



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

May 3, 2023

Licensee
KSMS Our House, LLC
1313 15th Avenue Northwest
Austin, MN 55912

RE: Project Number(s) SL24097015

Dear Licensee:

On April 18, 2023, the Minnesota Department of Health (MDH) completed a follow-up survey of your facility to determine correction of orders found on the survey completed on January 26, 2023. This follow-up survey determined your facility had not corrected all of the state correction orders issued pursuant to the January 26, 2023 survey.

In accordance with Minn. Stat. § 144G.31 Subd. 4 (a), state correction orders issued pursuant to the last survey completed on January 26, 2023, found not corrected at the time of the April 18, 2023, follow-up survey and/or subject to penalty assessment are as follows:

1650-Service Plan, Implementation And Revisions To-144g.70 Subd. 4 (f) = \$500.00

The details of the violations noted at the time of this follow-up survey completed on April 18, 2023 (listed above), are on the attached State Form. Brackets around the ID Prefix Tag in the left hand column, e.g., {2 ----} will identify the uncorrected tags.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$500.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

DOCUMENTATION OF ACTION TO COMPLY

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

IMPOSITION OF FINES:

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

CORRECTION ORDER RECONSIDERATION PROCESS

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

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

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

Please address your cover letter for reconsideration requests to:

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

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. Requests for hearing may be emailed to: **Health.HRD.Appeals@state.mn.us**.

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

We urge you to review these orders carefully. If you have questions, please contact Jodi Johnson at 507-344-2730.

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

Sincerely,

Ksms Our House, LLC

May 3, 2023

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A handwritten signature in black ink, appearing to read "Jodi Johnson". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Jodi Johnson, Supervisor

State Evaluation Team

Email: jodi.johnson@state.mn.us

Telephone: 507-344-2730 Fax: 651-281-9796

PMB

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 24097	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/18/2023
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NAME OF PROVIDER OR SUPPLIER KSMS OUR HOUSE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1313 15TH AVENUE NW AUSTIN, MN 55912
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(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}	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95 this correction order(s) has been issued pursuant to a survey.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p>INITIAL COMMENTS: Project SL24097015-1</p> <p>On April 17, 2023, through April 19, 2023, the Minnesota Department of Health conducted a revisit at the above provider to follow-up on orders issued pursuant to a survey completed on January 26, 2023. At the time of the survey, there were 56 residents: 46 receiving services under the Assisted Living with Dementia Care license. As a result of the revisit, the following orders were reissued.</p>	{0 000}	<p>Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3.</p>	
{0 480} SS=F	<p>144G.41 Subd 1 (13) (i) (B) Minimum requirements</p> <p>(13) offer to provide or make available at least the</p>	{0 480}		

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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{0 480}	Continued From page 1 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}		
{0 780} 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	{0 780}		

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{0 780}	Continued From page 2 by: No further action required.	{0 780}		
{0 800} SS=F	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. This MN Requirement is not met as evidenced by: No further action required.	{0 800}		
{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	{01650}		

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{01650}	<p>Continued From page 3</p> <p>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</p> <p>(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.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the service plan included all required content for seven of seven residents (R2, R3, R5, R6, R24, R25 and R26).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents).</p> <p>The findings include:</p> <p>R2 R2's Service Plan, integrated into a 90-day assessment, was signed by clinical nurse supervisor (CNS)-B on January 26, 2023, and the resident's representative on March 31, 2023. R2's service plan indicated the resident received services including dressing, grooming, toileting, bathing, compassionate touch, blood sugar checks, medication administration, meals, housekeeping, and laundry.</p>	{01650}		

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{01650}	<p>Continued From page 4</p> <p>R3 R3's Service Plan, integrated into a 90-day assessment, was signed by CNS-B on February 13, 2023, and the resident's representative on February 20, 2023. R3's service plan indicated the resident received services including fall risk monitoring, cueing and supervision for grooming, dressing assistance, prompting for toileting, assistance with twice weekly bathing, compassionate touch, medication administration, meals, housekeeping, and laundry.</p> <p>R5 R5's Service Plan, integrated into Other: New Assessment Update, was signed by CNS-B on February 16, 2023, but unsigned by the resident or the resident's representative. R5's service plan indicated the resident received services including fall risk monitoring, encouragement/direction for dressing, cueing or reminders for grooming, weekly bathing assistance, compassionate touch, medication administration, blood glucose monitoring, meals, housekeeping, and laundry.</p> <p>R6 R6's Service Plan, integrated into Other: Hospital Return assessment, was signed by the resident and CNS-B on March 16, 2023. R6's service plan indicated the resident received services including fall risk monitoring, cueing or reminders for grooming, assistance to empty urinary catheter bag, medication administration, meals, housekeeping, and laundry.</p> <p>R24 R24's Service Plan, integrated into a 90-day assessment, was signed by CNS-B on March 27, 2023, and the resident's representative on April 2, 2023. R24's service plan indicated the resident</p>	{01650}		

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{01650}	<p>Continued From page 5</p> <p>received services including dressing, grooming, toileting, weekly bathing, compassionate touch, medication administration, blood glucose monitoring, meals, meal assistance, housekeeping, and laundry.</p> <p>R25 R25's Service Plan, integrated into Other: New Assessment Update, was signed by CNS-B on February 15, 2023, and the resident's representative on March 1, 2023. R25's service plan indicated the resident received services including cueing/reminders with mobility and walking, fall risk monitoring, compassionate touch, assistance with dressing, compression stockings, grooming, toileting, bathing, medication administration, meals, housekeeping, and laundry.</p> <p>R26 R26's Service Plan, integrated into a 90-day assessment, was signed by CNS-B and the resident's representative on February 20, 2023. R26's service plan indicated the resident received services including compassionate touch, medication administration, meals, housekeeping, and laundry.</p> <p>R2, R3, R5, R6, R24, R25, and R26's Service Plan lacked the following: - a contingency plan that includes: (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.</p> <p>On April 19, 2023, at 10:54 a.m. CNS-B verified the content was lacking on the service plans as noted above and stated it must have been</p>	{01650}		

