



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

February 27, 2024

Licensee
Valleyview Of Jordan LLC
4061 West 173rd Street
Jordan, MN 55352

RE: Project Number(s) SL30835015

Dear Licensee:

On February 1, 2024, the Minnesota Department of Health completed a follow-up survey of your facility to determine if orders from the November 9, 2023, survey were corrected. This follow-up survey verified that the facility is in substantial compliance.

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

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jodi Johnson'.

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

JMD

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30835	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 02/01/2024
NAME OF PROVIDER OR SUPPLIER VALLEYVIEW OF JORDAN LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 4061 WEST 173RD STREET JORDAN, MN 55352		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
{0 000}	Initial Comments *****ATTENTION***** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER In accordance with Minnesota Statutes, section 144G.08 to 144G.95 this correction order(s) has been issued pursuant to a survey. Determination of whether a violation has been corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL30835015-1 On January 29, 2024, through February 1, 2024, the Minnesota Department of Health conducted a revisit at the above provider to follow-up on orders issued pursuant to a survey completed on November 9, 2023. At the time of the survey, there were 46 active residents receiving services under the Assisted Living Facility license. As a result of the revisit, licensee is in substantial compliance.	{0 000}			
{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:	{0 250}			

Minnesota Department of Health

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

TITLE

(X6) DATE

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

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{0 250}	Continued From page 2 (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: No further action required.	{0 250}			
{0 430} SS=B	144G.40 Subd. 2 Uniform checklist disclosure of services (a) All assisted living facilities must provide to prospective residents: (1) a disclosure of the categories of assisted living licenses available and the category of license held by the facility; (2) a written checklist listing all services permitted under the facility's license, identifying all services the facility offers to provide under the assisted living facility contract, and identifying all services allowed under the license that the facility does not provide; and (3) an oral explanation of the services offered under the contract. (b) The requirements of paragraph (a) must be completed prior to the execution of the assisted living contract. (c) The commissioner must, in consultation with all interested stakeholders, design the uniform checklist disclosure form for use as provided under paragraph (a). This MN Requirement is not met as evidenced by:	{0 430}			

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{0 430}	Continued From page 3 No further action required.	{0 430}			
{0 470} SS=C	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; This MN Requirement is not met as evidenced by: No further action required.	{0 470}			
{0 480} SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements	{0 480}			

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{0 480}	Continued From page 4 (13) offer to provide or make available at least the following services to residents: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and This MN Requirement is not met as evidenced by: No further action required.	{0 480}			
{0 550} SS=F	144G.41 Subd. 7 Resident grievances; reporting maltreatment All facilities must post in a conspicuous place information about the facilities' grievance procedure, and the name, telephone number, and email contact information for the individuals who are responsible for handling resident grievances. The notice must also have the contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities and must have information for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center. The notice must also state that if an individual has a complaint about the facility or person providing services, the individual may contact the Office of Health Facility Complaints at the Minnesota Department of Health. This MN Requirement is not met as evidenced by: No further action required.	{0 550}			
{0 580} SS=F	144G.42 Subd. 2 Quality management The facility shall engage in quality management	{0 580}			

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{0 580}	Continued From page 5 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: No further action required.	{0 580}			
{0 640} SS=F	144G.42 Subd. 7 Posting information for reporting suspected c The facility shall support protection and safety through access to the state's systems for reporting suspected criminal activity and suspected vulnerable adult maltreatment by: (1) posting the 911 emergency number in common areas and near telephones provided by the assisted living facility; (2) posting information and the reporting number for the Minnesota Adult Abuse Reporting Center to report suspected maltreatment of a vulnerable adult under section 626.557; and (3) providing reasonable accommodations with information and notices in plain language. This MN Requirement is not met as evidenced by: No further action required.	{0 640}			

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{0 680}	Continued From page 6	{0 680}			
{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; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by: No further action required.	{0 680}			
{0 690} SS=D	144G.43 Subdivision 1 Resident record (a) Assisted living facilities must maintain records for each resident for whom it is providing services. Entries in the resident records must be current, legible, permanently recorded, dated,	{0 690}			

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{0 690}	Continued From page 7 and authenticated with the name and title of the person making the entry. This MN Requirement is not met as evidenced by: No further action required.	{0 690}			
{0 940} SS=C	144G.50 Subd. 2 (e; 5-7) Contract information (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); (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	{0 940}			

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{0 940}	Continued From page 8 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: No further action required.	{0 940}			
{0 950} SS=C	144G.50 Subd. 3 Designation of representative (a) Before or at the time of execution of an assisted living contract, an assisted living facility must offer the resident the opportunity to identify a designated representative in writing in the contract and must provide the following verbatim notice on a document separate from the contract: "RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES. You have the right to name anyone as your "Designated Representative." A Designated 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	{0 950}			

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{0 950}	Continued From page 9 subdivision 1, paragraph (f), the resident has the right at any time to add, remove, or change the name and contact information of the designated representative. This MN Requirement is not met as evidenced by: No further action required.	{0 950}			
{01060} SS=F	144G.52 Subd. 9 Emergency relocation (a) A facility may remove a resident from the facility in an emergency if necessary due to a resident's urgent medical needs or an imminent risk the resident poses to the health or safety of another facility resident or facility staff member. An emergency relocation is not a termination. (b) In the event of an emergency relocation, the facility must provide a written notice that contains, at a minimum: (1) the reason for the relocation; (2) the name and contact information for the location to which the resident has been relocated and any new service provider; (3) contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities; (4) if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and (5) a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal. (c) The notice required under paragraph (b) must	{01060}			

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{01060}	Continued From page 10 be delivered as soon as practicable to: (1) the resident, legal representative, and designated representative; (2) for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the resident's case manager; and (3) the Office of Ombudsman for Long-Term Care if the resident has been relocated and has not returned to the facility within four days. (d) Following an emergency relocation, a facility's refusal to provide housing or services constitutes a termination and triggers the termination process in this section.currently known; and This MN Requirement is not met as evidenced by: No further action required.	{01060}			
{01440} SS=F	144G.62 Subd. 4 Supervision of staff providing delegated nurs (a) Staff who perform delegated nursing or therapy tasks must be supervised by an appropriate licensed health professional or a registered nurse according to the assisted living facility's policy where the services are being provided to verify that the work is being performed competently and to identify problems and solutions related to the staff person's ability to perform the tasks. Supervision of staff performing medication or treatment administration shall be provided by a registered nurse or appropriate licensed health professional and must include observation of the staff administering the medication or treatment and the interaction with the resident. (b) The direct supervision of staff performing delegated tasks must be provided within 30	{01440}			

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{01440}	Continued From page 11 calendar days after the date on which the individual begins working for the facility and first performs the delegated tasks for residents and thereafter as needed based on performance. This requirement also applies to staff who have not performed delegated tasks for one year or longer. This MN Requirement is not met as evidenced by: No further action required.	{01440}			
{01620} SS=D	144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring (c) Resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services. Ongoing resident reassessment and monitoring must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the last date of the assessment. (d) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review. (e) A facility must inform the prospective resident of the availability of and contact information for 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.	{01620}			

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{01620}	Continued From page 12 This MN Requirement is not met as evidenced by: No further action required.	{01620}			
{01650} SS=F	144G.70 Subd. 4 (f) Service plan, implementation and revisions to (f) The service plan must include: (1) a description of the services to be provided, the fees for services, and the frequency of each service, according to the resident's current assessment and resident preferences; (2) the identification of staff or categories of staff who will provide the services; (3) the schedule and methods of monitoring assessments of the resident; (4) the schedule and methods of monitoring staff providing services; and (5) a contingency plan that includes: (i) the action to be taken if the scheduled service cannot be provided; (ii) information and a method to contact the facility; (iii) the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency; and (iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters. This MN Requirement is not met as evidenced by: No further action required.	{01650}			

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{01710} SS=F	144G.71 Subd. 3 Individualized medication monitoring and reas The assisted living facility must monitor and reassess the resident's medication management services as needed under subdivision 2 when the resident presents with symptoms or other issues that may be medication-related and, at a minimum, annually. This MN Requirement is not met as evidenced by: No further action required.	{01710}			
{01730} SS=E	144G.71 Subd. 5 Individualized medication management plan (a) For each resident receiving medication management services, the assisted living facility must prepare and include in the service plan a written statement of the medication management services that will be provided to the resident. The facility must develop and maintain a current individualized medication management record for each resident based on the resident's assessment that must contain the following: (1) a statement describing the medication management services that will be provided; (2) a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; (3) documentation of specific resident instructions relating to the administration of medications; (4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis; (5) identification of medication management tasks that may be delegated to unlicensed personnel;	{01730}			

