DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

NOTICE OF REMOVAL OF CONDITIONAL LICENSE

Electronic Delivery

October 31, 2022

Administrator
Becky's Place, Inc.
6391 Duck Lake Road
Eden Prairie, MN 55346

RE: Conditional License Number 406924
Health Facility Identification Number (HFID) 28368
Project Number(s) SL28368015

Dear Administrator:

On October 6, 2022, The Minnesota Department of Health (MDH) completed a follow-up evaluation of your facility to determine correction of orders found on the licensing evaluation completed June 3, 2022. The follow-up evaluation found the facility to be in substantial compliance. Based on these findings, the condition(s) on the license were removed effective October 31, 2022.

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

Sincerely,

Maria King

Maria King, RN
Division Director

Minnesota Department of Health
Health Regulation Division

PMB

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

NOTICE OF CONDITIONAL LICENSE

Electronically Delivered

July 18, 2022

Administrator
Becky's Place, Inc.
6391 Duck Lake Road
Eden Prairie, MN 55346

RE: Conditional License Number 406924
Health Facility Identification Number (HFID) 28368
Project Number(s) SL28368015

Dear Administrator:

The Minnesota Department of Health (MDH) completed a change of ownership evaluation on June 3, 2022 for the purpose of assessing compliance with state licensing statutes. Based on the evaluation results you were found not to be in substantial compliance with the laws pursuant to Minnesota Statutes, Chapter 144G.

As a result, MDH is issuing a 90 day conditional license due to expire on October 16, 2022.

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

St - 0 - 2310 - 144g.91 Subd. 4 - Appropriate Care And Services = $3,000

The total amount you are assessed is $3,000. You will be invoiced after 15 days of the receipt of this notice, subject to appeal.

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

IMPOSITION OF FINES

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

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

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

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

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

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

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

CONDITIONAL LICENSE ISSUED:
MDH will issue Becky's Place, Inc. a conditional assisted living facility license for 90 calendar days from the date of this notice. At an unannounced point in time, within the 90 calendar days, MDH will conduct a follow-up evaluation, as defined in Minn. Stat. § 144G.30, Subd. 6. Based on the results of the follow-up evaluation, MDH will determine if Becky's Place, Inc. is in compliance.

The following conditions apply on the conditional assisted living facility license:

a. **No new substantiated maltreatment allegations:** If any new investigations begin in the conditional license period, and the allegations are substantiated, MDH may pursue additional enforcement actions up to and including immediate temporary suspension and revocation of the license.

b. **No new admissions:** Becky's Place, Inc. will not admit any new residents under its conditional assisted living facility license until the MDH removes the "no new admissions" condition. Becky's Place, Inc. must provide the Department:

    i. A list of the names and birthdates of any individuals Becky's Place, Inc. is currently in the process of admitting. These individuals will be able to continue the admittance process.

    ii. A list of all current residents by location including:
        1. Name and birthdate of each resident
        2. Physical location of each resident
        3. Current payment source for services
        4. If Elderly Waiver, the name and contact information of the care coordinator/case manager
        5. If the resident is not able to make informed decisions, the name of their representative and how to contact the representative

c. **Consultant:** Becky's Place, Inc. will contract with an RN to provide consultation concerning all resident(s) to whom Becky's Place, Inc. provides licensed assisted living services under the conditional license. <u>The consultant must have access to all resident(s) receiving services from Becky's Place, Inc. The consultant will conduct initial and ongoing evaluations of the provider. Direct resident observation may be required based on the consultant's judgement or at the discretion of MDH</u>. The RN must not have any affiliation with Becky's Place, Inc. and MDH must review the RN's credentials and approve the selection. Becky's Place, Inc. is responsible for the expense of the contract with the RN. The main purpose of the consultant is to provide guidance to Becky's Place, Inc. in an effort to help Becky's Place, Inc. align their practices with the requirements of Minn. Stat. §§ 144G.01 – 144G.9999 and to provide oral and written reports to MDH noting progress toward compliance and/or concerns about observations. Becky's Place, Inc. will develop and implement policies, procedures, and processes specific to the offered services in accordance with the guidance provided by the consultant to ensure ongoing monitoring and compliance with statutory requirements.

d. Reports: The RN consultant will provide MDH with regular reports at intervals specified by MDH. Reports will begin on a weekly basis until MDH notifies Becky's Place, Inc. and the RN consultant about a change. Each report will be electronically submitted to Rhylee Gilb, Evaluator Supervisor, State Rapid Response, Health Regulation Division, at rhylee.gilb@state.mn.us. Rhylee Gilb can be reached at 218-232-8285 (office) with questions about reports. The content of the reports will include information such as:

i. Progress towards correction of licensing orders;
ii. Observations of staff delivering assisted living services and the level of competency observed;
iii. Conversations with residents and family members about satisfaction with assisted living services;
iv. Conversations with staff about their level of knowledge about the tasks they perform, the people they serve and the health professionals who delegate to them;
v. Overall impressions about the quality of the assisted living services delivered;
vi. Overall impressions about the dignity with which the residents and their family members are treated;
vii. Concerns; and
viii. Any other information requested by the Department or considered important by the RN consultant(s).

e. Monitoring visits: MDH may make unannounced monitoring visits to assess the progress of Becky's Place, Inc. to correct the violations cited during the evaluation as well as to determine the overall practice of Becky's Place, Inc. in meeting the needs of the people it serves. In addition, the Office of Ombudsman for Long-Term Care (OOLTC) may also make unannounced monitoring visits to determine the level of satisfaction of those people who receive licensed assisted living services. The OOLTC will share their findings with MDH.

f. Follow-up Evaluation: At the time of the follow-up evaluation, MDH may pursue additional enforcement actions, up to and including immediate temporary suspension or revocation of the license if MDH identifies any level 3 or 4 violations or widespread care related violations.

g. Corrective Action Plan: Becky's Place, Inc. will develop and work within a corrective action plan (CAP). The CAP is a working document that includes at least the following information:

i. A statement of the concern
ii. A description of what will happen to correct the concern
iii. A target date for when each correction will be complete

iv. Who is responsible to make sure it happens
v. Current status of correction work
vi. Description of a plan to monitor and ensure ongoing compliance for each corrected order

Results of Follow-Up Survey During the Conditional License Period:
MDH will determine if Becky's Place, Inc. is in compliance based on the results of the follow up evaluation. MDH will make this determination within the 90-day conditional license period. If MDH determines Becky's Place, Inc. is in substantial compliance on the follow up evaluation, MDH will remove the conditions from Becky's Place, Inc.'s assisted living facility license, and Becky's Place, Inc. will correct violations identified during the evaluation to come into full compliance. If MDH determines Becky's Place, Inc. is not in substantial compliance, MDH may take additional enforcement action against Becky's Place, Inc., including placement of additional conditions, issuing a second conditional license, or employ any of the enforcement tools listed in Minn. Stat. § 144G.20 up to and including immediate temporary suspension and revocation.

Request a Hearing:
Pursuant to Minn. Stat. §144G.20, Subd. 17 (c), the licensee may appeal an order immediately temporarily suspending a license or issuing a conditional license. The appeal must be made in writing by certified mail or personal service. If mailed, the appeal must be postmarked and sent to the commissioner within five calendar days after the license holder receives notice. If an appeal is made by personal service, it must be received by the commissioner within five calendar days after the license holder received the order. The request for hearing should be addressed to:

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

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in this notice and the results of this visit with the President of your organization's Governing Body.

If you have any questions, please contact Rhylee Gilb directly at: 218-232-8285.

Sincerely,

Maria King, RN
Division Director

Minnesota Department of Health
Health Regulation Division

PMB

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	28368	A. BUILDING: _____ B. WING _____	06/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BECKY'S PLACE INC	6391 DUCK LAKE ROAD EDEN PRAIRIE, MN 55346

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments Initial comments ******ATTENTION****** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDERS 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: SL28368015 On May 31, 2022 through June 3, 2022, the Minnesota Department of Health conducted a change of ownership (CHOW) survey at the above provider, and the following correction orders are issued. At the time of the survey and investigation, there were eight (8) residents receiving services under the provider's Assisted Living Facility 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 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.	
0 115 SS=F	144G.10 Subd. 2 Licensure categories	0 115		

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0 115	Continued From page 1 (a) The categories in this subdivision are established for assisted living facility licensure. (1) The assisted living facility category is for assisted living facilities that only provide assisted living services. (2) The assisted living facility with dementia care category is for assisted living facilities that provide assisted living services and dementia care services. An assisted living facility with dementia care may also provide dementia care services in a secured dementia care unit. (b) An assisted living facility that has a secured dementia care unit must be licensed as an assisted living facility with dementia care. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure an assisted living with dementia care license was in place to meet compliance as the building was secured and residents were not able to leave the building without assistance. This had the potential to affect all residents. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). Findings included: Review of the Application for Assisted Living Provisional License dated January 6, 2022, indicated the licensee agreed to an assisted living	0 115		

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0 115	Continued From page 2 facility license category. During the visit on May 31, 2022, surveyors noted the front door, and the lower-level back door were secured with key code access. Surveyors also noted that resident (R5) wandered and followed surveyors around the facility. A review of the resident roster indicated the licensee identified four of the eight residents with a diagnosis of dementia. Review of R5's record indicated a primary diagnosis of dementia. R5's assessment dated February 24, 2022, indicated awareness of the following: R5 tended to wander, keep all gates closed because resident was able to walk downstairs. Let her roam around the house but not into other resident rooms. R5 had dementia without impulsive behavior but does like to walk around. R5's 'RTASKS' progress note dated May 27, 2022, indicated R5 walked around the house almost the entire day. On May 31, 2022, at 10:15 a.m., during an entrance conference, registered nurse (RN)-A (who is also the licensed assisted living director) and administrator both verified the licensee held an assisted living license. R5's service plan dated June 9, 2022, indicated R5 received services for bathing, dressing, grooming, toileting, meals, escort, medications, symptom screen and safety checks. During a phone call on June 16, 2022, at 3:00 p.m., RN-A stated the licensee did not have an assisted living with dementia care license and	0 115		