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{01650}	Continued From page 6 overlooked in the correction process. CNS-B further stated the same format was utilized for all residents within the facility. The licensee's Contents of Service Plans MN policy revised June 2020, included service plans would include: 8. A contingency plant that includes: d. The circumstances in which emergency medical services are not to be summoned pursuant to provider orders. No further information was provided.	{01650}		
{01940} SS=D	144G.72 Subd. 3 Individualized treatment or therapy managemen For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following: (1) a statement of the type of services that will be provided; (2) documentation of specific resident instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any resident-specific requirements relating to	{01940}		

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{01940}	<p>Continued From page 7</p> <p>documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop an individualized treatment management plan to include all required content for one of four residents (R2).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>During the entrance conference on April 17, 2023, at 11:00 a.m. clinical nurse supervisor (CNS)-B stated the licensee provided treatment management services to the licensee's residents.</p> <p>R2 R2's diagnoses included type 2 diabetes (a condition where the pancreas does not produce enough insulin to manage blood sugars) and Alzheimer's disease (dementia).</p>	{01940}		

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{01940}	<p>Continued From page 8</p> <p>R2's treatment plan, integrated into a 90-day assessment dated January 26, 2023, indicated the resident received blood sugar checks as ordered by physician. R2's assessment/treatment plan dated January 26, 2023, in section "Wellness Monitoring/Treatments" indicated "resident is a diabetic and is taking an oral agent, two times daily blood sugar checks." Section "Medication Management" indicated "Team to check resident's blood sugars as ordered by physician. Team to notify medical doctor (MD)'s residence director and complete a concern form for a blood sugar result outside of MD parameters. See medication administration record (MAR) for prescribed parameters." R2's service plan/assessment lacked the treatment service of as needed (PRN) blood sugar checks.</p> <p>R2's physician orders dated April 4, 2023, included an order to check blood sugar every day and as needed for symptoms.</p> <p>R2's MAR dated April 2023, identified test blood sugar every day and PRN for symptoms.</p> <p>On April 18, 2023, at 8:01 a.m. unlicensed personnel (ULP)-E was observed to check R2's daily blood sugar. ULP-E stated there were not specific instructions listed for the PRN blood sugar but would "just know" to check it indicating she was diabetic herself.</p> <p>R2's service plan lacked a written statement of the treatment or therapy services that would be provided to the resident (PRN blood sugar checks) and lacked a current individualized treatment and therapy management record for the treatment service of PRN blood sugar checks for the following:</p>	{01940}		

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{01940}	<p>Continued From page 9</p> <p>-documentation of specific resident instructions relating to the treatments;</p> <p>On April 19, 2023, at 9:31 a.m. clinical nurse supervisor (CNS)-B stated R2 received scheduled blood sugar checks daily and could have blood sugar checked PRN. CNS-B verified R2's record lacked a PRN blood sugar treatment plan. CNS-B indicated there were not specific instructions for when a PRN blood sugar treatment should be completed for R2. CNS-B further stated PRN blood sugar instructions should be specific to each resident for staff to follow.</p> <p>The licensee's MN Service Plan Content Policy dated revised June 2020, indicated all residents/tenants have an up-to-date service plan identifying services to be provided based on the assessment by the registered nurse (RN).</p> <p>The licensee's Minnesota Delegation of Medication Management and Treatment Services Policy dated revised June 2020, indicated the RN would develop and individualized treatment plan for each resident/tenant and would develop specific procedures for treatments that team members would provide.</p> <p>The licensee's Minnesota Treatment and Therapy Services policy dated reviewed December 2022, indicated for each resident receiving management of ordered or prescribed treatments, the assisted living facility would develop and maintain a current individualized treatment management record for each resident, which would contain at least the following:</p> <ol style="list-style-type: none"> 2. documentation of specific resident instructions relating to the treatments or therapy administration. 	{01940}		

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{01940}	Continued From page 10 No further information was provided.	{01940}		
{01950} SS=D	<p>144G.72 Subd. 4 Administration of treatments and therapy</p> <p>Ordered or prescribed treatments or therapies must be administered by a nurse, physician, or other licensed health professional authorized to perform the treatment or therapy, or may be delegated or assigned to unlicensed personnel by the licensed health professional according to the appropriate practice standards for delegation or assignment. When administration of a treatment or therapy is delegated or assigned to unlicensed personnel, the facility must ensure that the registered nurse or authorized licensed health professional has:</p> <p>(1) instructed the unlicensed personnel in the proper methods with respect to each resident and the unlicensed personnel has demonstrated the ability to competently follow the procedures;</p> <p>(2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's record; and</p> <p>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) specified, in writing, specific instructions and documented those instructions in the resident record for one of two residents (R2).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to</p>	{01950}		

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(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
{01950}	<p>Continued From page 11</p> <p>cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>R2's diagnoses included type two diabetes (a condition where the pancreas does not produce enough insulin to manage blood sugars) and Alzheimer's disease (dementia).</p> <p>R2's Service Plan, integrated into a 90-day assessment, was signed by clinical nurse supervisor (CNS)-B on January 26, 2023, and the resident's representative on March 31, 2023. R2's service plan indicated the resident received services including dressing, grooming, toileting, bathing, compassionate touch, blood sugar checks, medication administration, meals, housekeeping, and laundry. R2's service plan/assessment lacked the treatment service of as needed (PRN) blood sugar checks.</p> <p>R2's physician orders dated April 4, 2023, included an order to check blood sugar every day and as needed for symptoms.</p> <p>R2's MAR dated April 2023, identified test blood sugar every day and PRN for symptoms. R2's record lacked specific written instructions related to the PRN blood sugar symptoms.</p> <p>On April 18, 2023, at 8:01 a.m. unlicensed personnel (ULP)-E was observed to check R2's daily blood sugar. ULP-E stated there were not specific instructions listed for the PRN blood sugar but would "just know" to check it indicating she was diabetic herself.</p>	{01950}		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 24097	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/18/2023
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{01950}	<p>Continued From page 12</p> <p>On April 19, 2023, at 9:31 a.m. CNS-B stated R2 received scheduled blood sugar checks daily and could have blood sugar checked PRN. CNS-B verified R2's record lacked a PRN blood sugar treatment plan. CNS-B indicated there were not specific instructions for when a PRN blood sugar treatment should be completed for R2. CNS-B further stated PRN blood sugar instructions should be specific to each resident for staff to follow.</p> <p>The licensee's Minnesota Treatment and Therapy Services policy dated reviewed December 2022, indicated for each resident receiving management of ordered or prescribed treatments, the assisted living facility would develop and maintain a current individualized treatment management record for each resident, which would contain at least the following:</p> <p>2. documentation of specific resident instructions relating to the treatments or therapy administration.</p> <p>No further information was provided.</p>	{01950}		
{02040} SS=F	<p>144G.81 Subdivision 1 Fire protection and physical environment</p> <p>An assisted living facility with dementia care that has a secured dementia care unit must meet the requirements of section 144G.45 and the following additional requirements:</p> <p>(1) a hazard vulnerability assessment or safety risk must be performed on and around the property. The hazards indicated on the assessment must be assessed and mitigated to protect the residents from harm; and</p> <p>(2) the facility shall be protected throughout by an</p>	{02040}		