Minnesota Department of Health

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NAME OF PROVIDER OR SUPPLIER VALLEYVIEW OF JORDAN LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 4061 WEST 173RD STREET JORDAN, MN 55352		
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{01730}	Continued From page 14 (6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and (7) any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions. (b) The medication management record must be current and updated when there are any changes. (c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management. This MN Requirement is not met as evidenced by: No further action required.	{01730}			
{01750} SS=D	144G.71 Subd. 7 Delegation of medication administration When administration of medications is delegated to unlicensed personnel, the assisted living facility must ensure that the registered nurse has: (1) instructed the unlicensed personnel in the proper methods to administer the medications, and the unlicensed personnel has demonstrated the ability to competently follow the procedures; (2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's records; and (3) communicated with the unlicensed personnel about the individual needs of the resident. This MN Requirement is not met as evidenced	{01750}			

Minnesota Department of Health

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{01750}	Continued From page 15 by: No further action required.	{01750}			
{01790} SS=F	144G.71 Subd. 10 Medication management for residents who will (2) for unplanned time away, when the pharmacy is not able to provide the medications, a licensed nurse or unlicensed personnel shall provide medications in amounts and dosages needed for the length of the anticipated absence, not to exceed seven calendar days; (3) the resident must be provided written information on medications, including any special instructions for administering or handling the medications, including controlled substances; and (4) the medications must be placed in a medication container or containers appropriate to the provider's medication system and must be labeled with the resident's name and the dates and times that the medications are scheduled. (b) For unplanned time away when the licensed nurse is not available, the registered nurse may delegate this task to unlicensed personnel if: (1) the registered nurse has trained the unlicensed staff and determined the unlicensed staff is competent to follow the procedures for giving medications to residents; and (2) the registered nurse has developed written procedures for the unlicensed personnel, including any special instructions or procedures regarding controlled substances that are prescribed for the resident. The procedures must address: (i) the type of container or containers to be used for the medications appropriate to the provider's medication system; (ii) how the container or containers must be labeled;	{01790}			

Minnesota Department of Health

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{01790}	Continued From page 16 (iii) written information about the medications to be provided; (iv) how the unlicensed staff must document in the resident's record that medications have been provided, including documenting the date the medications were provided and who received the medications, the person who provided the medications to the resident, the number of medications that were provided to the resident, and other required information; (v) how the registered nurse shall be notified that medications have been provided and whether the registered nurse needs to be contacted before the medications are given to the resident or the designated representative; (vi) a review by the registered nurse of the completion of this task to verify that this task was completed accurately by the unlicensed personnel; and (vii) how the unlicensed personnel must document in the resident's record any unused medications that are returned to the facility, including the name of each medication and the doses of each returned medication. This MN Requirement is not met as evidenced by: No further action required.	{01790}			
{01910} SS=D	144G.71 Subd. 22 Disposition of medications (a) Any current medications being managed by the assisted living facility must be provided to the resident when the resident's service plan ends or medication management services are no longer part of the service plan. Medications for a resident who is deceased or that have been discontinued or have expired may be provided for disposal.	{01910}			

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{01910}	Continued From page 17 (b) The facility shall dispose of any medications remaining with the facility that are discontinued or expired or upon the termination of the service contract or the resident's death according to state and federal regulations for disposition of medications and controlled substances. (c) Upon disposition, the facility must document in the resident's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition. This MN Requirement is not met as evidenced by: No further action required.	{01910}			
{02240} SS=C	144G.90 Subdivision 1 Assisted living bill of rights; notification (a) An assisted living facility must provide the resident a written notice of the rights under section 144G.91 before the initiation of services to that resident. The facility shall make all reasonable efforts to provide notice of the rights to the resident in a language the resident can understand. (b) In addition to the text of the assisted living bill of rights in section 144G.91, the notice shall also contain the following statement describing how to file a complaint or report suspected abuse: "If you want to report suspected abuse, neglect, or financial exploitation, you may contact the Minnesota Adult Abuse Reporting Center (MAARC). If you have a complaint about the facility or person providing your services, you may contact the Office of Health Facility Complaints, Minnesota Department of Health. If you would like	{02240}			

Minnesota Department of Health

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{02240}	Continued From page 18 to request advocacy services, you may contact the Office of Ombudsman for Long-Term Care or the Office of Ombudsman for Mental Health and Developmental Disabilities." (c) The statement must include contact information for the Minnesota Adult Abuse Reporting Center and the telephone number, website address, email address, mailing address, and street address of the Office of Health Facility Complaints at the Minnesota Department of Health, the Office of Ombudsman for Long-Term Care, and the Office of Ombudsman for Mental Health and Developmental Disabilities. The statement must include the facility's name, address, email, telephone number, and name or title of the person at the facility to whom problems or complaints may be directed. It must also include a statement that the facility will not retaliate because of a complaint. (d) A facility must obtain written acknowledgment from the resident of the resident's receipt of the assisted living bill of rights or shall document why an acknowledgment cannot be obtained. Acknowledgment of receipt shall be retained in the resident's record. This MN Requirement is not met as evidenced by: No further action required.	{02240}			



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

November 28, 2023

Licensee
Valleyview Of Jordan, LLC
4061 West 173rd Street
Jordan, MN 55352

RE: Project Number(s) SL30835015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on November 9, 2023, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, the MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

STATE CORRECTION ORDERS

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

IMPOSITION OF FINES

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

Level 1: no fines or enforcement.

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

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

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

In accordance with Minn. Stat. § 144G.31, Subd. 4 (a)(5), the MDH may impose fine amounts of either \$1,000 or \$5,000 to licensees who are found to be responsible for maltreatment. The MDH may impose a fine of \$1,000 for each substantiated maltreatment violation that consists of

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

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

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

St - 0 - 0820 - 144g.45 Subd. 2 (g) - Fire Protection And Physical Environment = \$3,000.00

St - 0 - 2310 - 144g.91 Subd. 4 (a) - Appropriate Care And Services S= \$3,000.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$6,000.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

DOCUMENTATION OF ACTION TO COMPLY

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

The correction order documentation should include the following:

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

CORRECTION ORDER RECONSIDERATION PROCESS

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

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

To submit a reconsideration request, please visit:

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

REQUESTING A HEARING

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

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

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

If you have any questions, please contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Jodi Johnson", with a long horizontal flourish extending to the right.

Jodi Johnson, Supervisor

State Evaluation Team

Email: jodi.johnson@state.mn.us

Telephone: 507-344-2730 Fax: 1-866-890-9290

PMB

Minnesota Department of Health

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0 000	Initial Comments *****ATTENTION***** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL30835015 On November 6, 2023, through November 9, 2023, the Minnesota Department of Health conducted a full survey at the above provider, and the following correction orders are issued. At the time of the survey, there were 45 active residents; 45 receiving services under the Assisted Living license. 2310: An immediate order was identified on November 8, 2023. Although the immediacy was lifted on November 8, 2023, non-compliance remains at a level 3/Isolated (G).	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3.		
0 250 SS=F	144G.20 Subdivision 1 Conditions (a) The commissioner may refuse to grant a provisional license, refuse to grant a license as a	0 250			

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

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

Minnesota Department of Health

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0 250	Continued From page 2 section 144.057 or 245A.04; (12) fails to timely pay any fines assessed by the commissioner; (13) violates any local, city, or township ordinance relating to housing or assisted living services; (14) has repeated incidents of personnel performing services beyond their competency level; or (15) has operated beyond the scope of the assisted living facility's license category. (b) A violation by a contractor providing the assisted living services of the facility is a violation by the facility. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to show they met the requirements of licensure, by attesting the managerial officials who oversaw the day-to-day operations understood applicable statutes and rules; nor developed and/or implemented current policies and procedures as required with records reviewed. This had the potential to affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: During the entrance conference on November 6, 2023, at 9:49 a.m., licensed assisted living	0 250			

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

Minnesota Department of Health

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

Minnesota Department of Health

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0 250	Continued From page 5 attachments and checked the above boxes indicating my review and understanding of Minnesota Statutes, Rules, and requirements related to assisted living licensure. To the best of my knowledge and believe, this information is true, correct, and complete. I will notify MDH, in writing, of any changes to this information as required. - I attest to have all required policies and procedures of Minn. Stat. chapter 144G and Minn. Rules chapter 4659 in place upon licensure and to keep them current as applicable. Page six was electronically signed by the licensee on March 24, 2023. The licensee had an assisted living license issued on April 1, 2023, with an expiration date of March 31, 2024. The licensee failed to ensure the following policies and procedures were developed and/or implemented: (1) requirements in section 626.557, reporting of maltreatment of vulnerable adults; (2) orientation, training, and competency evaluations of staff, and a process for evaluating staff performance; (3) conducting initial evaluations of residents' needs and the providers' ability to provide those services; (4) conducting initial and ongoing resident evaluations and assessments of resident needs, including assessments by a registered nurse or appropriate licensed health professional, and how changes in a resident's condition are identified, managed, and communicated to staff and other health care providers as appropriate; and (6) medication and treatment management;	0 250			