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0 115	Continued From page 3 they did not advertise as being a dementia care. RN-A stated once they reviewed the statute license requirements, they removed the keypad locks from the doors. RN-A stated they have spoken to R5's family and have a care conference set up to discuss alternative placement for R5. TIME PERIOD FOR CORRECTION: Two (2) days.	0 115		
0 250 SS=F	144G.20 Subdivision 1 Conditions (a) The commissioner may refuse to grant a provisional license, refuse to grant a license as a result of a change in ownership, refuse to renew a license, suspend or revoke a license, or impose a conditional license if the owner, controlling individual, or employee of an assisted living facility: (1) is in violation of, or during the term of the license has violated, any of the requirements in this chapter or adopted rules; (2) permits, aids, or abets the commission of any illegal act in the provision of assisted living services; (3) performs any act detrimental to the health, safety, and welfare of a resident; (4) obtains the license by fraud or misrepresentation; (5) knowingly makes a false statement of a material fact in the application for a license or in any other record or report required by this chapter; (6) denies representatives of the department access to any part of the facility's books, records, files, or employees; (7) interferes with or impedes a representative of the department in contacting the facility's	0 250		

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0 250	Continued From page 4 residents; (8) interferes with or impedes ombudsman access according to section 256.9742, subdivision 4; (9) interferes with or impedes a representative of the department in the enforcement of this chapter or fails to fully cooperate with an inspection, survey, or investigation by the department; (10) destroys or makes unavailable any records or other evidence relating to the assisted living facility's compliance with this chapter; (11) refuses to initiate a background study under section 144.057 or 245A.04; (12) fails to timely pay any fines assessed by the commissioner; (13) violates any local, city, or township ordinance relating to housing or assisted living services; (14) has repeated incidents of personnel performing services beyond their competency level; or (15) has operated beyond the scope of the assisted living facility's license category. (b) A violation by a contractor providing the assisted living services of the facility is a violation by the facility. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to show they met the requirements of licensure, by attesting the managerial officials who oversaw the day-to-day operations understood applicable statutes and rules; nor developed and/or implemented current policies and procedures as required with records reviewed. This had the potential to affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or	0 250		

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0 250	Continued From page 5 safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). Findings include: During the entrance conference on May 31, 2022, at approximately 10:15 a.m., owner/licensed assisted living director/registered nurse (RN)-A and owner/administrator (A)-D, stated the licensee was familiar with the current assisted living laws and regulations and the licensee provided medication and treatment management services. However, the licensee provided policies that referenced 144A statutes. The licensee's Application for Assisted Living License, section titled Official Verification of Owner or Authorized Agent, (page 16 and 17 of the application), identified, I certify I have read and understand the following: [a check mark was placed before each of the following]: - I have read and fully understand Minn. [Minnesota] Stat. [statute] sect. [section] 144G.45, my building(s) must comply with subdivisions 1-3 of the section, as applicable section Laws 2020, 7th Spec. [special] Sess [session]., chpt. [chapter] 1. art. [article] 6, sect. 17. - I have read and fully understand Minn. Stat. sect. 144G.80, 144G.81. and Laws 2020, 7th Spec. Sess., chpt. 1, art. 6, sect. 22, my building(s) must comply with these sections if applicable.	0 250		

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0 250	Continued From page 6 - Assisted Living Licensure statutes in Minn. Stat. chpt. 144G. - Assisted Living Licensure rules in Minnesota Rules, chpt. 4659. - Reporting of Maltreatment of Vulnerable Adults. - Electronic Monitoring in Certain Facilities. - I understand pursuant to Minn. Stat. sect. 13.04 Rights of Subjects of Data, the Commissioner will use information provided in this application, which may include an in-person or telephone conference, to determine if the applicant meets requirements for assisted living licensing. I understand I am not legally required to supply the requested information; however, failure to provide information or the submission of false or misleading information may delay the processing of my application or may be grounds for denying a license. I understand that information submitted to the commissioner in this application may, in some circumstances, be disclosed to the appropriate state, federal or local agency and law enforcement office to enhance investigative or enforcement efforts or further a public health protective process. Types of offices include Adult Protective Services, offices of the ombudsmen, health-licensing boards, Department of Human Services, county or city attorneys' offices, police, local or county public health offices. - I understand in accordance with Minn. Stat. sect. 144.051 Data Relating to Licensed and Registered Persons (opens in a new window), all data submitted on this application shall be classified as public information upon issuance of a provisional license or license. All data submitted	0 250		

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0 250	Continued From page 7 are considered private until MDH issues a license. - I declare that, as the owner or authorized agent, I attest that I have read Minn. Stat. chapter 144G, and Minnesota Rules, chapter 4659 governing the provision of assisted living facilities, and understand as the licensee I am legally responsible for the management, control, and operation of the facility, regardless of the existence of a management agreement or subcontract. - I have examined this application and all attachments and checked the above boxes indicating my review and understanding of Minnesota Statutes, Rules, and requirements related to assisted living licensure. To the best of my knowledge and believe, this information is true, correct, and complete. I will notify MDH, in writing, of any changes to this information as required. - I attest to have all required policies and procedures of Minn. Stat. chapter 144G and Minn. Rules chapter 4659 in place upon licensure and to keep them current as applicable. Page 17 was signed by A-D on January 6, 2022. The licensee had an assisted living license issued on January 6, 2022, with an expiration date of January 5, 2023. The licensee failed to ensure the following policies and procedures were developed, implemented and/or kept current: (1) a documented staffing plan that contained metrics used to determine staffing levels;	0 250		

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0 250	Continued From page 8 (2) a documented quality management activity plan to review resident services, complaints, and other issues to determine whether changes need to be made to ensure safe and competent services to residents. (3) employee records that contained all required content; (4) orientation to and implementation of the assisted living bill of rights and MN Statutes 144G; (5) an emergency preparedness plan that addressed hazard risk and completion of staff training; (6) meet standards for fire protection and physical environment requirements; (7) policy for resident contracts; (8) requirements for resident service plans; (8) medication and treatment management; (9) delegation of tasks by registered nurses or licensed health professionals; (10) supervision of unlicensed personnel performing delegated tasks; (11) orientation, training, and competency evaluations of staff, and a process for evaluating staff performance; (9) initial and ongoing resident evaluations and assessments of resident needs, including assessments by a registered nurse or appropriate licensed health professional; On June 3, 2022, at approximately 3:30 p.m., RN-A confirmed the licensee provided services under the assisted living license but failed to develop and implement corresponding policies and procedures, as required. As a result of this survey, the following orders were issued, 0115, 0250, 0470, 0580, 0650, 0680, 780, 0800, 0810, 0900, 0910, 0920, 0940, 0950, 1330, 1370, 1380, 1470, 1620, 1640, 1880,	0 250		

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0 250	Continued From page 9 1890, and 2310, indicating the licensee's understanding of the Minnesota statutes were limited, or not evident for compliance with Minnesota Statutes, section 144G.08 to 144G.95. TIME PERIOD TO CORRECT: Twenty-one (21) Days.	0 250		
0 470 SS=F	144G.41 Subdivision 1 Minimum requirements (11) develop and implement a staffing plan for determining its staffing level that: (i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility; (ii) ensures sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; and (iii) ensures that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility; (12) ensure that one or more persons are available 24 hours per day, seven days per week, who are responsible for responding to the requests of residents for assistance with health or safety needs. Such persons must be: (i) awake; (ii) located in the same building, in an attached building, or on a contiguous campus with the facility in order to respond within a reasonable amount of time; (iii) capable of communicating with residents; (iv) capable of providing or summoning the appropriate assistance; and (v) capable of following directions;	0 470		

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0 470	Continued From page 10 This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure the staffing plan contained all the required components potentially affecting the eight (8) residents, staff, and any visitors to the licensee. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). Findings include: On May 31, 2022, at approximately 10:15 a.m., during the entrance conference with owner/licensed assisted living director/registered nurse (RN)-A, owner/administrator (A)-D and RN-E, RN-A was identified as the clinical nurse supervisor. The staffing levels plan was requested. RN-A stated that a lot of the old staff stayed on, new staff were hired, staffing has been more stable, and RN-A or A-D would cover open shifts. However, RN-A was unable to explain what criteria was used to determine how many staff members were schedule per shift or provide a documented plan. On May 31, 2022, at approximately 11:25 a.m., a staff schedule for the week was observed posted in the dining room area. The licensee's Staffing, Staffing Plan & Daily Schedule policy effective date September 22, 2021, revised date June 2, 2022, indicated the	0 470		

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0 470	Continued From page 11 clinical nurse supervisor would develop and implement a written staffing plan. This plan would be based on resident's needs as identified in the service plan, assisted living contract and resident's acuity level as determined by the most recent assessment or individualized review and the plan would be evaluated twice a year. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	0 470		
0 580 SS=F	144G.42 Subd. 2 Quality management 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 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. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to implement and maintain a quality management program appropriate to the size of the facility and relevant to the type of services provided. This had the potential to affect the eight (8) current residents, staff, and visitors. This practice resulted in a level two violation (a	0 580		

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0 580	Continued From page 12	0 580		

violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).

The findings include:

On May 31, 2022, at approximately 10:15 a.m. during the entrance conference with owner/licensed assisted living director/registered nurse (RN)-A, owner/Administrator (A)-D and RN-E, documentation of the licensee's quality management activities were requested. RN-A acknowledged a lack of any documentation of quality management meetings or activities. RN-A stated that audits are done on staff charting and they meet on a weekly basis about staff that don't meet the audits. Documentation issues are discussed with the staff. RN-A again verified the lack of documentation to meet this requirement and did not have a formal written plan.

