Electronically Delivered

July 31, 2023

Licensee
English Rose Suites
6400 Timber Ridge
Edina, MN 55439

RE: Project Number(s) SL33249015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on June 1, 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 . . ."

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

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

The correction order documentation should include the following:

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

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

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

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

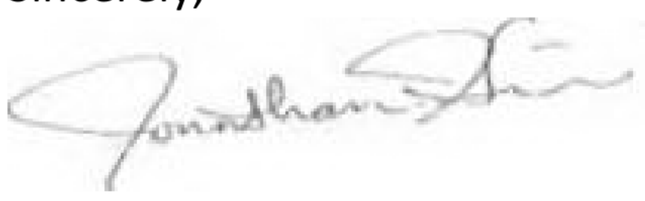
Please address your cover letter for reconsideration requests to:

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

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

If you have any questions, please contact me.

Sincerely,



Jonathan Hill, Supervisor
State Evaluation Team
Email: jonathan.hill@state.mn.us
Telephone: 651-201-3993 Fax: 651-281-9796

JMD

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	33249	A. BUILDING: _____ B. WING _____	06/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ENGLISH ROSE SUITES	6400 TIMBER RIDGE EDINA, MN 55439

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments ******ATTENTION****** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL33249015-0 On May 30, 2023, through June 1, 2023, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were 5 active residents receiving services under the Assisted Living with Dementia Care license.	0 000	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living with Dementia Care 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. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	
01610 SS=D	144G.70 Subd. 2 (a-b) Initial reviews, assessments, and monitoring	01610		

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01610	Continued From page 1 (a) Residents who are not receiving any assisted living services shall not be required to undergo an initial nursing assessment. (b) An assisted living facility shall conduct a nursing assessment by a registered nurse of the physical and cognitive needs of the prospective resident and propose a temporary service plan prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. If necessitated by either the geographic distance between the prospective resident and the facility, or urgent or unexpected circumstances, the assessment may be conducted using telecommunication methods based on practice standards that meet the resident's needs and reflect person-centered planning and care delivery. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee lacked a system to ensure ongoing assessments were completed on a "frequent and regular basis" for one of two residents, (R1) who utilized hospital-type bed rails. This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include:	01610		

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01610	Continued From page 2 R1 was admitted to the facility on July 8, 2020 and began receiving licensed assisted living facility services. R1 had diagnosis to include frontotemporal lobe dementia, muscular sclerosis, and insomnia. On May 30, 2023, at 12:30 p.m., R1 was observed lying in bed. The bed was equipped with hospital-type bed rails on both sides of the bed (bilaterally). The bed rails were in the raised position. The bedroll on the right side was loose from back-and-forth and side-to-side. ULP-D stated the bilateral bed rails were loose from side-to-side and back-and-forth. On May 31, 2023, at 8:00 a.m., R1 was observed in bed while unlicensed personnel (ULP-D) and ULP-E provided morning cares. ULP-D lowered R1's bedroll on the right side, which was not against the wall, to provide transfer assistance via Hoyer lift (an assistive device that allows patients in hospitals and nursing homes and people receiving home health care to be transferred between a bed and a chair or other similar resting places, using electrical or hydraulic power). The bedroll was again observed to be loose from side-to-side and front-to- back. ULP-D stated the bilateral bed rails continued to be loose from side-to-side and back-and-forth. On May 31, 2023, at 1:53 p.m., while in R1's room to assess security of the bed rails, ULP-D explained staff were not "necessarily" educated to check and/ or report loose side rails. ULP-D stated staff were aware to "put a ticket into maintenance" if a concern regarding bed rails was found. ULP-D stated a ticket for R1's loose bed rails was not brought forward to the maintenance department. ULP-D explained she	01610		

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01610	Continued From page 3 had attempted to tighten the bedroll on the right side but stated "it did not tighten any more". ULP-D further explained the rail continued to be "very loose and a ticket should have been filled out for maintenance." ULP-D stated a ticket was not forwarded to the maintenance department for R1's loose bed rails. ULP-D stated maintenance checks resident bed rails "every once-in -awhile". R1 Bed Safety Assessment completed May 22, 2023, indicated R1 utilized bed rails to aid in turning and repositioning and R1 was at very high risk for injury if bed rails were used, related to cognitive impairment. The assessment lacked indication of the security of the bed rails. The FDA, "A Guide to Bed Safety" revised April 2010, included the following information: "When bed rails are used, perform an on-going assessment of the patient's [resident's] physical and mental status, closely monitor high-risk patients. The FDA also identified; "Patients who have problems with memory, sleeping, incontinence, pain, uncontrolled body movement, or who get out of bed and walk unsafely without assistance, must be carefully assessed for the best ways to keep them from harm, such as falling. Assessment by the patient's health care team will help to determine how best to keep the patient safe". The Minnesota Department of Health (MDH) website, Assisted Living Resources & Frequently Asked Questions (FAQs) dated April 25, 2023, indicated, "To ensure an individual is an appropriate candidate for a bed rail, the licensee must assess the individual's cognitive and physical status as they pertain to the bed rail to determine the intended purpose for the bed rail and whether that person is at high risk for	01610		