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0 250	Continued From page 6 As a result of this survey, the following orders were issued 0550, 0640, 1440, 1620, 1710, 1730, 1750, 1790, 1910, 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. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 250			
0 430 SS=B	144G.40 Subd. 2 Uniform checklist disclosure of services (a) All assisted living facilities must provide to prospective residents: (1) a disclosure of the categories of assisted living licenses available and the category of license held by the facility; (2) a written checklist listing all services permitted under the facility's license, identifying all services the facility offers to provide under the assisted living facility contract, and identifying all services allowed under the license that the facility does not provide; and (3) an oral explanation of the services offered under the contract. (b) The requirements of paragraph (a) must be completed prior to the execution of the assisted living contract. (c) The commissioner must, in consultation with all interested stakeholders, design the uniform checklist disclosure form for use as provided under paragraph (a). This MN Requirement is not met as evidenced	0 430			

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0 430	Continued From page 7 by: Based on interview and record review, the licensee failed to provide a copy of the Uniform Disclosure of Assisted Living Services and Amenities (UDALSA) with the required content for three of four residents (R1, R2, R4). 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 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, R2, and R4's records lacked evidence the resident received a copy of the licensee's UDALSA to include: - a disclosure of the categories of assisted living licenses available and the category of license held by the facility; - a written checklist listing all services permitted under the facility's license, identifying all services the facility offers to provide under the assisted living facility contract, and identifying all services allowed under the license that the facility does not provide; and - an oral explanation of all services offered under the contract R1 R1's diagnoses included schizoaffective disorder and type II diabetes mellitus. R1's Return from Hospital Service Plan assessment dated October 5, 2023, indicated R1	0 430			

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0 430	Continued From page 8 received services including medication administration, daily blood pressure checks, blood sugar monitoring, prompting/reminders and set up assist for showers, light housekeeping, and laundry. R2 R2's diagnoses included traumatic brain injury (TBI), quadriplegia (paralysis of all four limbs), and neurogenic bladder (a condition that affects bladder control due to nerve damage or disease). R2's 90 Day Service Plan assessment dated August 21, 2023, indicated R2 received services including medication administration, bathing, grooming, dressing, transfers, and assistance with changing, cleaning, and emptying of urinary drainage bags for ileal conduit (a way of collecting urine through a bag outside your body), light housekeeping and laundry. R4 R4's diagnoses included major depressive disorder, recurrent, severe with psychotic features, post traumatic stress disorder, type II diabetes, and hypertension (high blood pressure). R4's 90 Day Service Plan assessment dated August 21, 2023, indicated R4 received services including medication administration, blood sugar monitoring, reminders for bathing and grooming, light housekeeping, and laundry. On November 9, 2023, at 10:24 a.m. licensed assisted living director (LALD)-A stated last time a surveyor was at the facility for a complaint investigation in February 2022, she was advised moving forward to have residents sign having received a copy of the UDALSA. LALD-A stated all new admits moving forward from then signed a	0 430			

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0 430	Continued From page 9 form verifying they received a copy of the UDALSA, although they did not do this for the existing residents. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 430			
0 470 SS=C	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 interview and record review, the licensee failed to ensure the licensee developed and implemented a staffing plan for determining its staffing levels. This had the potential to affect all 45 residents, staff, and visitors. This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: During the entrance conference on November 6, 2023, at 9:49 a.m. the surveyor requested a copy of the licensee's staffing plan. Licensed assisted living director (LALD)-A stated they staff with a 1:17 (one staff to every 17 residents) staff ratio which doesn't really ever change. LALD-A stated they post the daily staff schedule but was unaware of existence of a staffing plan. On November 8, 2023, at 10:06 a.m. LALD-A stated she was unable to locate evidence of a staffing plan. The licensee's 4.06 Staffing & Scheduling policy dated March 17, 2022, indicated: 1. The scheduling supervisor along with the clinical nurse supervisor will develop and implement a written staffing plan that provides an adequate number of qualified direct-care staff to meet the resident's needs 24-hours a day,	0 470			

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0 470	Continued From page 11 seven-days a week. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) Days.	0 470			
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements (13) offer to provide or make available at least the following services to residents: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated November 7, 2023, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24	0 480			

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0 480	Continued From page 12 hours of the inspection. TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480			
0 550 SS=F	144G.41 Subd. 7 Resident grievances; reporting maltreatment All facilities must post in a conspicuous place information about the facilities' grievance procedure, and the name, telephone number, and email contact information for the individuals who are responsible for handling resident grievances. The notice must also have the contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities and must have information for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center. The notice must also state that if an individual has a complaint about the facility or person providing services, the individual may contact the Office of Health Facility Complaints at the Minnesota Department of Health. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to post the required information related to the grievance procedure as well as the required information related to the contact information for the state and applicable regional Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities. This had the potential to affect all residents, staff, and visitors.	0 550			

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0 550	Continued From page 13 This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: On November 6, 2023, at 10:30 a.m. the surveyor toured the facility with licensed assisted living director (LALD)-A. There was no evidence the grievance procedure or contact information for the state and applicable regional Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities was posted in a conspicuous place. LALD-A stated the above content was not posted. The licensee's 2.10 Complaint/Grievance Posting policy dated August 1, 2021, indicated: 1. [Licensee name] will post, in a conspicuous place, information about our complaint/grievance procedure, and the name, telephone number, and email contact information for the individual(s) who are responsible for handling resident complaint/grievances. 2. The posting will also have the contact information for the Office of Ombudsman for Long Term Care and the Ombudsman for Mental Health and Developmental Disabilities. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 550			

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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 engage in and maintain documentation of ongoing quality management activities relevant to the size and services provided by the assisted living provider. This had the potential to affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: During the entrance conference on November 6,	0 580			

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0 580	Continued From page 15 2023, at 9:49 a.m., the surveyor requested the licensee's quality management plan and meeting minutes. Licensed assisted living director (LALD)-A stated the facility had not been conducting quality management meetings, nor did they have a current quality project they were working on. The licensee's 2.08 Quality Management Project policy dated August 1, 2021, indicated the licensee will have at least one documented quality management project in place at all times and retain records of such projects for at least two years. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 580			
0 640 SS=F	144G.42 Subd. 7 Posting information for reporting suspected c The facility shall support protection and safety through access to the state's systems for reporting suspected criminal activity and suspected vulnerable adult maltreatment by: (1) posting the 911 emergency number in common areas and near telephones provided by the assisted living facility; (2) posting information and the reporting number for the Minnesota Adult Abuse Reporting Center to report suspected maltreatment of a vulnerable adult under section 626.557; and (3) providing reasonable accommodations with information and notices in plain language. This MN Requirement is not met as evidenced by:	0 640			

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0 640	Continued From page 16 Based on observation, interview, and record review, the licensee failed to support protection and safety by not posting information and phone numbers for reporting to the Minnesota Adult Abuse Reporting Center (MAARC) and 911 emergency number as required. This had the potential to affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: On November 6, 2023, at 10:30 a.m. the surveyor toured the facility with licensed assisted living director (LALD)-A. The facility was observed to be lacking posting of the MAARC hotline and 911 emergency number in the common areas of the facility. LALD-A confirmed the finding. The licensee's 2.19 Vulnerable Adult Maltreatment - Prevention & Reporting policy dated August 1, 2023, indicated: 4. [Licensee name] will post information for reporting suspected crime and maltreatment. The facility will support protection and safety through access to the state's systems for reporting suspected criminal activity and suspected vulnerable adult maltreatment by: a. Posting the 911 emergency number in common areas and near telephones provided by the assisted living facility. b. Posting information and the reporting	0 640			

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0 640	Continued From page 17 number for the Minnesota Adult Abuse Reporting Center to report suspected maltreatment of a vulnerable adult. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 640			
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; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced	0 680			

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0 680	Continued From page 18 by: Based on interview and record review, the licensee failed to develop an all-hazards risk assessment emergency preparedness program and plan to include Appendix Z required elements. This had the potential to affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: During the entrance conference on November 6, 2023, at 9:49 a.m., the surveyor asked for the licensee's emergency preparedness plan (EPP). Licensed assisted living director (LALD)-A provided the surveyor with a survey readiness binder and stated the EPP was included. On November 6, 2023, at 10:30 a.m. during a tour of the facility, the surveyor did not observe any signage or information regarding the licensee's emergency preparedness plan posted in a prominent location. The licensee's plan lacked an all-hazards vulnerability assessment in addition to the following required content: - a description of the population served by the licensee; - process for emergency preparedness (EP) collaboration with state and local EP	0 680			

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0 680	Continued From page 19 officials/organizations; - procedure for tracking staff and residents; - subsistence needs for staff and residents during emergency situations; - development of policies/procedures to address: - evacuation plan; - shelter in place; - the medical record documentation system to preserve resident information; - use of volunteers; - emergency staff strategies; and - the facility's role in providing care and treatment at alternative sites. - a communication plan that included: - arrangement with other facilities; - names and contact information for resident physicians; - contact information for federal, state, tribal, local EP staff, or the ombudsman; - primary and alternative means for communicating with facility staff, or federal, state, regional and local - policies and procedures to address role of facility under a waiver declared by the Secretary in accordance with section 1135 of the Act - emergency management agencies; - a method of sharing information and medical documentation for residents; - a means to provide information regarding the facility's needs, and its ability to provide assistance to include information about their occupancy; and - a method of sharing information from the emergency plan with residents and their families. - EP training and testing program; - EP training program for staff (including documentation of training provided); and - EP testing/annual testing requirements. On November 9, 2023, at 11:45 a.m. LALD-A	0 680			