The licensee's Quality Management Plan policy dated September 20, 2021, was provided, however it referenced Home Care Law-MN Statute 144A.479. The policy indicated the licensee will have a continuous quality improvement and management program to maintain the agency's continuous performance improvement efforts, consistent with current professional standards and the highest quality service for clients. The council will be made up of and meet at least twice a year to identify and review quality measures, set goals, and identify needed changes in procedures or training for staff. Retention of documentation of meetings will

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0 580	Continued From page 13 be retained in the agency files for two years and will be made available, to the Minnesota Department of Health surveyors, upon request. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 580		
0 650 SS=F	144G.42 Subd. 8 Employee records (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: (1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules; (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision; (4) documentation of annual performance reviews that identify areas of improvement needed and training needs; (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 (6) documentation of the background study as required under section 144.057. (b) Each employee record must be retained for at least three years after a paid employee, volunteer, or contractor ceases to be employed by, provide services at, or be under contract with the facility. If a facility ceases operation,	0 650		

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0 650	Continued From page 14 employee records must be maintained for three years after facility operations cease. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure employee records included all required content for five of five employees (registered nurse (RN)-A, unlicensed personnel (ULP)-B, ULP-C, ULP-F, ULP-G) with employee records reviewed. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). Findings included: RN-A The licensee-provided staff list indicated a hire date of September 17, 2021. RN-A's personnel record lacked evidence of general training, orientation, infection control training, and dementia training. ULP-B The licensee-provided staff list indicated a hire date of November 5, 2019. ULP-B's personnel record lacked evidence of annual training, infection control training, performance reviews after the year 2020, and training on 144G. ULP-C The licensee-provided staff list indicated a hire date of November 20, 2020 and rehire date of	0 650		

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0 650	Continued From page 15 April 29, 2022. A completed Comprehensive Home Care Regulatory Compliance Checklist for New Home Care Employees form in ULP-C's personnel record indicated a start date of May 2, 2022. ULP-C's personnel record included a document titled Notes on Supervision of Unlicensed Personnel. This form indicated it must be completed within 30 days for new employees performing delegated tasks. RN-A completed this document on May 2, 2022, three (3) days after hire and on her start date, which indicated RN-A observed the following skills: communication/rapport with client; respect for client and client's family; accurate documentation of services; infection control/standard precautions procedures followed; medication administration. ULP-C's personnel file lacked training on 144G, competency evaluations, and a 30-day supervisory visit. ULP-F The licensee-provided staff list indicated a hire date of January 4, 2022. ULP-F's personnel record lacked evidence of completed orientation, training, competency evaluations, infection control training, performance reviews, training on 144G, and a 30-day supervisory visit. ULP-G The licensee-provided staff list indicated a hire date of June 14, 2014. ULP-G's personnel record lacked evidence of annual training, infection control training, competency evaluations, annual performances, and training on 144G. During an interview on June 1, 2022, at 9:13 a.m., RN-A stated the licensee adopted Educare and started using that program for staff training of topics under 144G and offered to print the trainings from Educare since they were not in the	0 650		

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0 650	Continued From page 16 personnel records. The licensee's policy titled Personnel Records, effective date September 20, 2021, revised June, 1, 2022, indicated the facility will keep personnel records up to date, well organized and confidential and will comply with the assisted living law and other relevant laws. The records would include: evidence of current licensure, orientation, all required training for unlicensed personnel and competency evaluations, required in-service education for all staff providing services to residents, including annual trainings and infection control training, Tb screening results, results of supervision observations, annual performance evaluations which identify areas of improvement needed and training needs, current job descriptions, qualifications, responsibilities and identification of supervisors. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 650		
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness (a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents;	0 680		

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0 680	Continued From page 17 (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing tenant residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the facility emergency preparedness plan contained all the required components. This had the potential to affect the eight (8) residents receiving assisted living services, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). Findings include: On May 31, 2022, at approximately 10:15 a.m., during the entrance conference with owner/registered nurse/licensed assisted living director (RN)-A, owner/Administrator (A)-D and RN-E, a request was made to view the licensee's	0 680		

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0 680	Continued From page 18 emergency preparedness plan, which was later reviewed by the surveyor. The plan, contained in a 19-page packet, titled "Emergency Preparedness Plan," dated October 2021. The plan included directions on how to be prepared before, during and after various emergency events such as accidents/injury, fire, tornado, natural gas leak, power outage, thunderstorm, earthquake, extreme heat, poisoning, and active shooter scenario. The licensee had red folders containing the emergency plan packet in obvious locations on the wall on both levels of the facility. The red packet also included the residents' specific evacuation needs with emergency contact information and facility maps. On June 2, 2022, at approximately 3:15 p.m., surveyors reviewed the emergency preparedness plan and components with RN-A, and A-D, who verified the plan was missing requirements. The licensee's plan lacked the following required content: -current, all-hazards approach facility assessment. -process for emergency preparedness (EP) cooperation with state and local EP officials/organizations. -subsistence needs for staff and residents during emergency situations. -procedure for tracking staff and residents. -identify which staff would assume specific roles in another's absence through succession planning and delegation of authority. -development of all policies/procedures, based on assessment, and additional policies for: -potential evacuation.	0 680		

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0 680	Continued From page 19 -sheltering in place. -handling medical documents. -handling and use of volunteers. -arrangement with other faculties (including sister facilities). -development of a communication plan, including primary and alternate means for communication. -methods for sharing information. -EP training and testing program. -EP training program for staff (including documentation of training provided). -annual EP testing requirements. -plan for future review and updates to plan. The licensee's policy titled Emergency and Disaster Preparedness dated June 1, 2021, indicated the facility would be prepared to manage emergency and disaster situations, including missing residents through a hazard assessment and emergency planning. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	0 680		
0 780 SS=F	144G.45 Subd. 2 (a) (1) Fire protection and physical environment (a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: (1) for dwellings or sleeping units, as defined in the State Fire Code: (i) provide smoke alarms in each room used for sleeping purposes; (ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms; (iii) provide smoke alarms on each story	0 780		

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0 780	Continued From page 20 within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics; (iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and (v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated; This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide smoke detectors that sound when actuated and interconnection of all smoke alarms as required by Minnesota Statutes, 144G.45, Subd. 2. This has the potential to directly affect residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: On June 1, 2022, from approximately 10:45 a.m. to 12:00 p.m., survey staff toured the home licensed for eight residents with the administrator(A)-D and the licensed assisted living director (LALD)-A about smoke alarms. SMOKE ALARMS	0 780		

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0 780	Continued From page 21 Survey staff observed that smoke detectors and/or smoke alarms were installed but failed to sound when actuated: 1) Inside the resident bedroom located adjacent to the office on the lower level. 2) Inside two of the five resident bedrooms located in the upper-level resident rooms. 3) On the wall outside within the vicinity of the bedroom next to the office on the lower level. The LALD explained that the also serves as a carbon monoxide detector. Survey staff explained to the A-D and the LALD-A that the smoke detectors and/or alarms in the above locations must also alarm and sound for notifications along with the other smoke alarms in the home. The A-D and the LALD-A explained that the previous owner had the contractor replace the alarms before they closed on the house. It became evident as survey staff pointed out there were two types of smoke detectors/alarms installed in the home. The A-D and the LALD-A verified the findings as they stated that they will contact the contractor for corrections. INTERCONNECTION of SMOKE ALARMS Survey staff observed when the combination smoke alarm/carbon monoxide detector near 1) the stairway landing of the lower level and 2) the hallway of the upper level was tested by the A-D and the combination units alarmed and sounded but failed to sound the smoke detectors and the smoke alarm located on the wall in the hallway next to the office of the lower level of the home. Survey staff explained to the A-D and the LALD-A that when one smoke alarm sounds, all smoke alarms including the smoke detectors must sound throughout the home for notification.	0 780		

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0 780	Continued From page 22 On June 1, 2022, at approximately 1:00 p.m., the A-D and the LALD-A acknowledged the above findings at the exit interview. No further information was provided. TIME PERIOD FOR CORRECTION: Fourteen (14) days	0 780		
0 800 SS=F	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. This MN Requirement is not met as evidenced by: Based on observation and interview, the facility was not being maintained in a continuous state of good repair and operation. This had the potential to directly affect all residents and staff. This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the clients). The findings include:	0 800		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	28368	A. BUILDING: _____ B. WING _____	06/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BECKY'S PLACE INC	6391 DUCK LAKE ROAD EDEN PRAIRIE, MN 55346

(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
0 800	Continued From page 23 On June 1, 2022, from approximately 10:35 a.m. to 12:15 p.m., survey staff toured the home licensed for eight residents with the administrator(A)-D and the licensed assisted living director (LALD)-A. Survey staff observed the following findings: At approximately 11:15 a.m., survey staff observed the fan in the bathroom of the lower level failed to function when the switch was turned on. The LALD-A confirmed the finding and asked if the fan was required to be repaired since they typically do not use the shower in the bathroom. Survey staff explained that all restrooms with or without showers must be properly ventilated to remove odor from the use of the toilet as well as moisture. At approximately 11:15 a.m., survey staff observed one small and one large cleaning chemical bottle stored inside the bathroom cabinet of the lower-level bathroom that needed to be secured to prevent resident access and/or misuse of the chemical. At approximately 11:20 a.m., survey staff observed the door to the walkout on the lower level was labeled as an exit door. The door had a key-code lock that required a code to open the door. Survey staff explained to the A-D and the LALD-A that key-code locks required special knowledge and may only be used under special approval from the local administrative authority for certain types of construction for the clinical needs of residents and a fire sprinkler system, and must be reviewed with them to be maintained as an exit. At approximately noon, survey staff observed the front entrance door on the main floor had a	0 800		

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0 800	Continued From page 24 key-code lock that required a code to open the door. Survey staff explained to the A-D and the LALD-A that key-code locks required special knowledge. The key-code door may only be used under special approval from the local administrative authority for certain types of construction for clinical needs of residents and a fire sprinkler system, and must be reviewed with them for proper use in this home. The LALD-A verified the finding as she explained that they have one resident that was likely to attempt to elope. On June 1, 2022, at approximately 1:00 p.m., the A-D and the LALD-A acknowledged the above findings at the exit interview. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 800		
0 810 SS=F	144G.45 Subd. 2 (b)-(f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) employee actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation.	0 810		

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0 810	Continued From page 25 (c) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide the required complete documentation on the fire safety and evacuation plan, evacuation drills, and records of required employee training related to fire safety and evacuation. This had the potential to directly affect all residents and staff. This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the clients). The findings include:	0 810		

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0 810	Continued From page 26 On June 1, 2022, at approximately 12:15 p.m., survey staff reviewed the facility's fire safety and evacuation plan documentation, training policies and procedures, and related records. FIRE SAFETY AND EVACUATION PLAN - Plan documentation lacked a complete floor plan of the main level to include all five resident rooms. The floor plan showed four out of five resident rooms on the main level. All resident room locations and number must be on the floor plan. - Plan documentation, revised and dated October 2021, lacked site-specific fire protection procedures for movement, evacuation, and relocation. The plan showed procedures that included the home having two smoke compartments which were not accurate. In addition, the plan also lacked fire protection procedures necessary to identify unique resident needs for movement or during an evacuation. Unique resident needs must be considered for residents who have mobility limitations, cognitive impairment, or needing assistance during an evacuation, and must be addressed in the plan. - Plan documentation, revised and dated October 2021, lacked documentation of fire protection procedures for residents who can assists with their own evacuation during a fire or similar emergency. FIRE AND EVACUATION DRILLS -The licensee failed to perform the minimum number of evacuation drills required by employees twice per year per shift, with at least one evacuation drill every other month. No drill records were provided for review. At approximately 12:15 p.m., the A-D stated that no drills have been performed when staff asked for	0 810		