Minnesota Department of Health

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{02040}	Continued From page 13 approved supervised automatic sprinkler system by August 1, 2029. This MN Requirement is not met as evidenced by: No further action required.	{02040}		



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
February 13, 2023

Licensee
KSMS Our House LLC
1313 15th Avenue Northwest
Austin, MN 55912

RE: Project Number(s) SL24097015

Dear Licensee:

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

LICENSING ORDERS

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

IMPOSITION OF FINES

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

Level 1: no fines or enforcement.

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

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

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

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

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

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

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

St - 0 - 1290 - 144g.60 Subdivision 1 - Background Studies Required - \$3,000.00

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

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

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

The correction order documentation should include the following:

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

CORRECTION ORDER RECONSIDERATION PROCESS

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

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

Please email reconsideration requests to: **Health.HRD.Appeals@state.mn.us**. Please attach this letter

as part of your reconsideration request. Please clearly indicate which tag(s) you are contesting and submit information supporting your position(s).

Please address your cover letter for reconsideration requests to:

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

REQUESTING A HEARING

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

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

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

Sincerely,



Jodi Johnson, Supervisor
Health Regulation Division
State Evaluation Team
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Email: jodi.johnson@state.mn.us
Telephone: 507-344-2730 Fax: 651-215-9697

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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 24097	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/26/2023
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0 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.</p> <p>Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p>INITIAL COMMENTS: SL24097015</p> <p>On January 23, 2023, through January 26, 2023, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were 58 active residents; 47 receiving services under the Assisted Living with Dementia Care license.</p> <p>2310: An immediate correction order was issued on January 24, 2023. The immediacy was removed on January 25, 2023; however, non-compliance remains at a level 3, isolated scope (G).</p> <p>1290: An immediate correction order was issued on January 26, 2023. The immediacy was removed; however, non-compliance remains at a level 3, widespread scope (I).</p>	0 000	<p>Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3.</p>	
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Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Minnesota Department of Health

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0 250	Continued From page 1	0 250		
0 250 SS=F	<p>144G.20 Subdivision 1 Conditions</p> <p>(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:</p> <p>(1) is in violation of, or during the term of the license has violated, any of the requirements in this chapter or adopted rules;</p> <p>(2) permits, aids, or abets the commission of any illegal act in the provision of assisted living services;</p> <p>(3) performs any act detrimental to the health, safety, and welfare of a resident;</p> <p>(4) obtains the license by fraud or misrepresentation;</p> <p>(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;</p> <p>(6) denies representatives of the department access to any part of the facility's books, records, files, or employees;</p> <p>(7) interferes with or impedes a representative of the department in contacting the facility's residents;</p> <p>(8) interferes with or impedes ombudsman access according to section 256.9742, subdivision 4;</p> <p>(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;</p> <p>(10) destroys or makes unavailable any records or other evidence relating to the assisted living facility's compliance with this chapter;</p>	0 250		

Minnesota Department of Health

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0 250	<p>Continued From page 2</p> <p>(11) refuses to initiate a background study under section 144.057 or 245A.04;</p> <p>(12) fails to timely pay any fines assessed by the commissioner;</p> <p>(13) violates any local, city, or township ordinance relating to housing or assisted living services;</p> <p>(14) has repeated incidents of personnel performing services beyond their competency level; or</p> <p>(15) has operated beyond the scope of the assisted living facility's license category.</p> <p>(b) A violation by a contractor providing the assisted living services of the facility is a violation by the facility.</p> <p>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.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and 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).</p> <p>The findings include:</p> <p>During the entrance conference on January 23,</p>	0 250		
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0 250	<p>Continued From page 3</p> <p>2023, at 11:05 a.m. licensed assisted living director (LALD)/licensed practical nurse (LPN)-C and registered nurse (RN)-B 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.</p> <p>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]:</p> <ul style="list-style-type: none"> - 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 	0 250		

Minnesota Department of Health

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0 250	<p>Continued From page 4</p> <p>Rights of Subjects of Data, the Commissioner will use information provided in this application, which may include an in-person or telephone conference, to determine if the applicant meets requirements for assisted living licensing. I understand I am not legally required to supply the requested information; however, failure to provide information or the submission of false or misleading information may delay the processing of my application or may be grounds for denying a license. I understand that information submitted to the commissioner in this application may, in some circumstances, be disclosed to the appropriate state, federal or local agency and law enforcement office to enhance investigative or enforcement efforts or further a public health protective process. Types of offices include Adult Protective Services, offices of the ombudsmen, health-licensing boards, Department of Human Services, county or city attorneys' offices, police, local or county public health offices.</p> <p>- 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.</p> <p>- 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.</p>	0 250		

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0 250	<p>Continued From page 5</p> <p>- I have examined this application and all attachments and checked the above boxes indicating my review and understanding of Minnesota Statutes, Rules, and requirements related to assisted living licensure. To the best of my knowledge and believe, this information is true, correct, and complete. I will notify MDH, in writing, of any changes to this information as required.</p> <p>- 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.</p> <p>Page six was electronically signed by the licensee on May 24, 2022.</p> <p>The licensee had an assisted living license issued on August 1, 2022, with an expiration date of February 1, 2023.</p> <p>The licensee failed to ensure the following policies and procedures were developed and/or implemented:</p> <ol style="list-style-type: none"> (1) conducting and handling background studies on employees; (2) a process for evaluating staff performance; (3) conducting appropriate screenings, or documentation of prior screenings, to show that staff are free of tuberculosis, consistent with current United States Centers for Disease Control and Prevention standards; (4) medication and treatment management; (5) delegation of tasks by registered nurses or licensed health professionals; <p>As a result of this survey, the following orders were issued 0650, 0660, 1290, 1700, 1730, 1750,</p>	0 250		