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0 680	Continued From page 20 confirmed the provided Emergency Plan did not contain all the required components. The licensee's 9.01 Emergency Preparedness Plan - Appendix Z Compliance policy dated August 1, 2021, indicated the EPP will include all required elements of appendix Z, be in writing, and reviewed annually. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 680			
0 690 SS=D	144G.43 Subdivision 1 Resident record (a) Assisted living facilities must maintain records for each resident for whom it is providing services. Entries in the resident records must be current, legible, permanently recorded, dated, and authenticated with the name and title of the person making the entry. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure entries in the resident's records were authenticated by the title of the person making the entry for two of four residents (R1, R2). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the	0 690			

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0 690	Continued From page 21 situation has occurred only occasionally). The findings include: R1 R1's Medication Management assessment/plan dated November 25, 2021, was not authenticated with the title of the person completing the assessment. R2 R2's Client Vulnerability assessment was not authenticated with the title of the person completing the assessment. On November 8, 2023, at 8:35 a.m. clinical nurse supervisor (CNS)-B verified R1's Medication Management assessment/plan had not been authenticated by the nurse completing the assessment. On November 9, 2023, at 11:15 a.m. CNS-B verified R2's Client Vulnerability assessment had not been authenticated by the nurse completing the assessment. The licensee's 1.07 Client Record - Documentation policy dated January 30, 2015, indicated: 2. All documentation must include the signature and title of the person who performed the service or administered the medication, treatment or therapy. Initials may be used if there is a completed signature page included in the documentation. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 690			

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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 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 alarms that are interconnected so actuation of one alarm causes all alarms in the dwelling unit to actuate. This deficient condition had the ability to affect all staff and residents in the cottages. This practice resulted in a level two violation (a violation that did not harm a resident's health or	0 780			

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0 780	Continued From page 23 safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: On November 7, 2023, at 10:00 a.m., survey staff toured the facility with licensed assisted living director (LALD)-A and medical assistant (MA)-E. During the facility tour, it was observed upon testing, the smoke alarms in cottage 501, 502, 503. 504 and 505 were not interconnected so the actuation of one smoke alarm would cause all other alarms in the facility to actuate. It was observed the sleeping rooms in cottage 502 were equipped with smoke alarms, but were not working when they were tested. On November 7, 2023, at 10:00 a.m., MA-E verified these deficient conditions while accompanying the tour. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 780			
0 790 SS=F	144G.45 Subd. 2 (a) (2)-(3) Fire protection and physical environment (2) install and maintain portable fire extinguishers in accordance with the State Fire Code; (3) install portable fire extinguishers having a minimum 2-A:10-B:C rating within Group R-3	0 790			

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0 790	Continued From page 24 occupancies, as defined by the State Fire Code, located so that the travel distance to the nearest fire extinguisher does not exceed 75 feet, and maintained in accordance with the State Fire Code; and This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to perform the required monthly maintenance on fire extinguishers. This had the potential to affect all current residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: On November 7, 2023, at 10:00 a.m., survey staff toured the facility with licensed assisted living director (LALD)-A and medical assistant (MA)-E. During the facility tour, it was observed portable fire extinguishers were tagged, showing the required annual service but lacked records to show the required monthly visual inspections were performed or recorded for all portable fire extinguishers throughout buildings. The fire extinguisher by the activity room located on the first floor in the main building was	0 790			

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0 790	Continued From page 25 1-A:10-BC (size) rated and did not have at least one 2-A:10-B:C rated fire extinguisher as required by MN Statute 144G.45. On November 7, 2023, at 10:00 a.m., LALD-A verified this deficient finding at the time of discovery. TIME PERIOD FOR CORRECTION: Seven (7) days	0 790			
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, interview and record review, the licensee failed to maintain the physical environment in a continuous state of good repair and operation with regard to the health, safety, and well-being of the residents. This had the potential to directly affect all residents and staff. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected	0 800			

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0 800	Continued From page 26 or has the potential to affect a large portion or all of the residents). The findings include: On November 7, 2023, at 10:00 a.m., survey staff toured the facility with licensed assisted living director (LALD)-A and medical assistant (MA)-E. During the facility tour, survey staff observed the following items: In the smoke room located on the first floor, it was observed the door closers had been disabled by removing the closure arm or closure device. The doors still had a portion or remnants of the closure device still mounted on the door. The door closure device is required to make the door close and positively latch to maintain the fire integrity of the room and corridor. It was also observed the burnt, used cigarettes were being disposed of without a proper disposal container, creating a possible fire hazard. In the bedroom located by the copy room on the ground floor, it was observed the ceiling tiles were sagging and were not securely installed. In bedroom par 3 located on the ground level, it was observed the acoustic ceiling tile by the entrance and in the bathroom was removed due to water damage. The rated sheetrock ceiling assembled above the acoustic tiles was heavily damaged and had holes. It was observed the multiple plug strips were daisy chained (connected together in a line) to provide power to the microwave and other electrical equipment, creating a possible fire hazard. In the break room located by the dining room on the ground floor, it was observed the acoustic	0 800			

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0 800	Continued From page 27 ceiling had considerable brown stains, and the ceiling grid was rusted badly from water damage. In the bathroom located by room 105 on the first floor, it was observed the acoustic ceiling had considerable brown stains, and the ceiling grid was rusted badly from water damage. In the corridor located by room 110 on the first floor, it was observed the ceiling-mounted light cover was broken. In the stairway located by room 404 in the station D area on the ground floor, it was observed the stair door was identified as a 90-minute fire-rated door, but the door did not close and self-latch. The door is required to close and self-latch to maintain the fire barrier from the corridor. In the corridor by room 201 on the second floor, it was observed the ceiling-mounted light cover was broken. In the shower room by unit 205 on the second floor, it was observed there was a considerable brown stain on the acoustic ceiling tile with evidence of water damage. In resident unit 202 located on the second floor, it was observed the ceiling-mounted light fixture cover was broken. In the shower room by unit 305 on the second floor, it was observed there was a considerable brown stain on the acoustic ceiling tile with evidence of water damage. During the interview on November 7, 2023, at 10:00 a.m., LALD-A stated there was a water leak from the roof, and they were working with a	0 800			

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0 800	Continued From page 28 contractor to repair it. LALD-A and MA-E verified these deficient findings at the time of discovery. Review of the available maintenance records indicated the fire alarm system had not had an annual maintenance inspection. An annual maintenance inspection of the fire alarm system is required. During the interview on November 7, 2023, at 10:00 a.m., LALD-A confirmed there was no further documentation for the fire alarm system inspection. TIME PERIOD FOR CORRECTION: Seven (7) 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. (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.	0 810			

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0 810	Continued From page 29 (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 observation, interview and record review, the licensee failed to provide a maintained fire safety and evacuation plan that showed the location and number of resident rooms, provide readily available fire safety evacuation plan at all times within the facility, and conduct required evacuation drills. This had the potential to affect all staff, residents, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident 's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: During the facility tour on November 7, 2023, at	0 810			

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0 810	Continued From page 30 1:00 p.m., with licensed assisted living director (LALD)-A, it was observed the posted emergency evacuation plan on all levels in the main building did not show the location of resident rooms and the number of resident rooms. The plan did not show the elements required for fire safety and emergency evacuation. This deficient condition was visually verified by LALD-A accompanying the tour. On November 7, 2023, at 1:00 p.m., administrative assistant (AA)-F provided documentation on the fire safety and evacuation plan, fire safety and evacuation training for the facility, and fire safety and evacuation drills for the facility. Record review of the available documentation indicated the fire safety and evacuation plans were readily available throughout the facility. During the interview on November 7, 2023, at 1:00 p.m., AA-F stated the facility keeps the fire safety policy book in the director's office, and night shift staff do not have access to the plan. Record review of the available documentation indicated the licensee did not conduct evacuation drills twice per year per shift and every other month as required by statute. Provided documentation indicated the drills were conducted on September 26, 2023 and May 11, 2023, with no further drills being documented. Further review of the available documentation indicated the facility failed to provide two drills on the second shift and the third shift. On November 7, 2023, at 1:00 p.m., AA-F verified there were no further documented drills for the facility and verified this deficient condition.	0 810			

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0 810	Continued From page 31	0 810			
0 820 SS=G	144G.45 Subd. 2 (g) Fire protection and physical environment (g) Existing construction or elements, including assisted living facilities that were registered as housing with services establishments under chapter 144D prior to August 1, 2021, shall be permitted to continue in use provided such use does not constitute a distinct hazard to life. Any existing elements that an authority having jurisdiction deems a distinct hazard to life must be corrected. The facility must document in the facility's records any actions taken to comply with a correction order, and must submit to the commissioner for review and approval prior to correction. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to ensure physical facility elements did not constitute a distinct hazard to life. The licensee failed to provide a resident bedroom with the minimum window opening meeting the minimum state standard for egress. This affected the occupied resident bedrooms #2 in the cottage 505. This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death), and was	0 820			