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0 810	Continued From page 27 documented drill records for review. TRAINING -The licensee failed to provide records to show the minimum frequency of employee training on the fire safety and evacuation plan of twice a year after hire training. The minimum required employee training is upon hire and at least twice a year. -The documentation did not show a training policy or record of residents that can self-assist in their evacuation on the proper actions to be taken in the event of a fire including movement, evacuation, or relocation, that is required annually. On June 1, 2022, at approximately 1:00 p.m., the A-D and the LALD-A acknowledged the above findings at the exit interview. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 810		
0 900 SS=D	144G.50 Subdivision 1 Contract required (a) An assisted living facility may not offer or provide housing or assisted living services to any individual unless it has executed a written contract with the resident. (b) The contract must contain all the terms concerning the provision of: (1) housing; (2) assisted living services, whether provided directly by the facility or by management agreement or other agreement; and	0 900		

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0 900	Continued From page 28 (3) the resident's service plan, if applicable. (c) A facility must: (1) offer to prospective residents and provide to the Office of Ombudsman for Long-Term Care a complete unsigned copy of its contract; and (2) give a complete copy of any signed contract and any addendums, and all supporting documents and attachments, to the resident promptly after a contract and any addendum has been signed. (d) A contract under this section is a consumer contract under sections 325G.29 to 325G.37. (e) Before or at the time of execution of the contract, the facility must offer the resident the opportunity to identify a designated representative according to subdivision 3. (f) The resident must agree in writing to any additions or amendments to the contract. Upon agreement between the resident and the facility, a new contract or an addendum to the existing contract must be executed and signed. This MN Requirement is not met as evidenced by: Based on interview, and record review, the licensee failed to ensure the assisted living contract included the required content for one of four resident (R1) records reviewed. In addition, the contract for R1 was not updated to reference the licensee's current licensure. 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	0 900		

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0 900	Continued From page 29 was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: R1's diagnoses included dementia, retinitis pigmentosa, and legal blindness. R1's service plan dated January 27, 2022, indicated the resident received services including toileting, safety checks, escorts, assistance with ambulation, and medication administration. R1 admitted to the licensee on June 25, 2021. R1's representative signed a lease agreement on June 15, 2021. R1's record lacked a signed service agreement. R1's lease agreement did not include the following required content: (1) contact information for the office of the ombudsman for long-term care (OOLTC). During email correspondence dated June 10, 2022, administrator (A)-D verified that R1's contract signed and dated on June 15, 2021, by the previous owner was the current contract on file for R1. On June 10, 2022, the licensee's policy for resident contracts was requested. A-D verified the licensee did not have one. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	0 900		

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0 910	Continued From page 30	0 910		
0 910 SS=D	144G.50 Subd. 2 (a-b) Contract information (a) The contract must include in a conspicuous place and manner on the contract the legal name and the license number of the facility. (b) The contract must include the name, telephone number, and physical mailing address, which may not be a public or private post office box, of: (1) the facility and contracted service provider when applicable; (2) the licensee of the facility; (3) the managing agent of the facility, if applicable; and (4) the authorized agent for the facility. This MN Requirement is not met as evidenced by: Based on interview, and record review, the licensee failed to ensure the assisted living contract included the required content for one of four resident (R1) records reviewed. In addition, the contract for R1 was not updated to reference the licensee's current licensure. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: R1's diagnoses included dementia, retinitis pigmentosa, and legal blindness. R1's service plan dated January 27, 2022, indicated the	0 910		

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0 910	Continued From page 31 resident received services including toileting, safety checks, escorts, assistance with ambulation, and medication administration. R1 admitted to the licensee on June 25, 2021. R1's representative signed a lease agreement on June 15, 2021. R1's record lacked a signed service agreement. R1's lease agreement did not include the following required content: (1) correct name and contact information for current owner/licensee. During email correspondence dated June 10, 2022, the administrator verified that R1's contract signed and dated on June 15, 2021, by the previous owner was the current contract on file for R1. On June 10, 2022, the licensee's policy for resident contracts was requested. Administrator-D verified the licensee did not have one. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	0 910		
0 920 SS=C	144G.50 Subd. 2 (c) Contract information (c) The contract must include: (1) a disclosure of the category of assisted living facility license held by the facility and, if the facility is not an assisted living facility with dementia care, a disclosure that it does not hold an assisted living facility with dementia care license; (2) a description of all the terms and conditions of the contract, including a description of and any	0 920		

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0 920	Continued From page 32 limitations to the housing or assisted living services to be provided for the contracted amount; (3) a delineation of the cost and nature of any other services to be provided for an additional fee; (4) a delineation and description of any additional fees the resident may be required to pay if the resident's condition changes during the term of the contract; (5) a delineation of the grounds under which the resident may be discharged, evicted, or transferred or have services terminated; (6) billing and payment procedures and requirements; and (7) disclosure of the facility's ability to provide specialized diets. This MN Requirement is not met as evidenced by: Based on interview, and record review, the licensee failed to ensure the assisted living contract included the required content for three of four resident (R1, R3, R4) records reviewed. In addition, the contract for R1 was not updated to reference the licensee's current licensure. This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: R1's diagnoses included dementia, retinitis pigmentosa, and legal blindness. R1's service	0 920		

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0 920	Continued From page 33 plan dated January 27, 2022, indicated the resident received services including toileting, safety checks, escorts, assistance with ambulation, and medication administration. R1 admitted to the licensee on June 25, 2021. R1's representative signed a lease agreement on June 15, 2021. R1's record lacked a signed service agreement. R1's lease agreement did not include the following required content: (1) a disclosure of the category of assisted living facility license held by the facility and, if the facility is not an assisted living facility with dementia care, a disclosure that it does not hold an assisted living facility with dementia care license. (5) a delineation of the grounds under which the resident may be discharged, evicted, or transferred or have services terminated. R3's diagnoses included hemiplegia, chronic kidney disease, and rheumatoid arthritis. R3's service plan dated June 2, 2022, indicated the resident received services including medication administration, safety checks, grooming, bathing, and escorts. R3 admitted to the licensee on February 1, 2022. R3 signed the Resident Agreement on February 1, 2022. R3's record lacked a signed service agreement. R3's lease agreement did not include the following required content: (1) a disclosure of the category of assisted living facility license held by the facility and, if the facility is not an assisted living facility with dementia care, a disclosure that it does not hold an	0 920		

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0 920	Continued From page 34 assisted living facility with dementia care license. R4's diagnoses included fibromyalgia, congestive heart failure (CHF), and Alzheimer's dementia. R4's service plan dated June 2, 2022, indicated the resident received services including medication administration, dressing, and grooming, toileting assistance, and safety checks. R4 admitted to the licensee December 31, 2021. R4's representative signed the Resident Agreement December 31, 2021. R4's medical record lacked a signed service agreement. R4's lease agreement did not include the following required content: (1) a disclosure of the category of assisted living facility license held by the facility and, if the facility is not an assisted living facility with dementia care, a disclosure that it does not hold an assisted living facility with dementia care license. During email correspondence dated June 10, 2022, the administrator-D verified that R1's contract signed and dated on June 15, 2021, by the previous owner was the current contract on file for R1. The licensee's policy contract was requested but not provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	0 920		
0 940 SS=D	144G.50 Subd. 2 (e; 5-7) Contract information (5) a description of the facility's policies related to	0 940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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0 940	Continued From page 35 medical assistance waivers under chapter 256S and section 256B.49 and the housing support program under chapter 256I, including: (i) whether the facility is enrolled with the commissioner of human services to provide customized living services under medical assistance waivers; (ii) whether the facility has an agreement to provide housing support under section 256I.04, subdivision 2, paragraph (b); (iii) whether there is a limit on the number of people residing at the facility who can receive customized living services or participate in the housing support program at any point in time. If so, the limit must be provided; (iv) whether the facility requires a resident to pay privately for a period of time prior to accepting payment under medical assistance waivers or the housing support program, and if so, the length of time that private payment is required; (v) a statement that medical assistance waivers provide payment for services, but do not cover the cost of rent; (vi) a statement that residents may be eligible for assistance with rent through the housing support program; and (vii) a description of the rent requirements for people who are eligible for medical assistance waivers but who are not eligible for assistance through the housing support program; (6) the contact information to obtain long-term care consulting services under section 256B.0911; and (7) the toll-free phone number for the Minnesota Adult Abuse Reporting Center. This MN Requirement is not met as evidenced by: Based on interview, and record review, the licensee failed to ensure the assisted living	0 940		

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0 940	Continued From page 36 contract included the required content for one of four resident (R1) records reviewed. In addition, the contract for R1 was not updated to reference the licensee's current licensure. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: R1's diagnoses included dementia, retinitis pigmentosa, and legal blindness. R1's service plan dated January 27, 2022, indicated the resident received services including toileting, safety checks, escorts, assistance with ambulation, and medication administration. R1 admitted to the licensee on June 25, 2021. R1's representative signed a lease agreement on June 15, 2021. R1's record lacked a signed service agreement. R1's lease agreement did not include the following required content: (5) a description of the facility's policies related to medical assistance waivers under chapter 256S and section 256B.49 and the housing support program under chapter 256I, including: (i) whether the facility is enrolled with the commissioner of human services to provide customized living services under medical assistance waivers; (ii) whether the facility has an agreement to provide housing support under section 256I.04, subdivision 2, paragraph (b);	0 940		

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0 940	Continued From page 37 (iii) whether there is a limit on the number of people residing at the facility who can receive customized living services or participate in the housing support program at any point in time. If so, the limit must be provided; (iv) whether the facility requires a resident to pay privately for a period of time prior to accepting payment under medical assistance waivers or the housing support program, and if so, the length of time that private payment is required; (v) a statement that medical assistance waivers provide payment for services, but do not cover the cost of rent; (vi) a statement that residents may be eligible for assistance with rent through the housing support program; and (vii) a description of the rent requirements for people who are eligible for medical assistance waivers but who are not eligible for assistance through the housing support program; (6) the contact information to obtain long-term care consulting services under section 256B.0911; and (7) the toll-free phone number for the Minnesota Adult Abuse Reporting Center. During email correspondence dated June 10, 2022, the administrator verified that R1's contract signed and dated on June 15, 2021, by the previous owner was the current contract on file for R1. On June 10, 2022, the licensee's policy for resident contracts was requested. Administrator-D verified the licensee did not have one. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	0 940		