Minnesota Department of Health

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0 250	Continued From page 6 1760, 1890, 1910, 1940, and 1950 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		
0 460 SS=F	144G.41 Subdivision 1 Minimum requirements (5) provide a means for residents to request assistance for health and safety needs 24 hours per day, seven days per week; (6) allow residents the ability to furnish and decorate the resident's unit within the terms of the assisted living contract; (7) permit residents access to food at any time; (8) allow residents to choose the resident's visitors and times of visits; (9) allow the resident the right to choose a roommate if sharing a unit; (10) notify the resident of the resident's right to have and use a lockable door to the resident's unit. The licensee shall provide the locks on the unit. Only a staff member with a specific need to enter the unit shall have keys, and advance notice must be given to the resident before entrance, when possible. An assisted living facility must not lock a resident in the resident's unit; This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to provide a means for independent residents to request assistance for	0 460		

Minnesota Department of Health

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0 460	<p>Continued From page 7</p> <p>health and safety needs 24 hours a day, seven days a week as required. This had the potential to affect all 11 independent residents living at the facility.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents).</p> <p>The findings include:</p> <p>During the entrance conference on January 23, 2023, at 11:05 a.m. registered nurse (RN)-B identified the current census was 58 residents. 22 residents resided in the memory care area, 36 residents resided in the assisted living area and 11 of those residents did not receive services and were considered "independent."</p> <p>R4's contract dated September 17, 2021, identified she was admitted under the assisted living with dementia care license.</p> <p>A grievance completed by R4 dated November 10, 2022, identified R4 requested a pendent so R4 could request assistance by staff in an emergency. A response from licensed assisted living director/licensed practical nurse (LALD/LPN)-C dated November 14, 2022, identified "We only provide pendants for our assisted living tenants. If you would like a pendant, you will have to contact an outside source to provide your own and have the pendent go through that source." In addition, a list of alternate providers and contact information was</p>	0 460		

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0 460	<p>Continued From page 8</p> <p>provided to R4.</p> <p>On January 23, 2023, at 2:40 p.m. R4 stated she had requested a pendent for emergencies and thought it was important for all residents to have one in case of an emergency. If R4 wanted a pendent, she would have to pay for assisted living services which was cost prohibitive. R4 now had a pendent from an outside provider. If she were to use the pendent, the outside agency would contact her family member or emergency services. R4 indicated she had no way to contact staff at the assisted living 24 hours a day, 7 days a week without going to get someone.</p> <p>On January 24, 2023, at 10:45 a.m. registered nurse (RN)-B stated none of the "independent" residents had a pendent because they did not pay for assisted living services. She was unaware the minimum requirement to provide a means for residents to request assistance for health and safety needs 24 hours a day, 7 days a week, applied to "independent" residents.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	0 460		
0 480 SS=F	<p>144G.41 Subd 1 (13) (i) (B) Minimum requirements</p> <p>(13) offer to provide or make available at least the following services to residents:</p> <p>(i) at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United</p>	0 480		

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0 480	<p>Continued From page 9</p> <p>States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The following apply:</p> <p>(B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and</p> <p>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.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents).</p> <p>The findings include:</p> <p>Please refer to the included document titled, Food and Beverage Establishment Inspection Report dated January 24, 2023, for the specific Minnesota Food Code deficiencies.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 480		
0 630 SS=E	144G.42 Subd. 6 (b) Compliance with requirements for reporting ma	0 630		

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0 630	<p>Continued From page 10</p> <p>(b) The facility must develop and implement an individual abuse prevention plan for each vulnerable adult. The plan shall contain an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults; the person's risk of abusing other vulnerable adults; and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. For purposes of the abuse prevention plan, abuse includes self-abuse.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure an individual abuse prevention plan (IAPP) was developed to include the required content for all 11 independent residents and for one of four residents (R6) reviewed.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).</p> <p>The findings include:</p> <p>R4 R4's contract dated September 17, 2021, identified she was admitted under the assisted living with dementia care license.</p>	0 630		

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0 630	<p>Continued From page 11</p> <p>R4's record lacked an individual abuse prevention plan that included an individualized review or assessment of the person's susceptibility to abuse by another individual, risk for abusing others, and specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults.</p> <p>On January 23, 2023, at 3:30 p.m. registered nurse (RN)-B stated none of the eleven "independent" residents had an IAPP completed. She was unaware it was required for residents who did not receive services.</p> <p>R6 On January 24, 2023, at 7:20 a.m. unlicensed personnel (ULP)-G was observed administering medications to R6.</p> <p>R6's 90-day assessment dated December 19, 2022, indicated R6 had paranoia when being bathed by a staff member and had requested two staff be present. R6 also became very agitated when a male staff was providing cares to his spouse and R6 "physically assaulted" the staff involved. The "Approach" identified "Based on Interview From resident, Observation, Daughter's Interview, and Self Preservation assessment, Resident is considered vulnerable, but there are no signs of abuse or neglect. Resident does not appear to pose a threat to other vulnerable adults. Team Members will follow Facility on suspected abuse /neglect"</p> <p>The assessment failed to address R6's susceptibility to abuse by another individual and specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. The assessment identified R6 was not at</p>	0 630		

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0 630	<p>Continued From page 12</p> <p>risk for abusing others despite the prior note identifying R6 had assaulted a staff member.</p> <p>On January 26, 2023, at 12:40 p.m. RN-B stated the assessment was inaccurate and was missing susceptibility to abuse by another individual. Due to R6's history, R6 would be at risk for abuse, at risk for abusing others, and should have interventions to prevent abuse to himself and others. She was aware of the missing information and was in the process of correcting the assessments; however, she had not done all of them.</p> <p>The licensee's policy on individual abuse prevention plans was requested but not provided.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 630		
0 650 SS=D	<p>144G.42 Subd. 8 Employee records</p> <p>(a) The facility must maintain current records of each paid employee, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following information:</p> <p>(1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules;</p> <p>(2) records of orientation, required annual training and infection control training, and competency evaluations;</p> <p>(3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision;</p>	0 650		