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0 820	Continued From page 32 issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: On November 7, 2023, at 10:00 a.m., survey staff toured the facility with the Licensed Assisted Living Director (LALD)-A and Medical Assistant (MA)-E. During the facility tour, survey staff observed the following items: It was observed that unoccupied resident bedroom #2 in cottage 505 did not have windows that met the minimum size requirements for egress escape. The clear openable area of the opened windows measured 26 inches in height and 21 inches in width, with a total openable area of 546 square inches. The windows did not meet the minimum requirements for opening height and did not meet the minimum requirements for total openable area. Egress windows in existing sleeping rooms must have a minimum openable width of 20 inches and minimum openable height of 20 inches with no less than 648 square inches total of openable area (4.5 square feet) for the window. Survey staff explained to MA-E that at least one egress window in each bedroom must be provided to meet the minimum state standard for an egress window to be a complying bedroom for resident occupancy. MA-E verbally confirmed the findings. TIME PERIOD FOR CORRECTION: Seven (7) days	0 820			

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0 940	Continued From page 33	0 940			
0 940 SS=C	144G.50 Subd. 2 (e; 5-7) Contract information (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); (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.	0 940			

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NAME OF PROVIDER OR SUPPLIER VALLEYVIEW OF JORDAN LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 4061 WEST 173RD STREET JORDAN, MN 55352		
(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
0 940	Continued From page 34 This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to execute a written contract with the required content for four of four residents (R1, R2, R3, R4). This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: R1, R2, R3, and R4's Assisted Living Residency Agreements lacked the following required content: - 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: - whether the facility is enrolled with the commissioner of human services to provide customized living services under medical assistance waivers; - whether the facility has an agreement to provide housing support under section 256I.04, subdivision 2, paragraph (b); - 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; - whether the facility requires a resident to pay privately for a period of time prior to accepting payment under medical assistance	0 940			

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0 940	Continued From page 35 waivers or the housing support program, and if so, the length of time that private payment is required; - a statement that medical assistance waivers provide payment for services, but do not cover the cost of rent; - a statement that residents may be eligible for assistance with rent through the housing support program; and - 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; - the contact information to obtain long-term care consulting services under section 256B.0911; and - the toll-free phone number for the Minnesota Adult Abuse Reporting Center. R1 R1 began receiving assisted living services on August 1, 2021. R1's Housing with Services Lease/Contract dated May 10, 2022, failed to have the above noted required content. R2 R2 began receiving assisted living services on August 1, 2021. R2's Housing with Services Lease/Contract dated April 22, 2022, failed to have the above noted required content. R3 R3 began receiving assisted living services on February 2, 2023. R3's Housing with Services Lease/Contract dated February 2, 2023, failed to have the above noted	0 940			

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0 940	Continued From page 36 required content. R4 R4 began receiving assisted living services on August 1, 2021. R4's Housing with Services Lease/Contract dated April 21, 2022, failed to have the above noted required content. On November 9, 2023, at 11:45 a.m. licensed assisted living director (LALD)-A stated the contract lacked the above required content. LALD-A verified the licensee contract would lack the same for all residents. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 940			
0 950 SS=C	144G.50 Subd. 3 Designation of representative (a) Before or at the time of execution of an assisted living contract, an assisted living facility must offer the resident the opportunity to identify a designated representative in writing in the contract and must provide the following verbatim notice on a document separate from the contract: "RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES. You have the right to name anyone as your "Designated Representative." A Designated 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	0 950			

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0 950	Continued From page 37 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 ensure the assisted living contract included the designation of representative statutory language for four of four residents (R1, R2, R3, R4). This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: R1's Housing with Services Lease/Contract was signed on May 10, 2022. R2's Housing with Services Lease/Contract was signed on April 22, 2022.	0 950			

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0 950	Continued From page 38 R3's Housing with Services Lease/Contract was signed on February 2, 2023. R4's Housing with Services Lease/Contract was signed on April 21, 2022. R1, R2, R3 and R4's contract and record lacked the following required content: - 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." On November 9, 2023, at 11:45 a.m. licensed assisted living director (LALD)-A stated R1, R1, R3 and R4's contracts and record lacked the required verbatim content as listed above. LALD-A verified the licensee's contract would lack the same content for all residents. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 950			

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01060	Continued From page 39	01060			
01060 SS=F	144G.52 Subd. 9 Emergency relocation (a) A facility may remove a resident from the facility in an emergency if necessary due to a resident's urgent medical needs or an imminent risk the resident poses to the health or safety of another facility resident or facility staff member. An emergency relocation is not a termination. (b) In the event of an emergency relocation, the facility must provide a written notice that contains, at a minimum: (1) the reason for the relocation; (2) the name and contact information for the location to which the resident has been relocated and any new service provider; (3) contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities; (4) if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and (5) a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal. (c) The notice required under paragraph (b) must be delivered as soon as practicable to: (1) the resident, legal representative, and designated representative; (2) for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the resident's case manager; and (3) the Office of Ombudsman for Long-Term Care if the resident has been relocated and has not	01060			

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01060	Continued From page 40 returned to the facility within four days. (d) Following an emergency relocation, a facility's refusal to provide housing or services constitutes a termination and triggers the termination process in this section.currently known; and This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide a written notice with the required content for an emergency relocation and failed to notify the Office of Ombudsman for Long-Term Care of the emergency relocation for one of one resident (R1). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: R1 R1 began receiving assisted living services on August 1, 2021. R1's Return from Hospital Service Plan assessment dated October 5, 2023, indicated R1 received services including medication administration, daily blood pressure checks, blood sugar monitoring, prompting/reminders and set up assist for showers, light housekeeping and laundry. R1's physician discharge orders dated October 5, 2023, indicated R1 was hospitalized on October	01060			

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01060	Continued From page 41 3, 2023, and returned to the licensee on October 5, 2023. R3 R3 began receiving assisted living services on February 2, 2023. R3's Return from Hospital Service Plan assessment dated October 5, 2023, indicated R3 received services including medication administration, light housekeeping and laundry. R3's Hospitalist Discharge Summary dated October 4, 2023, indicated R3 was hospitalized on September 28, 2023, and returned to the licensee on October 4, 2023. On November 8, 2023, at 8:35 a.m. clinical nurse supervisor (CNS)-B stated they do not provide an emergency transfer notice for hospitalization or notify the ombudsman if greater than four days. No further information was provided. TIME PERIOD TO CORRECT: Twenty-one (21) days	01060			
01440 SS=F	144G.62 Subd. 4 Supervision of staff providing delegated nurs (a) Staff who perform delegated nursing or therapy tasks must be supervised by an appropriate licensed health professional or a registered nurse according to the assisted living facility's policy where the services are being provided to verify that the work is being performed competently and to identify problems and solutions related to the staff person's ability to perform the tasks. Supervision of staff	01440			

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01440	Continued From page 42 performing medication or treatment administration shall be provided by a registered nurse or appropriate licensed health professional and must include observation of the staff administering the medication or treatment and the interaction with the resident. (b) The direct supervision of staff performing delegated tasks must be provided within 30 calendar days after the date on which the individual begins working for the facility and first performs the delegated tasks for residents and thereafter as needed based on performance. This requirement also applies to staff who have not performed delegated tasks for one year or longer. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) conducted direct supervision for one of one unlicensed personnel (ULP-D) performing delegated nursing or therapy tasks within 30 days of first providing those services. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: ULP-D was hired on March 21, 2023, to provide direct care services to residents at the assisted living. ULP-D's employee record lacked	01440			

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01440	Continued From page 43 documentation of a RN supervising ULP-D performing delegated tasks within 30 days of beginning work with the licensee. On November 8, 2023, at 10:50 a.m. ULP-D was observed administering medication to R2. On November 9, 2023, at 11:00 a.m. clinical nurse supervisor (CNS)-B stated she had not been completing 30-day supervisions on staff doing delegated tasks. CNS-B further stated she could not find evidence of a 30-day supervisory review for ULP-D. The licensee's 3.07 Supervision of ULP policy dated November 16, 2016, noted ULP must be supervised by an RN within 30 days after the individual begins working for the home care provider and thereafter as needed based on performance. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01440			
01620 SS=D	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	01620			

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01620	Continued From page 44 individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review. (e) A facility must inform the prospective resident of the availability of and contact information for 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 observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) completed a resident assessment within 14 days of admission for one of one resident (R3) and ongoing resident reassessments that did not exceed 90 days for one of four residents (R2). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: R3 R3 began receiving assisted living services on February 2, 2023.	01620			