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0 950	Continued From page 38	0 950		
0 950 SS=D	144.50 Subd. 3 Designation of representative (a) Before or at the time of execution of an assisted living contract, an assisted living facility must offer the resident the opportunity to identify a designated representative in writing in the contract and must provide the following verbatim notice on a document separate from the contract: "RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES. You have the right to name anyone as your "Designated Representative." A Designated Representative can assist you, receive certain information and notices about you, including some information related to your health care, and advocate on your behalf. A Designated Representative does not take the place of your guardian, conservator, power of attorney ("attorney-in-fact"), or health care power of attorney ("health care agent"), if applicable." (b) The contract must contain a page or space for the name and contact information of the designated representative and a box the resident must initial if the resident declines to name a designated representative. Notwithstanding subdivision 1, paragraph (f), the resident has the right at any time to add, remove, or change the name and contact information of the designated representative. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to offer the opportunity to identify a designated representative for one of one resident (R1) with records reviewed.	0 950		

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0 950	Continued From page 39 This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: R1's diagnoses included dementia, retinitis pigmentosa, and legal blindness. R1's service plan dated January 27, 2022, indicated the resident received services including toileting, safety checks, escorts, assistance with ambulation, and medication administration. R1 admitted to the licensee on June 25, 2021. R1's representative signed a lease agreement on June 15, 2021. R1's language about the designated representative did not meet statutory requirements. During email correspondence dated June 10, 2022, administrator-D, verified that R1's contract signed and dated on June 15, 2021, by the previous owner, was the current contract on file for R1. On June 10, 2022, the licensee's policy for resident contracts was requested. Administrator-D verified the licensee did not have one. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	0 950		

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01330 SS=F	144G.60 Subd. 4 (b) Unlicensed personnel (b) Unlicensed personnel performing delegated nursing tasks in an assisted living facility must: (1) have successfully completed training and demonstrated competency by successfully completing a written or oral test of the topics in section 144G.61, subdivision 2, paragraphs (a) and (b), and a practical skills test on tasks listed in section 144G.61, subdivision 2, paragraphs (a), clauses (5) and (7), and (b), clauses (3), (5), (6), and (7), and all the delegated tasks they will perform; (2) satisfy the current requirements of Medicare for training or competency of home health aides or nursing assistants, as provided by Code of Federal Regulations, title 42, section 483 or 484.36; or (3) have, before April 19, 1993, completed a training course for nursing assistants that was approved by the commissioner. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to complete Assisted Living Licensure (ALL) training as well as written or oral tests and practical skills tests on all statute-required tasks for four of four unlicensed personnel (ULP) (ULP-B, ULP-C, ULP-F, ULP-G) with records reviewed. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a 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	01330		

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01330	Continued From page 41 of the residents). Findings included: ULP-B The licensee-provided staff list indicated a hire date of November 5, 2019. ULP-B's personnel record lacked evidence of training on 144G, as well as written or oral tests and completed practical skills tests for all statute-required tasks. Between December 9, 2021 and June 1, 2022, the licensee assigned the following Educare training modules to ULP-B: Activities for Older Adults; Assisted Living Bill of Rights-MN; Communication-Diversity; Coronavirus COVID-19; Dementia Activities-A Balanced Approach; Dementia-Communication-Overview; Dementia-Problem Solving-Anger and Aggression; Dementia-Problem Solving-Overview; Documenting, Observing, and Reporting; Emergency Preparedness-Human Hazards-MN AL; Emergency Preparedness-Overview-MN AL; Emergency Preparedness-Site and Natural Hazards-MN AL; Infection Control Techniques; Personal Cares-AL and HC; Person-centered Care Principles; Vulnerable Adult-HCBS. None of these training modules were completed at the start of this survey. ULP-C The licensee-provided staff list indicated a hire date of November 20, 2020 and rehire date of April 29, 2022. ULP-C's personnel record lacked evidence of training on 144G, as well as written or oral tests and completed practical skills tests for all statute-required tasks.	01330		

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01330	Continued From page 42 ULP-F The licensee-provided staff list indicated a hire date of January 27, 2022. ULP-F's personnel record lacked evidence of written or oral tests and completed practical skills tests for all statute-required tasks. ULP-F completed the following Educare modules between May 4, 2022 and May 11, 2022: Personal Care-AL and HC; Professional Boundaries; Vulnerable Adult Refresher; Resident Rights-AL and HC; OSHA and Infection Control; Dementia 5-The Journey; Dementia 1- Intro and Overview; Aging Process. All other Educare modules completed by ULP-F were completed before working for this licensee. ULP-G The licensee-provided staff list indicated a hire date of June 14, 2014. ULP-G's personnel record lacked evidence of training on 144G, as well as written or oral tests and completed practical skills tests for all statute-required tasks. Between September 15, 2021 and June 1, 2022, the licensee assigned the following Educare modules to ULP-G: Activities for Older Adults; Assisted Living Bill of Rights-MN; Communication-Diversity; Coronavirus COVID-19; Dementia-Activities-A Balanced Approach; Dementia-Communication Overview; Dementia-Person-centered Care; Dementia-Problem Solving-Anger and Aggression; Dementia- Problem Solving-Overview; Documenting, Observing, and Reporting; Emergency Preparedness-Human Hazards-MN AL; Emergency Preparedness-Overview-MN AL; Emergency	01330		

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01330	Continued From page 43 Preparedness-Site and Natural Hazards-MN AL; Infection Control Techniques; Infection Prevention and Control-PPE; Medication Administration-Routes; Personal Cares-AL and HC; Person-centered Care Principles; Vulnerable Adult-HCBS. None of these modules were completed at the start of this survey. During an interview on June 1, 2022, at 9:13 a.m., registered nurse (RN)-A stated the licensee adopted Educare and started using that program for staff training of topics under 144G and offered to print the trainings from Educare since they were not in the personnel records. The licensee's policy titled Assisted Living Orientation-ULP Staff, effective date September 20, 2021, revised June 1, 2022, indicated the ULP would complete training and competency evaluations including skill demonstrations. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01330		
01370 SS=F	144G.61 Subd. 2 (a) Training and evaluation of unlicensed personn (a) Training and competency evaluations for all unlicensed personnel must include the following: (1) documentation requirements for all services provided; (2) reports of changes in the resident's condition to the supervisor designated by the facility; (3) basic infection control, including blood-borne pathogens; (4) maintenance of a clean and safe	01370		

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01370	Continued From page 44 environment; (5) appropriate and safe techniques in personal hygiene and grooming, including: (i) hair care and bathing; (ii) care of teeth, gums, and oral prosthetic devices; (iii) care and use of hearing aids; and (iv) dressing and assisting with toileting; (6) training on the prevention of falls; (7) standby assistance techniques and how to perform them; (8) medication, exercise, and treatment reminders; (9) basic nutrition, meal preparation, food safety, and assistance with eating; (10) preparation of modified diets as ordered by a licensed health professional; (11) communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family; (12) awareness of confidentiality and privacy; (13) understanding appropriate boundaries between staff and residents and the resident's family; (14) procedures to use in handling various emergency situations; and (15) awareness of commonly used health technology equipment and assistive devices. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to complete training and competency evaluations including skills practical tests for all required training areas for four of four unlicensed personnel (ULP) (ULP-B, ULP-C, ULP-F, ULP-G) records reviewed. This practice resulted in a level two violation (a	01370		

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01370	Continued From page 45 violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). Findings included: ULP-B The licensee-provided staff list indicated a hire date of November 5, 2019. The licensee provided a document titled Staff Supervision Summary dated August 29, 2019 to June 8, 2022 for ULP-B. Administrator-D documented supervising ULP-B complete handwashing techniques on December 5, 2021, as well as donning on and off personal protective equipment (PPE) and handwashing techniques on May 8, 2022. This document lacked a nurse signature with date. Between December 9, 2021 and June 1, 2022, the licensee assigned the following Educare training modules to ULP-B: Activities for Older Adults; Assisted Living Bill of Rights-MN; Communication-Diversity; Coronavirus COVID-19; Dementia Activities-A Balanced Approach; Dementia-Communication-Overview; Dementia-Problem Solving-Anger and Aggression; Dementia-Problem Solving-Overview; Documenting, Observing, and Reporting; Emergency Preparedness-Human Hazards-MN AL; Emergency Preparedness-Overview-MN AL; Emergency Preparedness-Site and Natural Hazards-MN AL; Infection Control Techniques; Personal Cares-AL	01370		

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01370	Continued From page 46	01370		

and HC; Person-centered Care Principles; Vulnerable Adult-HCBS. None of these training modules were completed at the start of this survey.

ULP-C

The licensee-provided staff list indicated a hire date of November 20, 2020 and rehire date of April 29, 2022.

The licensee provided a document titled Staff Supervision Summary dated January 1, 2022 to June 8, 2022 for ULP-C. Administrator-D documented supervising ULP-C complete donning on and off PPE and handwashing techniques on May 8, 2022. This document lacked a nurse signature with date.

ULP-C's personnel record included a document titled Notes on Supervision of Unlicensed Personnel. This form indicated it must be completed within 30 days for new employees performing delegated tasks. RN-A completed this document on May 2, 2022, three (3) days after hire and on her started date, which indicated RN-A observed the following skills: communication/rapport with client; respect for client and client's family; accurate documentation of services; infection control/standard precautions procedures followed; medication administration.