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0 650	<p>Continued From page 13</p> <p>(4) documentation of annual performance reviews that identify areas of improvement needed and training needs;</p> <p>(5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and</p> <p>(6) documentation of the background study as required under section 144.057.</p> <p>(b) Each employee record must be retained for at least three years after a paid employee, volunteer, or contractor ceases to be employed by, provide services at, or be under contract with the facility. If a facility ceases operation, employee records must be maintained for three years after facility operations cease.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the employee record contained the required content for one of two employees (unlicensed personnel (ULP)-K).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>ULP-K's personnel file identified she was hired August 10, 2021.</p> <p>ULP-K's employee record lacked evidence of a performance review since the date of hire.</p>	0 650		

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0 650	Continued From page 14 On January 26, 2023, at 2:51 p.m. registered nurse (RN)-B verified ULP-K had not had an annual performance review as required. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 650		
0 660 SS=D	144G.42 Subd. 9 Tuberculosis prevention and control (a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to maintain a tuberculosis (TB) prevention program, based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) which included documentation of a completed health	0 660		

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0 660	<p>Continued From page 15</p> <p>history and symptom screening for one of three employees (unlicensed personnel (ULP)-E).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>The licensee's TB risk assessment dated December 1, 2022, indicated the licensee was a low risk.</p> <p>ULP-E was hired October 22, 2019, to provide direct care services.</p> <p>On January 24, 2023, at 7:40 a.m. ULP-E was observed to administer medications to R3.</p> <p>ULP-E's employee record contained a negative two step TST dated October 25, 2019, and November 6, 2019; however, ULP-E's employee record lacked evidence of the following: - TB history and symptom screening</p> <p>On January 26, 2023, at 11:42 a.m. executive director/licensed practical nurse (ED/LPN)-A verified ULP-E's employee file lacked a TB history and symptom screening.</p> <p>The licensee's Minnesota TB Prevention Control Policy reviewed January 2023, identified the licensee would maintain a TB prevention and control program based on the most current</p>	0 660		

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0 660	<p>Continued From page 16</p> <p>guidelines issued by the CDC. The policy further included:</p> <p>E1. Screening includes:</p> <p>a. assessing for current symptoms of active TB</p> <p>b. assessing for TB risk factors and TB history</p> <p>The Minnesota Department of Health (MDH) guidelines, Regulations for Tuberculosis Control in Minnesota Health Care Settings dated July 2013, and based on CDC guidelines, indicated an employee may begin working with residents after a negative TB history and symptom screen (no symptoms of active TB disease) and a negative IGRA (serum blood test) or TST (first step) dated within 90 days before hire. The second TST may be performed after the HCW (health care worker) starts working with patients. Baseline TB screening should be documented in the employee's record."</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 660		
0 690 SS=F	<p>144G.43 Subdivision 1 Resident record</p> <p>(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.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the</p>	0 690		

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0 690	<p>Continued From page 17</p> <p>licensee failed to ensure entries in the resident's records were authenticated by the name and title of the person making the entry for four of four residents (R6, R5, R3, R2).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents).</p> <p>The findings include:</p> <p>R6 On January 24, 2023, at 7:20 a.m. unlicensed personnel (ULP)-G was observed administering medication to R6.</p> <p>Review of R6's medication administration record (MAR) for January 1, 2023, through January 23, 2024, included a charting legend on the last page. The legend included staff initials, full name, and title. The MAR identified ten staff, including ULP-G, had administered medications to R6. The legend failed to identify the staff title for nine of ten of the staff.</p> <p>R5 On January 24, 2023, at 8:54 a.m. ULP-K was observed administering medication and checking blood glucose for R5.</p> <p>Review of R5's medication administration record (MAR) for January 1, 2023, through January 23, 2024, included a charting legend on the last page. The legend included staff initials, full name, and title. The MAR identified eight staff, including</p>	0 690		

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0 690	<p>Continued From page 18</p> <p>ULP-K, had administered medications, and completed blood glucose monitoring for R5. The legend failed to identify the staff title for seven of eight of the staff.</p> <p>R3 On January 24, 2023, at 7:40 a.m. ULP-E was observed to administer medications to R3.</p> <p>R3's Service Plan, integrated into the admission assessment, dated October 25, 2022, indicated the resident received services including dressing, grooming, bathing, and medication administration.</p> <p>Review of R3's MAR dated January 1, 2023, through January 23, 2023, included a charting legend on the last page. The legend included staff initials, name, and title. The MAR identified ten staff, including ULP-E, had administered medications to R3. The legend failed to identify the staff title for eight of ten staff, including ULP-E.</p> <p>R2 On January 24, 2023, at 8:41 a.m. ULP-E was observed to administer medications to R2.</p> <p>R2's Service Plan, integrated into a change in condition assessment dated January 4, 2023, unsiged by resident or residents responsible party, indicated the resident received services including dressing, grooming, toileting, bathing, blood sugar checks, and medication administration.</p> <p>Review of R2's MAR dated January 1, 2023, through January 23, 2023, included a charting legend on the last page. The legend included staff initials, name, and title. The MAR identified</p>	0 690		

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0 690	<p>Continued From page 19</p> <p>ten staff, including ULP-E had administered medications to R2. The legend failed to identify the staff title for eight of ten staff, including ULP-E.</p> <p>On January 26, 2023, at 12:32 p.m. registered nurse (RN)-B stated the MARs should have authentication which included the staff title. She was unaware the information was not on the MARs and believed it to be an error in how the staff were entered into the electronic system resulting in no authentication on any of the medication administration records.</p> <p>A policy related to resident records and documentation was requested but not provided.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 690		
0 780 SS=F	<p>144G.45 Subd. 2 (a) (1) Fire protection and physical environment</p> <p>(a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:</p> <p>(1) for dwellings or sleeping units, as defined in the State Fire Code:</p> <ul style="list-style-type: none"> (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; 	0 780		