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01620	Continued From page 45 R3's Return from Hospital Service Plan assessment dated October 5, 2023, indicated R3 received services including medication administration, light housekeeping and laundry. R3's record indicated the RN completed a 14-day assessment on February 24, 2023, (22 days after start of services, or eight days late). R2 R2's 90 Day Service Plan assessment dated August 21, 2023, indicated R2 received services including medication administration, bathing, grooming, dressing, transfers, and assistance with changing, cleaning, and emptying of urinary drainage bags for ileal conduit (a way of collecting urine through a bag outside your body), light housekeeping and laundry. R2's record indicated the RN completed a reassessment on May 15, 2023, and on August 21, 2023, (98 days passed between assessments, or eight days late). On November 9, 2023, at 11:50 a.m. clinical nurse supervisor (CNS)-B reviewed the above assessments and stated they had not been completed within the required timeframe. The licensee's 4.03 Assessment - Schedules policy dated February 2, 2015, indicated the RN would complete a reassessment within 14 days after initiation of home care services and at least every 90 days thereafter. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01620			

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01650 SS=F	144G.70 Subd. 4 (f) Service plan, implementation and revisions to (f) The service plan must include: (1) a description of the services to be provided, the fees for services, and the frequency of each service, according to the resident's current assessment and resident preferences; (2) the identification of staff or categories of staff who will provide the services; (3) the schedule and methods of monitoring assessments of the resident; (4) the schedule and methods of monitoring staff providing services; and (5) a contingency plan that includes: (i) the action to be taken if the scheduled service cannot be provided; (ii) information and a method to contact the facility; (iii) the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency; and (iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a service plan included the correct required content for four of four residents (R1, R2, R3, R4). This practice resulted in a level two violation (a	01650			

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01650	Continued From page 47 violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: R1 R1's diagnoses included schizoaffective disorder, type II diabetes mellitus, and chronic obstructive pulmonary disease (COPD). R1's Return from Hospital Service Plan assessment dated October 5, 2023, indicated R1 received services including medication administration, daily blood pressure checks, blood sugar monitoring, prompting/reminders and set up assist for showers, light housekeeping and laundry. The service plan did not include the schedule and methods of monitoring staff providing services. R2 R2's diagnoses included traumatic brain injury (TBI), quadriplegia (paralysis of all four limbs), and neurogenic bladder (a condition that affects bladder control due to nerve damage or disease). R2's 90 Day Service Plan assessment dated August 21, 2023, indicated R2 received services including medication administration, bathing, grooming, dressing, transfers, and assistance with changing, cleaning, and emptying of urinary drainage bags for ileal conduit (a way of collecting urine through a bag outside your body), light housekeeping and laundry. The service plan did	01650			

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01650	Continued From page 48 not include the schedule and methods of monitoring staff providing services. R3 R3's diagnoses included alcohol dependence and breast cancer. R3's Return from Hospital Service Plan assessment dated October 5, 2023, indicated R3 received services including medication administration, light housekeeping and laundry. The service plan did not include the schedule and methods of monitoring staff providing services. R4 R4's diagnoses included major depressive disorder, recurrent, severe with psychotic features, post traumatic stress disorder, type II diabetes, and hypertension (high blood pressure). R4's 90 Day Service Plan assessment dated August 21, 2023, indicated R4 received services including medication administration, blood sugar monitoring, reminders for bathing and grooming, light housekeeping and laundry. The service plan did not include the schedule and methods of monitoring staff providing services. On November 8, 2023, at 8:35 a.m., clinical nurse supervisor (CNS)-B reviewed the service plan/care plan utilized for all residents and stated none of them included the schedule and methods of monitoring staff providing services as required. The licensee's 4.09 Service Plans policy dates February 2, 2015, indicated: The service plan must include all of the following required elements: 4. The frequency of sessions of supervision of staff and type of personnel who will supervise	01650			

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01650	Continued From page 49 staff. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01650			
01710 SS=F	144G.71 Subd. 3 Individualized medication monitoring and reas The assisted living facility must monitor and reassess the resident's medication management services as needed under subdivision 2 when the resident presents with symptoms or other issues that may be medication-related and, at a minimum, annually. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) conducted a face-to-face medication management reassessment annually for three of three residents (R1, R2, R4). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: During the entrance conference on November 6,	01710			

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01710	Continued From page 50 2023, at 9:49 a.m. licensed assisted living director (LALD)-A stated the licensee provided medication management services to the residents at the facility. R1 R1's diagnoses included schizoaffective disorder and type II diabetes mellitus. R1's Return from Hospital Service Plan assessment dated October 5, 2023, indicated R1 received medication administration. R1's prescriber's orders dated January 5, 2023, included two injectable insulins, four anti-hypertensive medications, two diuretics, two antihyperlipidemics, two inhalers, one anticonvulsant, one antidepressant, one antipsychotic, and two supplements. On November 7, 2023, at 7:26 a.m. unlicensed personnel (ULP)-D was observed administering medication to R1. R1's Medication Management assessment was last completed on November 25, 2021. R2 R2's diagnoses included traumatic brain injury (TBI), quadriplegia (paralysis of all four limbs), and neurogenic bladder (a condition that affects bladder control due to nerve damage or disease). R2's 90 Day Service Plan assessment dated August 21, 2023, indicated R2 received medication administration. R2's prescriber's orders dated March 3, 2023, included on anticoagulant and one muscle relaxant.	01710			

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01710	Continued From page 51 On November 8, 2023, at 10:44 a.m. ULP-D was observed administering medication to R2. R2's Medication Management assessment was last completed on December 13, 2021. R4 R4's diagnoses included major depressive disorder, recurrent, severe with psychotic features, post traumatic stress disorder, type II diabetes, and hypertension (high blood pressure). R4's 90 Day Service Plan assessment dated August 21, 2023, indicated R4 received medication administration. R4's prescriber's orders dated May 16, 2023, included one antipsychotic, two antidepressants, one mood stabilizer, one anti-anxiety, one injectable insulin, one oral medication for diabetes, one diuretic, three antihypertensives, one inhaler, one nebulizer and one oral for asthma, two supplements. R4's Medication Management assessment was last completed on January 5, 2022. R1, R2, and R4's record lacked evidence the RN conducted a review of all medications the residents were known to be taking include a review of the side effects and contraindications annually. On November 8, 2023, at 8:35 a.m. clinical nurse supervisor (CNS)-B reviewed the above Medication Management assessment and stated they had not been reassessed annually and was unaware of the requirement.	01710			

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01710	Continued From page 52 No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01710			
01730 SS=E	144G.71 Subd. 5 Individualized medication management plan (a) For each resident receiving medication management services, the assisted living facility must prepare and include in the service plan a written statement of the medication management services that will be provided to the resident. The facility must develop and maintain a current individualized medication management record for each resident based on the resident's assessment that must contain the following: (1) a statement describing the medication management services that will be provided; (2) a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; (3) documentation of specific resident instructions relating to the administration of medications; (4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis; (5) identification of medication management tasks that may be delegated to unlicensed personnel; (6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and (7) any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use	01730			

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01730	Continued From page 53 to prevent possible complications or adverse reactions. (b) The medication management record must be current and updated when there are any changes. (c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop an individualized medication management plan with the required content for three of four residents (R1, R2, 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, but was not likely to cause serious injury, impairment, or death) and was issued at a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive). The findings include: During the entrance conference on November 6, 2023, at 9:49 a.m. licensed assisted living director (LALD)-A confirmed the licensee provided medication management services to the residents at the facility. R1 R1's diagnoses included schizoaffective disorder and type II diabetes mellitus.	01730			

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01730	Continued From page 54 R1's Return from Hospital Service Plan assessment dated October 5, 2023, indicated R1 received medication administration. R1's prescriber's orders dated January 5, 2023, included two injectable insulins, four anti-hypertensive medications, two diuretics, two antihyperlipidemics, two inhalers, one anticonvulsant, one antidepressant, one antipsychotic, and two supplements. On November 7, 2023, at 7:26 a.m. unlicensed personnel (ULP)-D was observed administering medication to R1. R2 R2's diagnoses included traumatic brain injury (TBI), quadriplegia (paralysis of all four limbs), and neurogenic bladder (a condition that affects bladder control due to nerve damage or disease). R2's 90 Day Service Plan assessment dated August 21, 2023, indicated R2 received medication administration. R2's prescriber's orders dated March 3, 2023, included on anticoagulant and one muscle relaxant. On November 8, 2023, at 10:44 a.m. ULP-D was observed administering medication to R2. R3 R3's diagnoses included alcohol dependence and breast cancer. R3's Return from Hospital Service Plan assessment dated October 5, 2023, indicated R3 received medication administration.	01730			

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01730	Continued From page 55 R3's hospital discharge orders dated October 4, 2023, included on antineoplastic (to treat breast cancer) and one supplement. R1, R2, and R3's individual medication management plans lacked: - a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions. On November 8, 2023, at 8:35 a.m. clinical nurse supervisor (CNS)-B reviewed the above Medication Management plans and stated they did not include the above required content. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01730			
01750 SS=D	144G.71 Subd. 7 Delegation of medication administration When administration of medications is delegated to unlicensed personnel, the assisted living facility must ensure that the registered nurse has: (1) instructed the unlicensed personnel in the proper methods to administer the medications, and the unlicensed personnel has demonstrated the ability to competently follow the procedures; (2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's records; and (3) communicated with the unlicensed personnel about the individual needs of the resident. This MN Requirement is not met as evidenced	01750			