Between May 4, 2022 and June 1, 2022, the licensee assigned the following Educare training modules to ULP-C: Activities for Older Adults; Aging Process; Assisted Living Bill of Rights-MN; Client Mobility-Exercise and Ambulation; Client Mobility-Lifting and Safe Transfers; Client Mobility-Positioning; Client Mobility-Range of Motion; Communication-Diversity; Coronavirus

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01370	Continued From page 47 COVID-19; Customer Service; Dementia-Activities-A Balanced Approach; Dementia-Communication-Overview; Dementia-Problem Solving-Anger and Aggression; Dementia-Problem Solving-Overview; Dementia 4-Behaviors vs Symptoms; Dementia 5- The Journey; Dining Nutrition and Food Safety; Emergency Preparedness-Client Issues-AL and ADS; Emergency Preparedness-Human Hazards-MN AL; Emergency Preparedness-Overview-AL and ADS; Emergency Preparedness-Overview-MN AL; Emergency Preparedness-Site and Natural Hazards-MN AL; Health Insurance Portability and Accountability (HIPAA); Home Care Orientation; Housekeeping, Laundry and Bedmaking; Infection Control Techniques; Maintenance; Medicaid Fraud and Abuse; Medication Administration-Overview; Medication Administration-Routes; Medication and Treatment- ACE Wrap; Medication and Treatment-Blood Glucose Testing; Medication and Treatment- Catheter Care; Medication and Treatment-Compression Stockings; Medication and Treatment- Continuous Positive Airway Pressure (CPAP); Medication and Treatment-Nebulizer and Inhalers; O2 Stats; Medication and Treatment-Oxygen; Medication and Treatment-Wound Care; OSHA and Infection Control; Person-centered Care Principles; Professional Boundaries; Rights-HCBS Settings Rule-Residential Providers; Vital Signs; Vulnerable Adults- HCBS. None of these training modules were completed at the start of this survey. ULP-F The licensee-provided staff list indicated a hire date of January 27, 2022.	01370		

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01370	Continued From page 48 The licensee provided a document titled Staff Supervision Summary dated January 1, 2022 to June 8, 2022 for ULP-F. RN-A documented supervising ULP-F complete medication administration on January 30, 2022. This summary did not include any other observed tasks or skills. This document lacked a nurse signature with date. ULP-F completed the following Educare modules between May 4, 2022 and May 11, 2022: Personal Care-AL and HC; Professional Boundaries; Vulnerable Adult Refresher; Resident Rights-AL and HC; OSHA and Infection Control; Dementia 5-The Journey; Dementia 1- Intro and Overview; Aging Process. All other Educare modules completed by ULP-F were completed before working for this licensee. ULP-G The licensee-provided staff list indicated a hire date of June 14, 2014. Between September 15, 2021 and June 1, 2022, the licensee assigned the following Educare modules to ULP-G: Activities for Older Adults; Assisted Living Bill of Rights-MN; Communication-Diversity; Coronavirus COVID-19; Dementia-Activities-A Balanced Approach; Dementia-Communication Overview; Dementia-Person-centered Care; Dementia-Problem Solving-Anger and Aggression; Dementia- Problem Solving-Overview; Documenting, Observing, and Reporting; Emergency Preparedness-Human Hazards-MN AL; Emergency Preparedness-Overview-MN AL; Emergency Preparedness-Site and Natural Hazards-MN AL;	01370		

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01370	Continued From page 49 Infection Control Techniques; Infection Prevention and Control-PPE; Medication Administration-Routes; Personal Cares-AL and HC; Person-centered Care Principles; Vulnerable Adult-HCBS. None of these modules were completed at the start of this survey. The licensee failed to provide documentation of competency and training evaluations completed by a registered nurse (RN) for all required training after the change in ownership in September of 2021for ULP-B, ULP-C, ULP-F and ULP-G for the required topics: (1) documentation requirements for all services provided; (2) reports of changes in the resident's condition to the supervisor designated by the facility; (3) basic infection control, including blood-borne pathogens; (4) maintenance of a clean and safe environment; (5) appropriate and safe techniques in personal hygiene and grooming, including: (i) hair care and bathing; (ii) care of teeth, gums, and oral prosthetic devices; (iii) care and use of hearing aids; and (iv) dressing and assisting with toileting; (6) training on the prevention of falls; (7) standby assistance techniques and how to perform them; (8) medication, exercise, and treatment reminders; (9) basic nutrition, meal preparation, food safety, and assistance with eating; (10) preparation of modified diets as ordered by a licensed health professional; (11) communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family;	01370		

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BECKY'S PLACE INC	6391 DUCK LAKE ROAD EDEN PRAIRIE, MN 55346

(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
01370	Continued From page 50 (12) awareness of confidentiality and privacy; (13) understanding appropriate boundaries between staff and residents and the resident's family; (14) procedures to use in handling various emergency situations; and (15) awareness of commonly used health technology equipment and assistive devices. The licensee-provided staff education binder failed to include any training material newer than 2020. This education binder included a page educating staff on a resident's oxygen machine. This resident did not reside at the licensee at the time of this survey. During an interview on June 1, 2022 at 1:10 p.m., administrator-D and registered nurse (RN)-A stated the staff education binder in conjunction with Educare modules were utilized upon hire for orientation. During an interview on June 8, 2022 at 9:40 a.m., RN-A stated the competencies and supervision of tasks were documented within the RTasks program. RN-A stated due to COVID-19, orientation for the facility did not get completed with new staff so they could take care of their residents. RN-A stated competency evaluations were in the employee files. The licensee's policy titled Assisted Living Annual Training, effective September 20, 2021, revised June 1, 2022, indicated all employees would complete annual education on the following topics: reporting of maltreatment of vulnerable adults; assisted living bill of rights and related staff responsibilities; infection control techniques including handwashing, need for and use of protective gloves, gowns, and masks, appropriate	01370		

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01370	Continued From page 51 disposal of contaminated materials, disinfecting reusable equipment, disinfecting environmental surfaces, and reporting communicable diseases; effective approaches for problem solving when working with challenge behaviors; effective approaches for communication with residents with dementia; review of policies and procedures related to the provision of assisted living services; principles of person-centered planning and service delivery; how person-centered planning and service delivery applies to direct support services provided by staff; emergency and disaster training. This policy also indicated direct care staff would complete eight (8) hours of annual training for each 12 months of employment. The licensee's policy titled Assisted Living Orientation-ULP Staff, effective date September 20, 2021, revised June 1, 2022, indicated the ULP would complete training and competency evaluations including skill demonstrations. The licensee's policy titled Personnel Records, effective September 20, 2021, revised June 1 2022, indicated the personnel record for each person would include record of all required training for unlicensed personnel and competency evaluations, as well as results of supervision observations. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01370		
01380 SS=F	144G.61 Subd. 2 (b) Training and evaluation of unlicensed personn (b) In addition to paragraph (a), training and	01380		

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01380	Continued From page 52	01380		

competency evaluation for unlicensed personnel providing assisted living services must include:
(1) observing, reporting, and documenting resident status;
(2) basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel;
(3) reading and recording temperature, pulse, and respirations of the resident;
(4) recognizing physical, emotional, cognitive, and developmental needs of the resident;
(5) safe transfer techniques and ambulation;
(6) range of motioning and positioning; and
(7) administering medications or treatments as required.

This MN Requirement is not met as evidenced by:
Based on interview and record review, the licensee failed to complete training and competency evaluations including skills practical tests for all required training areas for four of four unlicensed personnel (ULP) (ULP-B, ULP-C, ULP-F, ULP-G) records reviewed.

This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).

Findings included:

ULP-B

The licensee-provided staff list indicated a hire

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01380	Continued From page 53 date of November 5, 2019. The licensee provided a document titled Staff Supervision Summary dated August 29, 2019 to June 8, 2022 for ULP-B. Administrator-D documented supervising ULP-B complete handwashing techniques on December 5, 2021, as well as donning on and off personal protective equipment (PPE) and handwashing techniques on May 8, 2022. This document lacked a nurse signature with date. Between December 9, 2021 and June 1, 2022, the licensee assigned the following Educare training modules to ULP-B: Activities for Older Adults; Assisted Living Bill of Rights-MN; Communication-Diversity; Coronavirus COVID-19; Dementia Activities-A Balanced Approach; Dementia-Communication-Overview; Dementia-Problem Solving-Anger and Aggression; Dementia-Problem Solving-Overview; Documenting, Observing, and Reporting; Emergency Preparedness-Human Hazards-MN AL; Emergency Preparedness-Overview-MN AL; Emergency Preparedness-Site and Natural Hazards-MN AL; Infection Control Techniques; Personal Cares-AL and HC; Person-centered Care Principles; Vulnerable Adult-HCBS. None of these training modules were completed at the start of this survey. ULP-C The licensee-provided staff list indicated a hire date of November 20, 2020 and rehire date of April 29, 2022. The licensee provided a document titled Staff Supervision Summary dated January 1, 2022 to	01380		

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01380	Continued From page 54 June 8, 2022 for ULP-C. Administrator-D documented supervising ULP-C complete donning on and off PPE and handwashing techniques on May 8, 2022. This document lacked a nurse signature with date. ULP-C's personnel record included a document titled Notes on Supervision of Unlicensed Personnel. This form indicated it must be completed within 30 days for new employees performing delegated tasks. RN-A completed this document on May 2, 2022, three (3) days after hire, which indicated RN-A observed the following skills: communication/rapport with client; respect for client and client's family; accurate documentation of services; infection control/standard precautions procedures followed; medication administration. Between May 4, 2022 and June 1, 2022, the licensee assigned the following Educare training modules to ULP-C: Activities for Older Adults; Aging Process; Assisted Living Bill of Rights-MN; Client Mobility-Exercise and Ambulation; Client Mobility-Lifting and Safe Transfers; Client Mobility-Positioning; Client Mobility-Range of Motion; Communication-Diversity; Coronavirus COVID-19; Customer Service; Dementia-Activities-A Balanced Approach; Dementia-Communication-Overview; Dementia-Problem Solving-Anger and Aggression; Dementia-Problem Solving-Overview; Dementia 4-Behaviors vs Symptoms; Dementia 5- The Journey; Dining Nutrition and Food Safety; Emergency Preparedness-Client Issues-AL and ADS; Emergency Preparedness-Human Hazards-MN AL; Emergency Preparedness-Overview-AL and ADS; Emergency Preparedness-Overview-MN AL; Emergency Preparedness-Site and Natural	01380		

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01380	Continued From page 55 Hazards-MN AL; Health Insurance Portability and Accountability (HIPAA); Home Care Orientation; Housekeeping, Laundry and Bedmaking; Infection Control Techniques; Maintenance; Medicaid Fraud and Abuse; Medication Administration-Overview; Medication Administration-Routes; Medication and Treatment- ACE Wrap; Medication and Treatment-Blood Glucose Testing; Medication and Treatment- Catheter Care; Medication and Treatment-Compression Stockings; Medication and Treatment- Continuous Positive Airway Pressure (CPAP); Medication and Treatment-Nebulizer and Inhalers; O2 Stats; Medication and Treatment-Oxygen; Medication and Treatment-Wound Care; OSHA and Infection Control; Person-centered Care Principles; Professional Boundaries; Rights-HCBS Settings Rule-Residential Providers; Vital Signs; Vulnerable Adults- HCBS. None of these training modules were completed at the start of this survey. ULP-F The licensee-provided staff list indicated a hire date of January 27, 2022. The licensee provided a document titled Staff Supervision Summary dated January 1, 2022 to June 8, 2022 for ULP-F. RN-A documented supervising ULP-F complete medication administration on January 30, 2022. This summary did not include any other observed tasks or skills. This document lacked a nurse signature with date. ULP-F completed the following Educare modules between May 4, 2022 and May 11, 2022: Personal Care-AL and HC; Professional	01380		