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0 780	<p>Continued From page 20</p> <p>(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</p> <p>(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;</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide interconnected smoke alarms in a resident room. This deficient condition had the potential to affect all staff, residents, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>Findings include:</p> <p>On January 25, 2023, between 10:00 a.m. and 11:45 a.m., survey staff toured the facility with the head of maintenance (HM)-H. During the facility tour of the assisted living building, survey staff observed that smoke alarms did not test as interconnected in resident room 207 so that actuation of one alarm caused all alarms in the dwelling unit to operate.</p> <p>This deficient condition was verified by HM-H</p>	0 780		

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NAME OF PROVIDER OR SUPPLIER KSMS OUR HOUSE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1313 15TH AVENUE NW AUSTIN, MN 55912
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0 780	Continued From page 21 accompanying on the facility tour. TIME PERIOD FOR CORRECTION: Seven (7) days	0 780		
0 800 SS=F	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain 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. This deficient condition 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) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). Findings include: On January 25, 2023, between 10:00 a.m. and	0 800		

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0 800	<p>Continued From page 22</p> <p>11:45 a.m., survey staff toured the facility with the head of maintenance (HM)-H. During the facility tour, survey staff observed the following:</p> <ol style="list-style-type: none"> 1. There were holes in the ceiling in the housekeeping room located on the first floor of the assisted living building. 2. A window was cracked at the end of the corridor in the dementia care building near the main entrance. 3. The fence gate was obstructed by snow for the enclosed dementia care patio. Marked exits led to this outdoor space. <p>This deficient condition was verified by HM-H accompanying on the facility tour.</p> <p>TIME PERIOD FOR CORRECTION: Two (2) days</p>	0 800		
0 930 SS=C	<p>144G.50 Subd. 2 (d-e; 1-4) Contract information</p> <p>(d) The contract must include a description of the facility's complaint resolution process available to residents, including the name and contact information of the person representing the facility who is designated to handle and resolve complaints.</p> <p>(e) The contract must include a clear and conspicuous notice of:</p> <ol style="list-style-type: none"> (1) the right under section 144G.54 to appeal the termination of an assisted living contract; (2) the facility's policy regarding transfer of residents within the facility, under what circumstances a transfer may occur, and the circumstances under which resident consent is required for a transfer; (3) contact information for the Office of Ombudsman for Long-Term Care, the Ombudsman for Mental Health and 	0 930		

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0 930	<p>Continued From page 23</p> <p>Developmental Disabilities, and the Office of Health Facility Complaints; (4) the resident's right to obtain services from an unaffiliated service provider;</p> <p>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 five of five residents (R4, R5, R6, R2, R3).</p> <p>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 the residents).</p> <p>The findings include:</p> <p>R4's Resident and Services Agreement (contract) was signed by executive director/licensed practical nurse (ED/LPN)-A and R4 on September 17, 2021.</p> <p>R5's Resident and Services Agreement was signed by ED/LPN-A and R5 on August 1, 2021.</p> <p>R6's Resident and Services Agreement was signed by ED/LPN-A and R6 on May 6, 2022.</p> <p>R2's Resident and Services Agreement was signed by licensed assisted living director/licensed practical nurse (LALD/LPN)-C on February 22, 2022, and R2's representative on May 3, 2022.</p>	0 930		

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0 930	<p>Continued From page 24</p> <p>R3's Resident and Services Agreement was signed by LALD/LPN-C and R3's representative on December 25, 2022.</p> <p>R4, R5, R6, R2, and R3's Resident and Services Agreement indicated on page twelve (12), "The executive director of [The Licensee] is responsible for ensuring that any complaints are addressed in a satisfactorily and timely manner and will maintain an open door policy for all residents and family (if resident so chooses family member's participation) to express any concerns."</p> <p>R4, R5, R6, R2, and R3's Resident and Service Agreement lacked the following required content: -the name and contact information of the person representing the facility who is designated to handle and resolve complaints.</p> <p>On January 25, 2023, at 11:56 a.m., registered nurse (RN)-B stated the contract lacked the above required content, and said the same contract was utilized for all residents. RN-B further stated the corporate office was working on the adding the missing content to the contract but had not been implemented for the licensee's current residents yet.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	0 930		
0 940 SS=C	<p>144G.50 Subd. 2 (e; 5-7) Contract information</p> <p>(5) a description of the facility's policies related to medical assistance waivers under chapter 256S and section 256B.49 and the housing support</p>	0 940		

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0 940	<p>Continued From page 25</p> <p>program under chapter 256I, including:</p> <ul style="list-style-type: none"> (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; <p>(6) the contact information to obtain long-term care consulting services under section 256B.0911; and</p> <p>(7) the toll-free phone number for the Minnesota Adult Abuse Reporting Center.</p> <p>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 five of five residents (R4, R5, R6, R2, and R3).</p>	0 940		

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0 940	<p>Continued From page 26</p> <p>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 the residents).</p> <p>The findings include:</p> <p>R4's Resident and Service Agreement (contract) was signed by executive director/licensed practical nurse (ED/LPN)-A and R5 on September 17, 2021.</p> <p>R5's Resident and Service Agreement was signed by ED/LPN-A and R5 on August 1, 2021.</p> <p>R6's Resident and Service Agreement was signed by ED/LPN-A and R5 on May 6, 2022.</p> <p>R2's Resident and Services Agreement was signed by licensed assisted living director/licensed practical nurse (LALD/LPN)-C on February 22, 2022, and R2's representative on May 3, 2022.</p> <p>R3's Resident and Services Agreement was signed by LALD/LPN-C and R3's representative on December 25, 2022.</p> <p>R4, R5, R6, R2, and R3's Resident and Service Agreement indicated on page fifteen (1) indicated "N. Medical Assistance Waivers and Housing Support Programs. The company's policy regarding medical assistance waivers and housing support programs is set forth in Exhibit 5 attached hereto." "Exhibit 5" indicated the</p>	0 940		

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0 940	<p>Continued From page 27</p> <p>licensee was "enrolled in the following State of Minnesota Medicaid waiver and assistance and housing support programs: Elder waiver, community Access for Disability Inclusion and Housing Support (formerly known as Group Residential Housing).</p> <p>R4, R5, R6, R2, and R3's Resident and Service Agreements lacked the following required content:</p> <ul style="list-style-type: none"> -whether the facility is enrolled with the commissioner of human services to provide customized living services under medical assistance waivers; -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; -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. <p>On January 25, 2023, at 11:56 a.m. registered nurse (RN)-B stated the contract lacked the above required content, and said the same contract was utilized for all residents. RN-B further stated the corporate office was working on the adding the missing content to the contract but had not been implemented for the licensee's current residents yet.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	0 940		