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01610	Continued From page 4 entrapment or falls. This may include assessment of the individual's incontinence needs, pain, uncontrolled body movement or ability to transfer in and out of bed without assistance. The licensee must also consider whether the bed rail has the effect of being an improper restraint." Also included, "Documentation about a resident's bed rails includes, but is not limited to: - Purpose and intention of the bed rail. - Condition and description (i.e., an area large enough for a resident to become entrapped) of the bed rail. - The resident's bed rail use/need assessment. - Risk vs. benefits discussion (individualized to each resident's risks); - The resident's preferences. - Installation and use according to manufacturer's guidelines. - Physical inspection of bed rail and mattress for areas of entrapment, stability, and correct installation; and - Any necessary information related to interventions to mitigate safety risk or negotiated risk agreements". Additionally, the MDH website indicated individualized assessments for hospital-style bed rails should ensure an individual was an appropriate candidate for a bed rail, the licensee must assess the individual's cognitive and physical status as they pertain to the bed rail to determine the intended purpose for the bed rail and whether that person was at high risk for entrapment or falls. This may include assessment of the individual's incontinence needs, pain, uncontrolled body movement or ability to transfer in and out of bed without assistance. The licensee must also consider whether the bed rail has the effect of being an improper restraint. Additionally, the licensee must ensure the bed rail	01610		

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01610	Continued From page 5 measurements were documented and the bed rail had not shifted and was securely attached to the bed frame per manufacturer recommendations. Per FDA recommendations, the need for bed rails must be assessed on a "frequent, regular basis." At a minimum this would include assessment of the bed rail upon initial installation, with each 90-day assessment, or with a change of condition. On May 31, 2023, at 2:10 p.m. the director of maintenance (DOM-C) stated the maintenance department did not receive any repair tickets or verbal concern regarding bed rails in the past three months "as far as he could remember". DOM-C stated he checked bed rails throughout the facility every 90 days and as needed. DOM-C stated he did not have documentation regarding the process, or the findings related to bedroll security. DOM-C stated on April 24, 2023, a facility-wide assessment was done on all residents who had bed rails attached to their beds. DOM-C stated he did not document if any bed rails were loose or were tightened, however DOM-C stated as a preventative measure, rails would be checked for looseness and give every 90 days, the results would be documented and added to the resident's record and staff would be educated and trained to check a all bed rails for a secure fit every shift and report negative findings as soon as possible to nursing or maintenance. On June 1, 2023, at 12:00 p.m. the licensed assisted living director (LALD-A) stated the licensee lacked a system to monitor resident bed rails to ensure safety and well-being of each resident. LALD-A stated although the licensee had the measuring component in place, DOM-C monitored for loose rails with each 90 day or change of condition assessment, and staff was	01610		

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01610	Continued From page 6 educated in orientation to check for problems with bed rails and report, the licensee did not document the process or results and initial and on-going education. LALD-D further stated the licensee's current Bedroll Assessment Sheet lacked these areas as well. The Assisted Living License Resource Manual Side Rail Policy, effective/revised date August 2021, indicated the side rails were installed securely and maintained in good operating condition and to be aware of "wobbly" side rails. No further information provided. TIME PERIOD FOR CORRECTION: Two Days	01610		

Minnesota Department of Health
Environmental Health, FPLS
P.O Box 64975
Saint Paul
651-201-4500

Type: Full
Date: *05/30/23*
Time: 14:13:13
Report: 1018231096

Food and Beverage Establishment Inspection Report

Location:
English Rose Suites
6400 Timber Ridge
Edina, MN55439
Hennepin County, 27

Establishment Info:
ID #: 0038614
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 9529830412
ID #:

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

No NEW orders were issued during this inspection.

Food and Equipment Temperatures

Process/Item: Cold Holding/ CHEESE
Temperature: 41 Degrees Fahrenheit - Location: REFRIGERATOR
Violation Issued: No

Process/Item: Cold Holding/ MELON
Temperature: 41 Degrees Fahrenheit - Location: REFRIGERATOR
Violation Issued: No

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

PHYSICAL FACILITIES WERE OBSERVED IN GOOD CONDITION.

ALL FOODS ARE MADE FOR SAME DAY SERVICE.

FIRM HAS SEPARATE SINKS FOR HAND WASHING AND FOOD PREP.

DISHWASHER HAS SANITIZE FUNCTION AVAILABLE.

VIEWED EMPLOYEE ILLNESS LOG AND DISCUSSED ILLNESS POLICY.

DISCUSSED PEST CONTROL.

NO ORDERS ISSUED.

Type: Full
Date: *05/30/23*
Time: 14:13:13
Report: 1018231096
English Rose Suites

Food and Beverage Establishment Inspection Report

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

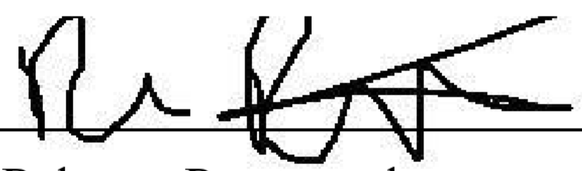
I acknowledge receipt of the Minnesota Department of Health inspection report number 1018231096 of 05/30/23.

Certified Food Protection Manager: JOLYNN D ERICKSEN

Certification Number: FM111365 Expires: 08/14/25

Inspection report reviewed with person in charge and emailed.

Signed: _____
JOLYNN ERICKSEN

Signed: 

Rebecca Prestwood
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