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01380	Continued From page 56 Boundaries; Vulnerable Adult Refresher; Resident Rights-AL and HC; OSHA and Infection Control; Dementia 5-The Journey; Dementia 1- Intro and Overview; Aging Process. All other Educare modules completed by ULP-F were completed before working for this licensee. ULP-G The licensee-provided staff list indicated a hire date of June 14, 2014. Between September 15, 2021 and June 1, 2022, the licensee assigned the following Educare modules to ULP-G: Activities for Older Adults; Assisted Living Bill of Rights-MN; Communication-Diversity; Coronavirus COVID-19; Dementia-Activities-A Balanced Approach; Dementia-Communication Overview; Dementia-Person-centered Care; Dementia-Problem Solving-Anger and Aggression; Dementia- Problem Solving-Overview; Documenting, Observing, and Reporting; Emergency Preparedness-Human Hazards-MN AL; Emergency Preparedness-Overview-MN AL; Emergency Preparedness-Site and Natural Hazards-MN AL; Infection Control Techniques; Infection Prevention and Control-PPE; Medication Administration-Routes; Personal Cares-AL and HC; Person-centered Care Principles; Vulnerable Adult-HCBS. None of these modules were completed at the start of this survey. The licensee failed to provide documentation of competency and training evaluations completed by a RN for all required training prior to providing services for ULP-B, ULP-C, ULP-F and ULP-G for the following topics: (1) observing, reporting, and documenting	01380		

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01380	Continued From page 57 resident status; (2) basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel; (3) reading and recording temperature, pulse, and respirations of the resident; (4) recognizing physical, emotional, cognitive, and developmental needs of the resident; (5) safe transfer techniques and ambulation; (6) range of motioning and positioning; and (7) administering medications or treatments as required. The licensee-provided staff education binder failed to include any training material newer than 2020. This education binder included a page educating staff on a resident's oxygen machine. This resident did not reside at the licensee at the time of this survey. During an interview on June 1, 2022 at 1:10 p.m., administrator-D and registered nurse (RN)-A stated the staff education binder in conjunction with Educare modules were utilized upon hire for orientation. During an interview on June 8, 2022 at 9:40 a.m., RN-A stated the competencies and supervision of tasks were documented within the RTasks program. RN-A stated due to COVID-19, orientation for the facility did not get completed with new staff so they could take care of their residents. RN-A stated competency evaluations were in the employee files. The licensee's policy titled Assisted Living Annual Training, effective September 20, 2021, revised June 1, 2022, indicated all employees would complete annual education on the following	01380		

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01380	Continued From page 58 topics: reporting of maltreatment of vulnerable adults; assisted living bill of rights and related staff responsibilities; infection control techniques including handwashing, need for and use of protective gloves, gowns, and masks, appropriate disposal of contaminated materials, disinfecting reusable equipment, disinfecting environmental surfaces, and reporting communicable diseases; effective approaches for problem solving when working with challenge behaviors; effective approaches for communication with residents with dementia; review of policies and procedures related to the provision of assisted living services; principles of person-centered planning and service delivery; how person-centered planning and service delivery applies to direct support services provided by staff; emergency and disaster training. This policy also indicated direct care staff would complete eight (8) hours of annual training for each 12 months of employment. The licensee's policy titled Assisted Living Orientation-ULP Staff, effective date September 20, 2021, revised June 1, 2022, indicated the ULP would complete training and competency evaluations including skill demonstrations. The licensee's policy titled Personnel Records, effective September 20, 2021, revised June 1 2022, indicated the personnel record for each person would include record of all required training for unlicensed personnel and competency evaluations, as well as results of supervision observations. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01380		

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01470	Continued From page 59	01470		
01470 SS=F	144G.63 Subd. 2 Content of required orientation (a) The orientation must contain the following topics: (1) an overview of this chapter; (2) an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person; (3) handling of emergencies and use of emergency services; (4) compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC); (5) the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; (6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person; (7) handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints; (8) consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services; and (9) a review of the types of assisted living services the employee will be providing and the facility's category of licensure. (b) In addition to the topics in paragraph (a), orientation may also contain training on providing services to residents with hearing loss. Any	01470		

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01470	Continued From page 60 training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics: (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and the challenges it poses to communication; (2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or (3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure all required topics were included in orientation for two of two employee (unlicensed (ULP)-C, ULP-F) records reviewed for employees hired after the change of ownership. This had the potential to affect all residents. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). Findings included:	01470		

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01470	Continued From page 61 ULP-C The licensee-provided staff list indicated a hire date of November 20, 2020 and rehire date of April 29, 2022. Between May 4, 2022 and June 1, 2022, the licensee assigned the following Educare training modules to ULP-C: Activities for Older Adults; Aging Process; Assisted Living Bill of Rights-MN; Client Mobility-Exercise and Ambulation; Client Mobility-Lifting and Safe Transfers; Client Mobility-Positioning; Client Mobility-Range of Motion; Communication-Diversity; Coronavirus COVID-19; Customer Service; Dementia-Activities-A Balanced Approach; Dementia-Communication-Overview; Dementia-Problem Solving-Anger and Aggression; Dementia-Problem Solving-Overview; Dementia 4-Behaviors vs Symptoms; Dementia 5- The Journey; Dining Nutrition and Food Safety; Emergency Preparedness-Client Issues-AL and ADS; Emergency Preparedness-Human Hazards-MN AL; Emergency Preparedness-Overview-AL and ADS; Emergency Preparedness-Overview-MN AL; Emergency Preparedness-Site and Natural Hazards-MN AL; Health Insurance Portability and Accountability (HIPAA); Home Care Orientation; Housekeeping, Laundry and Bedmaking; Infection Control Techniques; Maintenance; Medicaid Fraud and Abuse; Medication Administration-Overview; Medication Administration-Routes; Medication and Treatment- ACE Wrap; Medication and Treatment-Blood Glucose Testing; Medication and Treatment- Catheter Care; Medication and Treatment-Compression Stockings; Medication and Treatment- Continuous Positive Airway Pressure (CPAP); Medication and Treatment-	01470		

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01470	Continued From page 62 Nebulizer and Inhalers; O2 Stats; Medication and Treatment-Oxygen; Medication and Treatment-Wound Care; OSHA and Infection Control; Person-centered Care Principles; Professional Boundaries; Rights-HCBS Settings Rule-Residential Providers; Vital Signs; Vulnerable Adults- HCBS. None of these training modules were completed at the start of this survey. ULP-F The licensee-provided staff list indicated a hire date of January 27, 2022. ULP-F completed the following Educare modules between May 4, 2022 and May 11, 2022: Personal Care-AL and HC; Professional Boundaries; Vulnerable Adult Refresher; Resident Rights-AL and HC; OSHA and Infection Control; Dementia 5-The Journey; Dementia 1- Intro and Overview; Aging Process. The Fall Prevention module, assigned to ULP-F on May 4, 2022, was in progress at the start of the survey. All other Educare modules completed by ULP-F were assigned and in progress or completed before working for this licensee. The licensee-provided staff education binder failed to include any training material newer than 2020. This education binder included a page educating staff on a resident's oxygen machine. This resident did not reside at the licensee at the time of this survey. This binder did not include all of the required topics indicated in MN statute 144G. 63 Subd. 2. During an interview on June 1, 2022 at 1:10 p.m., administrator-D and registered nurse (RN)-A stated the staff education binder in conjunction	01470		

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01470	Continued From page 63 with Educare modules were utilized upon hire for orientation. During an interview on June 8, 2022 at 9:40 a.m., RN-A stated due to COVID-19, orientation for the facility did not get completed with new staff so they could take care of their residents. The licensee's policy titled Assisted Living Orientation-ULP Staff, effective date September 20, 2021, revised date June 1, 2022, indicated newly hired unlicensed personnel would receive orientation and training topics required by Minnesota (MN) statutes and rules for assisted living organizations. This policy did not indicate any specific MN statutes, such as 144G. This policy referenced another policy titled Assisted Living Orientation-ALL STAFF Policy, but the licensee did not provide this policy for review. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01470		
01620 SS=F	144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring (c) Resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services. Ongoing resident reassessment and monitoring must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the last date of the assessment. (d) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs	01620		

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	28368	A. BUILDING: _____ B. WING _____	06/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BECKY'S PLACE INC	6391 DUCK LAKE ROAD EDEN PRAIRIE, MN 55346

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01620	Continued From page 64 and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review. (e) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to timely required reassessments by a registered nurse (RN) for three of four residents (R1, R3, R4) reviewed. The licensee failed to conduct a fourteen (14) day assessment for R3 and R4. The licensee failed to complete a ninety (90) day assessment within ninety (90) days for R1 and R3. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). Findings include: R1's diagnoses included dementia, retinitis pigmentosa, and legal blindness. R1's unsigned service plan dated January 27, 2022 indicated the resident received services including toileting,	01620		

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01620	Continued From page 65 safety checks, escorts, assistance with ambulation, and medication administration. R1's medical record included an admission assessment dated September 29, 2021 after the licensee changed ownership, a clinical update assessment dated October, 27, 2021, a clinical update assessment dated January 26, 2022 and a 90-day assessment dated February 24, 2022. The licensee completed R1's 90-day assessment due January 25, 2022 one day late, on January 26, 2022. R1's medical record lacked a 90-day assessment due May 25, 2022. R3's diagnoses included hemiplegia, chronic kidney disease, and rheumatoid arthritis. R3's unsigned service plan dated June 2, 2022, indicated the resident received services including medication administration, safety checks, grooming, bathing, and escorts. R3's medical record included an admission assessment dated February 24, 2022 and a 90-day assessment completed May 31, 2022. R3's medical record lacked a 14-day assessment due March 10, 2022. The licensee completed R3's 90-day assessment due May 25, 2022 six days late, on May 31, 2022. R4's diagnoses included fibromyalgia, congestive heart failure (CHF), and Alzheimer's dementia. R4's unsigned service plan dated June 2, 2022, indicated the resident received services including medication administration, dressing and grooming, toileting assistance, and safety checks.	01620		

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01620	Continued From page 66 R4's medical record included an admission assessment dated December 31, 2021 and a comprehensive, clinical update assessment dated February 24, 2022. R4's medical record also included a 90-day assessment dated May 31, 2021 with a note indicating the assessment had been completed on May 20, 2022. R4's medical record lacked a 14-day assessment due January 14, 2022. During an interview on May 31, 2022 at 10:15 a.m., RN-A stated the licensee had not been completing fourteen 14-day assessments. RN-A stated the licensee completed pre-admission, admission, and 90-day assessments. In between assessments, the licensee monitored residents but did not complete and document a formal 14-day assessment. The licensee-provided policy titled Nursing Assessment: Initial and On-going of Clients Under the Comprehensive Licensed Agency, effective September 17, 2021, indicated the frequency between assessments would not exceed 90 days from the last date of assessment. This policy failed to address the requirement of completing 14-day assessments on residents. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01620		
01640 SS=F	144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to (a) No later than 14 calendar days after the date	01640		