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0 950 SS=C	<p>144.50 Subd. 3 Designation of representative</p> <p>(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:</p> <p>"RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES.</p> <p>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."</p> <p>(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.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the licensee provided the required notice for right to designated representative on a document separate from the contract and failed to ensure the contract</p>	0 950		

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0 950	<p>Continued From page 29</p> <p>included required content for five of five residents (R4, R5, R6, R2, and R3).</p> <p>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 the residents).</p> <p>The findings include:</p> <p>R4's Resident and Service Agreement (contract) was signed by executive director/licensed practical nurse (ED/LPN)-A and R5 on September 17, 2021.</p> <p>R5's Resident and Service Agreement was signed by ED/LPN-A and R5 on August 1, 2021.</p> <p>R6's Resident and Service Agreement was signed by ED/LPN-A and R5 on May 6, 2022.</p> <p>R2's Resident and Services Agreement was signed by licensed assisted living director/licensed practical nurse (LALD/LPN)-C on February 22, 2022, and R2's representative on May 3, 2022.</p> <p>R3's Resident and Services Agreement was signed by LALD/LPN-C and R3's representative on December 25, 2022.</p> <p>R4, R5, R6, R2, and R3's Resident and Service Agreement had the verbatim required notice for right to designate a representative on a separate page. However, it lacked the required box the resident must initial if the resident declines to</p>	0 950		

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0 950	Continued From page 30 name a designated representative as part of the contract as required. On January 25, 2023, at 11:56 a.m. registered nurse (RN)-B stated the contract lacked the above required content, and said the same contract was utilized for all residents. RN-B further stated the corporate office was working on the adding the missing content to the contract but had not been implemented for the licensee's current residents yet. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 950		
0 970 SS=C	144.50 Subd. 5 Waivers of liability prohibited The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract did not include language waiving the licensee's liability for health, safety, or personal property of a resident. This had the potential to affect all residents. This practice resulted in a level one violation (a	0 970		

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0 970	<p>Continued From page 31</p> <p>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 the residents).</p> <p>The findings include:</p> <p>The licensee's assisted living contract included a clause that indicated the resident would waive the licensee's liability for health, safety, or personal property of a resident.</p> <p>The Residence and Services Agreement included on page eleven (11) the following:</p> <p>- "D. Responsibility for your property. We strongly recommend that you maintain at all times your own insurance coverage, including health, personal property, liability and automobile (if applicable), renters' insurance and other insurance coverages in adequate amounts. We are not responsible for any damage or loss of any personal property belonging to you due to theft, fire, or any other cause, unless the loss or damage was caused by our community employees' gross negligence."</p> <p>- "E. Responsibility for damages or injury to others. You are responsible for any injury or damage to persons or property caused by your acts or negligence. You agree to indemnify and hold harmless the community from all liability, loss, cost or damage for any injury or damage any person or property arising from or caused by your acts or negligence."</p> <p>- "F. Act of other residents. The community is not responsible to you for any acts or negligence of another resident that may result in injury, illness or damage to your or your property. By signing</p>	0 970		

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0 970	<p>Continued From page 32</p> <p>this agreement, you release the community from all responsibility for injury or damage to you or your property arising from or caused by the acts or negligence of other residents or from the action of any employee or any provider."</p> <p>On January 25, 2023, at 11:56 a.m. registered nurse (RN)-B stated the contract lacked the above required content, and said the same contract was utilized for all residents. RN-B further stated the corporate office was working on changing the language of the contract but had not been implemented for the licensee's current residents yet.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 970		
01290 SS=I	<p>144G.60 Subdivision 1 Background studies required</p> <p>(a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information.</p> <p>(b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12.</p> <p>(c) Termination of an employee in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits.</p>	01290		

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01290	<p>Continued From page 33</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a background study was completed and cleared prior to staff providing services for one of five employees (unlicensed personnel (ULP)-K) with records reviewed. This had the potential to affect all residents. This resulted in an immediate correction order on January 26, 2023, at 9:58 a.m.</p> <p>This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>ULP-K began providing cares under the Assisted Living with Dementia Care license for the licensee on September 1, 2022.</p> <p>The licensee lacked evidence a background study had been completed prior to ULP-K was independently providing care and services to the residents.</p> <p>The licensee's schedule was reviewed for ULP-K. For the month of January 2023, ULP-M worked on January 1, 2, 3, 5, 9, 10, 12, 13, 14, 15, 16, 17, 23, 24, and 26.</p> <p>On January 26, 2023, at 9:17 a.m. ULP-M stated ULP-F provided cares independently to the residents in memory care and would only assist</p>	01290		

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01290	<p>Continued From page 34</p> <p>ULP-F if a second person was needed.</p> <p>On January 26, 2023, at 9:22 a.m. ULP-N stated she has seen ULP-F enter resident rooms independently and provide cares.</p> <p>On January 26, 2023, at 9:28 a.m. ULP-F stated she provided cares to residents independently, and identified she had provided direct cares to R16, R17, R18, and R19 today unsupervised. ULP-F stated she was not directly supervised and stated she had not completed finger printing for her background study.</p> <p>On January 26, 2023, at 9:42 a.m. assistant director (AD)-L stated ULP-F was scheduled independently on the floor without direct supervision. AD-L further stated she was aware ULP-F had not completed the fingerprints as she had reminded ULP-F to complete the task, or would have to remove her from the schedule.</p> <p>The licensee's Background Checks Policy and Other Information dated July 2020, identified the following: "1. Upon hire, Minnesota team members are required to complete a background check that is conducted through the MN Department of Human Services Division of Licensing. The criminal background check is conducted through the Bureau of Criminal Apprehension (BCA) at https://dps.mn.gov/divisions/bca/Pages/background-checks.aspx under the Serve America Act. 2. Minnesota team members are not required to complete annual checks; background checks are only completed upon hire and when otherwise deemed necessary. The BCA will send updates related to eligibility of employees if new convictions occur."</p>	01290		

