL HOME, NON COMMERCIAL APPLIANCES AND FINISHES



Type: Full  
Date: 10/23/23  
Time: 12:08:42  
Report: 8058231256  
Compassion Home Health Care L1

# Food and Beverage Establishment Inspection Report

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

I acknowledge receipt of the Minnesota Department of Health inspection report number 8058231256 of 10/23/23.

Certified Food Protection Manager:\_\_\_\_\_

Certification Number: \_\_\_\_\_ Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Signed:\_\_\_\_\_

Establishment Representative

Signed:\_\_\_\_\_

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