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01750	Continued From page 56 by: Based on observation, interview, and record review, the licensee failed to ensure delegated procedures were followed for one of three residents (R1) observed during medication administration. 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 R1's diagnoses included schizoaffective disorder, type II diabetes mellitus, and chronic obstructive pulmonary disease (COPD). R1's Return from Hospital Service Plan assessment dated October 5, 2023, indicated R1 received medication administration. R1's medication administration record (MAR) dated November 2023, included an order for Advair Diskus (corticosteroid) 250 micrograms (mcg)/50 mcg, use one inhalation by mouth twice daily. Rinse mouth after each use. On November 7, 2023, at 7:26 a.m. unlicensed personnel (ULP)-C was observed administering medications to R1. After R1 took his scheduled oral medications, ULP-C handed the resident his Advair Diskus inhaler. R1 took the inhaler and administered independently. When finished, R1	01750			

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01750	Continued From page 57 handed the inhaler back to ULP-C. ULP-C did not prompt or provide the resident water to rinse his mouth afterwards. When interviewed at 7:45 a.m. following the medication administration observation, ULP-C stated R1 always refuses to rinse his mouth after inhaler use and gets upset when prompted to do so. On November 8, 2023, at 8:35 a.m. clinical nurse supervisor (CNS)-B stated the expectation with resident inhaler use would be to have the ULP provide a small cup of water for the resident to utilize to swish and spit back into. If the resident refuses staff are to complete a refusal form. CNS-B was unable to find evidence a refusal form had been completed by ULP-C. The Advair Diskus Instructions for Use revised January 2019, indicated: Rinse your mouth with water after breathing in the medicine. Spit out the water. Do not swallow it. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01750			
01790 SS=F	144G.71 Subd. 10 Medication management for residents who will (2) for unplanned time away, when the pharmacy is not able to provide the medications, a licensed nurse or unlicensed personnel shall provide medications in amounts and dosages needed for the length of the anticipated absence, not to exceed seven calendar days; (3) the resident must be provided written information on medications, including any special instructions for administering or handling the	01790			

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01790	Continued From page 58 medications, including controlled substances; and (4) the medications must be placed in a medication container or containers appropriate to the provider's medication system and must be labeled with the resident's name and the dates and times that the medications are scheduled. (b) For unplanned time away when the licensed nurse is not available, the registered nurse may delegate this task to unlicensed personnel if: (1) the registered nurse has trained the unlicensed staff and determined the unlicensed staff is competent to follow the procedures for giving medications to residents; and (2) the registered nurse has developed written procedures for the unlicensed personnel, including any special instructions or procedures regarding controlled substances that are prescribed for the resident. The procedures must address: (i) the type of container or containers to be used for the medications appropriate to the provider's medication system; (ii) how the container or containers must be labeled; (iii) written information about the medications to be provided; (iv) how the unlicensed staff must document in the resident's record that medications have been provided, including documenting the date the medications were provided and who received the medications, the person who provided the medications to the resident, the number of medications that were provided to the resident, and other required information; (v) how the registered nurse shall be notified that medications have been provided and whether the registered nurse needs to be contacted before the medications are given to the resident or the designated representative;	01790			

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01790	Continued From page 59 (vi) a review by the registered nurse of the completion of this task to verify that this task was completed accurately by the unlicensed personnel; and (vii) how the unlicensed personnel must document in the resident's record any unused medications that are returned to the facility, including the name of each medication and the doses of each returned medication. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the registered nurse (RN) trained and ensured competency for two of two employees (unlicensed personnel (ULP)-C, ULP-D) providing medications for residents with unplanned time away from home when the licensed nurse was not available. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings included: ULP-C and ULP-D were hired to provide direct care to the licensee's residents on April 1, 2005, and March 21, 2023, respectively. ULP-C and ULP-D's employee records lacked documentation of competencies for providing medications to residents with medication management who have unplanned time away	01790			

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01790	Continued From page 60 from home. On November 9, 2023, at 10:51 a.m. clinical nurse supervisor (CNS)-B stated ULP-C and ULP-D were trained to administer medications and would encounter times when they would need to get medications ready for a resident to take with them for unplanned time away. CNS-B stated she did not do any formal competency or training to staff preparing medications for residents with unplanned time away. CNS-B stated ULP-C and ULP-D's employee record lacked the above required competency. The licensee's 5.12 Medication Administration-Outings and Unplanned Leaves of Absence policy dated January 1, 2016, noted for unplanned time away, when the pharmacy is not able to provide the medications, a licensed nurse or properly trained and competency tested unlicensed personnel may give the resident or resident's representative medications in amounts and dosages needed for the length of the anticipated absence, not to exceed five days. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01790			
01910 SS=D	144G.71 Subd. 22 Disposition of medications (a) Any current medications being managed by the assisted living facility must be provided to the resident when the resident's service plan ends or medication management services are no longer part of the service plan. Medications for a resident who is deceased or that have been discontinued or have expired may be provided for	01910			

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01910	Continued From page 61 disposal. (b) The facility shall dispose of any medications remaining with the facility that are discontinued or expired or upon the termination of the service contract or the resident's death according to state and federal regulations for disposition of medications and controlled substances. (c) Upon disposition, the facility must document in the resident's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to document in the resident's record the disposition of the medication including the medication's prescription number as applicable, to whom the medications were given, and names of staff and other individuals involved in the disposition for one of one discharged resident (R5). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: The discharge resident roster provided by the licensee, indicated R5 had discharged to another	01910			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30835	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/09/2023
NAME OF PROVIDER OR SUPPLIER VALLEYVIEW OF JORDAN LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 4061 WEST 173RD STREET JORDAN, MN 55352		
(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
01910	Continued From page 62 assisted living facility on July 26, 2023. R5's 90 Day Service Plan assessment dated June 12, 2023, included medication administration. R5's undated, document titled [Resident first and last name] Medication List was provided with R5's Discharge Summary (dated July 26, 2023). The document listed eight medications that included the name, strength, and quantity of each medication. Only one of the seven medications included a prescription number. The document did not include the prescription number for the following medications: loperamide (antidiarrhea), Vitamin D3, Vitamin B12, fluticasone spray (to treat allergy symptoms), Trazodone (antidepressant), clotrimazole and betamethasone cream (to treat fungal infection), and triamcinolone acetonide cream (used to treat a variety of skin infections). The document further did not identify whom the medications were given, or the names of staff and other individuals involved in the disposition. On November 8, 2023, at 8:35 a.m. clinical nurse supervisor (CNS)-B stated R5's disposition of medications document completed upon discharge did not include all required content. The licensee's 5.17 Disposal of Medication policy dated January 30, 2015, indicated: Upon disposition, the comprehensive home care provider must document in the client's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition.	01910			

Minnesota Department of Health

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01910	Continued From page 63 No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01910			
02240 SS=C	144G.90 Subdivision 1 Assisted living bill of rights; notification (a) An assisted living facility must provide the resident a written notice of the rights under section 144G.91 before the initiation of services to that resident. The facility shall make all reasonable efforts to provide notice of the rights to the resident in a language the resident can understand. (b) In addition to the text of the assisted living bill of rights in section 144G.91, the notice shall also contain the following statement describing how to file a complaint or report suspected abuse: "If you want to report suspected abuse, neglect, or financial exploitation, you may contact the Minnesota Adult Abuse Reporting Center (MAARC). If you have a complaint about the facility or person providing your services, you may contact the Office of Health Facility Complaints, Minnesota Department of Health. If you would like to request advocacy services, you may contact the Office of Ombudsman for Long-Term Care or the Office of Ombudsman for Mental Health and Developmental Disabilities." (c) The statement must include contact information for the Minnesota Adult Abuse Reporting Center and the telephone number, website address, email address, mailing address, and street address of the Office of Health Facility Complaints at the Minnesota Department of Health, the Office of Ombudsman for Long-Term Care, and the Office of Ombudsman for Mental	02240			

Minnesota Department of Health

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02240	Continued From page 64 Health and Developmental Disabilities. The statement must include the facility's name, address, email, telephone number, and name or title of the person at the facility to whom problems or complaints may be directed. It must also include a statement that the facility will not retaliate because of a complaint. (d) A facility must obtain written acknowledgment from the resident of the resident's receipt of the assisted living bill of rights or shall document why an acknowledgment cannot be obtained. Acknowledgment of receipt shall be retained in the resident's record. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the current Minnesota Bill of Rights for Assisted Living Residents was provided and a written acknowledgement was received for four of four residents (R1, R2, R3, R4). This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: The facility converted to an Assisted Living license on August 1, 2021. During the entrance conference on November 6, 2023, at 9:49 a.m. the surveyor requested licensed assisted living director (LALD)-A provide	02240			