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01640	Continued From page 67 that services are first provided, an assisted living facility shall finalize a current written service plan. (b) The service plan and any revisions must include a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care. (c) The facility must implement and provide all services required by the current service plan. (d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable. (e) Staff providing services must be informed of the current written service plan. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure signed service agreements were in place for three of four resident (R1, R3, R4) records reviewed. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). Findings include:	01640		

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01640	Continued From page 68 R1's diagnoses included dementia, retinitis pigmentosa, and legal blindness. R1's unsigned service plan dated January 27, 2022 indicated the resident received services including toileting, safety checks, escorts, assistance with ambulation, and medication administration. R1 admitted to the licensee on June 25, 2021. R1's representative signed a lease agreement on June 15, 2021. R1's record lacked a signed service agreement. R3's diagnoses included hemiplegia, chronic kidney disease, and rheumatoid arthritis. R3's unsigned service plan dated June 2, 2022, indicated the resident received services including medication administration, safety checks, grooming, bathing, and escorts. R3 admitted to the licensee on February 1, 2022. R3 signed the Resident Agreement on February 1, 2022. R3's record lacked a signed service agreement. R4's diagnoses included fibromyalgia, congestive heart failure (CHF), and Alzheimer's dementia. R4's unsigned service plan dated June 2, 2022, indicated the resident received services including medication administration, dressing and grooming, toileting assistance, and safety checks. R4 admitted to the licensee December 31, 2021. R4's representative signed the Resident Agreement December 31, 2021. R4's medical record lacked a signed service agreement. During an interview on June 1, 2022 at 12:54	01640		

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01640	Continued From page 69 p.m., administrator-D stated the licensee did not have signed service agreements for the residents. A licensee-provided document titled Contents of Service Plans, referencing MN Statutes from 144A, dated September 1, 2021, indicated service plans would be signed by the registered nurse (RN) or other licensed health professional, as well as the resident and/or the resident's representative. The licensee lacked a policy to include the new Assisted Living Licensure requirements which went into effect August 1, 2021. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01640		
01880 SS=F	144G.71 Subd. 19 Storage of medications An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure narcotic medications were securely double locked. This had the potential to affect all residents, staff, and visitors in the facility. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a	01880		

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01880	Continued From page 70 resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: During observations on May 31, 2022, at 12:00 p.m., the hallway cabinet that stored the resident's controlled/scheduled II medications was tested and found unlocked. The cabinet was potentially accessible by residents and visitors and other staff. Inside the cabinet was a locked black metal box that contained narcotics medications for residents on the first floor. Registered nurse (RN)-A who was present at the time of the discovery, stated that the cabinet should always be locked. The licensee's policy titled Controlled Substances/Schedule II Drugs, effective date September 20, 2021, indicated the facility will take a reasonable precaution to eliminate the theft, diversion or misuse of controlled substances and will comply with requirements regarding the safe storage and disposal of these drugs. The policy did not include a procedure for securing controlled/schedule II drugs. TIME PERIOD FOR CORRECTION: Seven (7) days.	01880		
01890 SS=E	144G.71 Subd. 20 Prescription drugs A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed	01890		

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01890	Continued From page 71 by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure multi-use medication bottles had open dates, were not past their expiration date, or displayed the original prescription label for two of four residents (R1, R4) reviewed, as well as one house-stock medication bottles. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive). The findings include: R1's diagnoses included dementia, retinitis pigmentosa, and legal blindness. R1's service plan dated January 27, 2022 indicated the resident received services including toileting, safety checks, escorts, assistance with ambulation, and medication administration. R1's provider-signed medication orders dated May 25, 2022 included Reguloid Powder one (1) rounded teaspoonful by mouth in six (6) to eight (8) ounces of water daily.	01890		

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01890	Continued From page 72 On June 1, 2022 at 8:25 a.m., the surveyor observed unlicensed personnel (ULP)-B administered Reguloid powder in water to R1. On June 2, 2022 at 10:55 a.m., the surveyor observed R1's partially used Reguloid powder lacked an open date. R4's diagnoses included fibromyalgia, congestive heart failure (CHF), and Alzheimer's dementia. R4's service plan dated June 2, 2022, indicated the resident received services including medication administration, toileting assistance, and safety checks. R4's medication list included Miralax (polyethylene glycol) 17 gram/capful, dissolve 17 grams (1 capful) in eight (8) ounces of water and drink by mouth daily as needed for constipation. On June 2, 2022 at 10:55 a.m., the surveyor observed a partially used bottle of Miralax (polyethylene glycol) which lacked an open date. This bottle also lacked a prescription label and only had the name "Donna" written on it in a black sharpie marker. This bottle also expired on March 2022. During an interview on June 2, 2022 at 3:55 p.m., registered nurse (RN)-A asked the surveyors if opened, multi-use bottles required an open date. On June 2, 2022 at 10:55 a.m., the surveyor observed a partially used bottle of Milk of Magnesia which displayed a house stock prescription label. This bottle lacked an open date. The licensee's policy titled Medication Management Services, dated September 1, 2021	01890		

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01890	Continued From page 73 and effective September 17, 2021, indicated the registered nurse (RN) would develop and update as needed specific procedures for medication management activities including administration of medications and storing medications. The licensee failed to provide procedures addressing the administration and storing of medications. TIME PERIOD FOR CORRECTION: Seven (7) days	01890		
02310 SS=G	144G.91 Subd. 4 Appropriate care and services (a) Residents have the right to care and assisted living services that are appropriate based on the resident's needs and according to an up-to-date service plan subject to accepted health care standards. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure accepted healthcare, medical or nursing standards were met for one of two residents (R1) who had bed rails placed that lacked assessment and verification to be within the recommended measurements by the Food and Drug Administration (FDA) for bed rails. This practice resulted in a level three violation (a violation that harmed a client'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 an isolated scope (when one or a limited number of clients are affected or one or a	02310		

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02310	Continued From page 74 limited number of staff are involved or the situation has occurred only occasionally). Findings include: R1 had diagnoses that included dementia and legal blindness. R1's unsigned service plan dated June 2, 2022, indicated R1 required assistance with all activities of daily living, medication administration, housekeeping, and laundry. R1's clinical updates dated September 29, 2021, October 27, 2022, January 26, 2022, February 24, 2022, and May 31, 2022, indicated for bed mobility, R1 needed some help to sit up. On June 1, 2022, at approximately 8:10 a.m., surveyor observed a bed rail in the "up" position on R1's bed. During interview on June 8, 2022, at 9:55 a.m., registered nurse (RN)-A stated that she was unaware that R1 had a bed rail on the bed. RN-A confirmed that there had not been any bed rail assessments completed for R1 or any other current residents. Hospital Bed System Dimensional and Assessment Guidance to Reduce Entrapment issued by the FDA March 10, 2006, indicated three key body parts at risk for life-threatening entrapment in the seen zones for a hospital bed system are the head, neck, and chest. Each zone provides dimensional limits to reduce the risk of entrapments, which describes an event where a patient is caught, trapped or entangled in the space in or about the bed rail, mattress, or hospital bed frame.	02310		

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02310	Continued From page 75 The licensee's policy titled Assessing the Safety of Side Rails, dated September 17, 2021, indicated that: 1. The RN will train staff to be alert for any side rail or equipment that resembles a side rail that a client may be using or considering using and to notify the RN immediately about the side rail or equipment. 2. When notified that a client has a side rail, the RN will assess and evaluate what the client's needs are and assess to determine if the client can safely utilize the side rail/equipment and determine whether the side rail/equipment meets the FDA standards for side rails. TIME PERIOD FOR CORRECTION: Two (2) days.	02310		

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

Type: Full
Date: *05/31/22*
Time: 10:30:00
Report: 1005221051

Food and Beverage Establishment Inspection Report

Location:
Becky'S Place Inc
6391 Duck Lake Road
Eden Prairie, MN55346
Hennepin County, 27

Establishment Info:
ID #: 0038163
Risk:
Announced Inspection: Yes

License Categories:

Expires on: / /

Operator:

Phone #: 6127192915
ID #:

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

No NEW orders were issued during this inspection.

Surface and Equipment Sanitizers

Chlorine: = 50PPM at Degrees Fahrenheit
Location: SPRAY BOTTLE
Violation Issued: No

Quaternary Ammonia: = 200PPM at Degrees Fahrenheit
Location: SPRAY BOTTLE
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cold Hold/MILK
Temperature: 41 Degrees Fahrenheit - Location: WHIRLPOOL REFRIGERATOR - UPSTAIRS
Violation Issued: No

Process/Item: Cold Hold/COTTAGE CHEESE
Temperature: 36 Degrees Fahrenheit - Location: WHIRLPOOL REFRIGERATOR - UPSTAIRS
Violation Issued: No

Process/Item: Cold Hold/SHRIMP
Temperature: 40 Degrees Fahrenheit - Location: WHIRLPOOL REFRIGERATOR - UPSTAIRS
Violation Issued: No

Process/Item: Cold Hold/SAUSAGE
Temperature: 38 Degrees Fahrenheit - Location: GE REFRIGERATOR - DOWNSTAIRS
Violation Issued: No

Process/Item: Cold Hold/MILK
Temperature: 38 Degrees Fahrenheit - Location: GE REFRIGERATOR - DOWNSTAIRS
Violation Issued: No

Type: Full
Date: *05/31/22*
Time: 10:30:00
Report: 1005221051
Becky'S Place Inc

Food and Beverage Establishment Inspection Report

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

INSPECTION COMPLETED WITH CFPM.

TEMPERATURE SENSITIVE STRIPS TO CHECK THE UTENSIL SURFACE TEMPERATURE OF THE DISH MACHINE WERE ON SITE AND BEING USED.

COUNTERTOPS IN THE KITCHEN ARE LAMINATE, BUT ARE IN GOOD REPAIR.

DISCUSSED EMPLOYEE ILLNESS, DATE MARKING, FOOD TEMPERATURES, AND CROSS CONTAMINATION.

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 1005221051 of 05/31/22.

Certified Food Protection Manager: KANG YANG

Certification Number: FM108989 Expires: 11/12/24

Inspection report reviewed with person in charge and emailed.

Signed: _____
KANG YANG
FOOD MANAGER

Signed: _____
Jessica Davis
Public Health Sanitarian III
651-201-3961
jessica.davis@state.mn.us