Minnesota Department of Health

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02240	Continued From page 65 a copy of the Minnesota Bill of Rights for Assisted Living Residents that was being provided to the licensee's residents. LALD-A later provided the document which was dated May 16, 2021. R1 R1 began receiving assisted living services on August 1, 2021. R1's record included a form signed on May 10, 2022, verifying a copy of the 144G.01 Assisted Living Bill of Rights had been received. R1's record lacked evidence the resident received the Bill of Rights for Assisted Living Residents dated November 8, 2022. R2 R2 began receiving assisted living services on August 1, 2021. R2's record included a form signed on April 22, 2022, verifying a copy of the 144G.01 Assisted Living Bill of Rights had been received. R2's record lacked evidence the resident received the Bill of Rights for Assisted Living Residents dated November 8, 2022. R3 R3 began receiving assisted living services on February 2, 2023. R3's record included a form signed on February 2, 2023, verifying a copy of the 144G.01 Assisted Living Bill of Rights had been received. R3's record lacked evidence the resident received the Bill of Rights for Assisted Living Residents dated November 8, 2022.	02240			

Minnesota Department of Health

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02240	Continued From page 66 R4 R4 began receiving assisted living services on August 1, 2021. R4's record included a form signed on April 21, 2022, verifying a copy of the 144G.01 Assisted Living Bill of Rights had been received. R4's record lacked evidence the resident received the Bill of Rights for Assisted Living Residents dated November 8, 2022. On November 8, 2023, at 10:06 a.m. LALD-A stated last providing and having residents sign off receiving the Bill of Rights after February 2022, when a surveyor was here for a complaint investigation and pointed out the requirement. LALD-A stated having no knowledge an updated version was available and had not provided the current version to new residents or existing residents. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	02240			
02310 SS=G	144G.91 Subd. 4 (a) 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:	02310			

Minnesota Department of Health

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02310	Continued From page 67 Based on observation, interview, and record review, the licensee failed to ensure the care and services were provided according to acceptable health care, medical or nursing standards for one of one resident (R2) with a bed rail. This resulted in an immediate correction order on November 8, 2023, at 12:35 p.m. This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: R2's diagnoses included traumatic brain injury (TBI), quadriplegia (paralysis of all four limbs), and neurogenic bladder (a condition that affects bladder control due to nerve damage or disease). On November 8, 2023, at 10:50 a.m. unlicensed personnel (ULP)-D was observed performing cares and medication administration for R2. R2's bed was observed to have bilateral hospital rails on the bed; bedrail towards the window was in the up position and exit side was in the down position. R2 stated he really didn't use the bed rails. When ULP-D finished performing passive range of motion exercises and dressing R2's lower extremities, R2 then rolled on his side towards the exit side of the bed. R2 then grabbed onto the bedrail in the down position and attempted to raise himself up on the bed. The bedrail started to raise up approximately two to three inches; R2 then lowered the rail and	02310			

Minnesota Department of Health

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02310	Continued From page 68 grabbed the bedside table for support. ULP-D then helped assist R2 with sitting up on the edge of the bed. On November 8, 2023, at 11:38 a.m. ULP-D stated R2 utilized the bed rail on the window side of the bed to assist with positioning; the bed rail on the exit side of the bed stayed down. R2's 90 Day Service Plan assessment dated August 21, 2023, indicated R2 received services including medication administration, bathing, grooming, dressing, transfers, and assistance with changing, cleaning, and emptying of urinary drainage bags for ileal conduit (a way of collecting urine through a bag outside your body). The assessment also indicated: Resident reported having side rails today, but also R2 also stated they were rarely used. R2's medical record did not include evidence of a bedrail assessment, thus has the potential to lead to serious injury, impairment, or death. On November 8, 2023, at 12:16 p.m. clinical nurse supervisor (CNS)-B stated she thought R2 might have side rails but had never assessed them herself since starting her position in February 2023. CNS-B stated she would review R2's record for evidence of a bed rail assessment. On November 8, 2023, at 12:35 p.m. CNS-B stated R2's record did not include evidence of completion of a bed rail assessment. The licensee's 6.28 Side rails policy dated August 1, 2021, indicated when side rails are in use, a RN (registered nurse) must conduct an assessment to identify the intended purpose of	02310			

Minnesota Department of Health

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02310	Continued From page 69 the side rail and the risks regarding the use of the side rail. If the side rail is acting as a restraint, appropriate action should be taken. No further information was provided. TIME PERIOD FOR CORRECTION: Immediate On November 8, 2023, the immediacy of correction order 2310 was removed based on observations by the surveyor and record reviews by the evaluation supervisor; however, non-compliance remains at a scope and level of (G). TIME PERIOD FOR CORRECTION: Two (2) days	02310			

Type: Full
Date: 11/07/23
Time: 11:22:24
Report: 1047231061

Food and Beverage Establishment Inspection Report

Page 1

Location:

Valleyview Of Jordan Llc
4061 West 173rd Street
Jordan, MN55352
Scott County, 70

Establishment Info:

ID #: 0038677
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 9524926160
ID #:

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

The following orders were issued during this inspection.

3-500B Microbial Control: hot and cold holding

3-501.16A2 **** Priority 1 ****

MN Rule 4626.0395A2 Maintain all cold, TCS foods at 41 degrees F (5 degrees C) or below under mechanical refrigeration.

TEMPERATURE IN WALK IN WAS A FEW DEGREES ABOVE 41F. MAINTENANCE HAS BEEN CONTACTED TO ADJUST COOLER TEMPERATURE.

Comply By: 11/07/23

4-300 Equipment Numbers and Capacities

4-302.14 **** Priority 2 ****

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

NO AVAILABLE TEST STRIPS ON SITE FOR CHLORINE OR QUAT. FACILITY HAS PLACED ORDER FOR NEW STRIPS.

Comply By: 11/07/23

2-100 Supervision

2-102.12AMN

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

NO CFPM ON SITE. PIC STATED THEY WILL BE TAKING THE COURSE WITHIN THE NEXT COUPLE OF MONTHS.

Comply By: 11/21/23

Type: Full
Date: 11/07/23
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Valleyview Of Jordan Llc

Food and Beverage Establishment Inspection Report

Page 2

4-600 Cleaning Equipment and Utensils

4-601.11C

MN Rule 4626.0840C Clean non-food contact surfaces of equipment and maintain free of accumulations of dust, dirt, food residue, and other debris.

BOTTOM OF ENERGY STAR FREEZER HAS FOOD DEBRIS BUILD UP. CLEAN FREEZER WITH GREATER FREQUENCY TO AVOID BUILD UP. FACILITY SAID THEY WILL HAVE A CLEANING PROCEDURE IN PLACE SOON.

Comply By: 11/21/23

6-500 Physical Facility Maintenance/Operation and Pest Control

6-501.11

MN Rule 4626.1515 Maintain the physical facilities in good repair.

FLOOR TILES ARE MISSING & PEELING AWAY, MAKING IT DIFFICULT OT CLEAN. REPAIR & MAINTAIN FLOOR.

Comply By: 11/21/23

Surface and Equipment Sanitizers

Chlorine: = 100 ppm at Degrees Fahrenheit

Location: dishmachine

Violation Issued: No

Quaternary Ammonia: = 200 ppm at Degrees Fahrenheit

Location: 3 comp sink

Violation Issued: No

Quaternary Ammonia: = 200 ppm at Degrees Fahrenheit

Location: sanitizer bucket

Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cold Holding

Temperature: 39 Degrees Fahrenheit - Location: Milk cooler- milk

Violation Issued: No

Process/Item: Cold Holding

Temperature: 42 Degrees Fahrenheit - Location: Walk in- ham

Violation Issued: Yes

Process/Item: Cold Holding

Temperature: 43 Degrees Fahrenheit - Location: Walk in- cheese

Violation Issued: Yes

Process/Item: Cold Holding

Temperature: 38 Degrees Fahrenheit - Location: True refrigerator- rice

Violation Issued: No

Process/Item: Cold Holding

Temperature: 37 Degrees Fahrenheit - Location: True refrigerator- coleslaw

Violation Issued: No

Type: Full
Date: 11/07/23
Time: 11:22:24
Report: 1047231061
Valleyview Of Jordan Llc

Food and Beverage Establishment Inspection Report

Page 3

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

INSPECTION CONDUCTED WITH NURSE EVALUATOR W. BUCKHOLZ (MDH) & S. MCDOUGAL. DISCUSSED HIGHLY SUSCEPTIBLE POPULATIONS, CLEANING PROCEDURES, FINAL COOKING TEMPERATURES, HANDWASHING, FOOD HANDLING PROCEDURES, STAFF ILLNESS POLICY, & PEST CONTROL.

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 1047231061 of 11/07/23.

Certified Food Protection Manager: _____

Certification Number: _____ Expires: ____ / ____ / ____

Inspection report reviewed with person in charge and emailed.

Signed: _____

Steven McDougal
PIC

Signed: _____

Holly Sievers
Public Health Sanitarian 2
Metro Office
6512015946
Holly.Sievers@state.mn.us