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01290	Continued From page 35 No further information was provided. TIME PERIOD FOR CORRECTION: Immediate On January 26, 2023, at 1:22 p.m. the immediacy of correction order 1290 was removed; however, noncompliance remains at a scope and severity of I.	01290		
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	01650		

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01650	<p>Continued From page 36 chapters.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the service plan included all required content for four of four residents (R5, R6, R2, and R3).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents).</p> <p>The findings include:</p> <p>R5 R5's Service Plan, integrated into the 90-day assessment, was signed by registered nurse (RN)-B on October 21, 2022, and the resident's representative on October 24, 2022. R5's service plan included medication administration, blood glucose monitoring, assist with dressing and bathing.</p> <p>On January 24, 2023, at 8:54 a.m. unlicensed personnel (ULP)-K was observed administering R5's medication and checking blood glucose.</p> <p>R6 R6's Service Plan, integrated into the 90-day assessment, was signed by RN-B on December 19, 2022, and the resident's representative on December 26, 2022. R6's service plan included medication administration, meals, housekeeping, and laundry.</p>	01650		

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01650	<p>Continued From page 37</p> <p>On January 24, 2023, at 7:20 a.m. ULP-G was observed administering medication to R6.</p> <p>R2 R2's Service Plan, integrated into a change in condition assessment dated January 4, 2023, unsigned by resident or residents responsible party, indicated the resident received services including dressing, grooming, toileting, bathing, blood sugar checks, and medication administration.</p> <p>On January 24, 2023, at 8:41 a.m. ULP-E was observed to administer medications to R2.</p> <p>R3 R3's Service Plan, integrated into the admission assessment, dated October 25, 2022, indicated the resident received services including dressing, grooming, bathing, and medication administration.</p> <p>On January 24, 2023, at 7:40 a.m. ULP-E was observed to administer medications to R3.</p> <p>R5, R6, R2, and R3's Service Plan lacked the following: - the schedule and methods of monitoring assessments of the resident; and - 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</p>	01650		

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01650	<p>Continued From page 38</p> <p>authority to sign for the resident in an emergency; and</p> <p>(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.</p> <p>On January 25, 2023, at 11:14 a.m. RN-B verified the content was lacking on the service plans as noted above and stated the same format was utilized for all residents within the facility.</p> <p>The licensee's Contents of Service Plans MN policy revised June 2020, indicated service plans would include the required content as according to the assisted living statute 144G.70 Subd.4. (f).</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days.</p>	01650		
01700 SS=F	<p>144G.71 Subd. 2 Provision of medication management services</p> <p>(a) For each resident who requests medication management services, the facility shall, prior to providing medication management services, have a registered nurse, licensed health professional, or authorized prescriber under section 151.37 conduct an assessment to determine what medication management services will be provided and how the services will be provided. This assessment must be conducted face-to-face with the resident. The assessment must include an identification and review of all medications the resident is known to be taking. The review and</p>	01700		

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01700	<p>Continued From page 39</p> <p>identification must include indications for medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues.</p> <p>(b) The assessment must identify interventions needed in management of medications to prevent diversion of medication by the resident or others who may have access to the medications and provide instructions to the resident and legal or designated representatives on interventions to manage the resident's medications and prevent diversion of medications. For purposes of this section, "diversion of medication" means misuse, theft, or illegal or improper disposition of medications.</p> <p>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 assessment to include all required content for four of four residents (R5, R6, R2, R3) prior to providing medication management services.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents).</p> <p>The findings include:</p> <p>During the entrance conference on January 23, 2023, at 11:05 a.m. RN-B stated the licensee provided medication management services to</p>	01700		

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01700	<p>Continued From page 40</p> <p>their residents.</p> <p>R5 R5 was admitted on August 1, 2021, and received services under the licensee's assisted living with dementia care license.</p> <p>R5's diagnoses included diabetes, hypothyroidism, obstructive sleep apnea, schizophrenia, chronic restless leg syndrome, incontinence, possible dementia, obesity, and irritable bowel syndrome.</p> <p>R5's medication assessment and plan, integrated into R5's 90-day assessment, was signed by RN-B on October 21, 2022, and the resident's representative on October 24, 2022. R5's service plan included medication administration, blood glucose monitoring, assist with dressing and bathing. Under the section titled "List all medications including prescriptions, over the counter medications and supplements" were instructions to "Include Name, dosage, route, frequency, diagnosis, side effects, contraindications and necessary interventions, and adverse reactions and necessary interventions." Notation made stated "See Med List Name, dosage, route, frequency, diagnosis, side effects, and adverse reactions. Contraindication is verified by pharmacy on admission and with every new order."</p> <p>R5's Tenant Information form printed January 23, 2023, included R5's medication list. The medication list included medications, strength, dosage, frequency, and route. It failed to identify indications for use, side effects, contraindications, allergic or adverse reactions, and actions to address these issues.</p>	01700		

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01700	<p>Continued From page 41</p> <p>On January 24, 2023, at 8:54 a.m. unlicensed personnel (ULP)-K was observed administering R5's medication and check blood glucose.</p> <p>R6 R6 was admitted on May 6, 2022, and received services under the licensee's assisted living with dementia care license.</p> <p>R6's diagnoses included diabetes, lumbar radiculopathy (an inflammation of a nerve root in the lower back), colon cancer status post partial resection (a surgical procedure to remove a portion of your small or large intestine), history of falls, prostate cancer, and insomnia.</p> <p>R6's medication assessment and plan, integrated into the 90-day assessment, was signed by RN-B on December 19, 2022, and the resident's representative on December 26, 2022. R6's service plan included medication administration, meals, housekeeping, and laundry. Under the section titled "List all medications including prescriptions, over the counter medications and supplements" were instructions to "Include Name, dosage, route, frequency, diagnosis, side effects, contraindications and necessary interventions, and adverse reactions and necessary interventions." Notation made stated "See Med List Name, dosage, route, frequency, diagnosis, side effects, and adverse reactions. Contraindication is verified by pharmacy on admission and with every new order."</p> <p>R6's Tenant Information form printed January 23, 2023, included R6's medication list. The medication list included medications, strength, dosage, frequency, and route. It failed to identify indications for use, side effects, contraindications, allergic or adverse reactions, and actions to</p>	01700		

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01700	<p>Continued From page 42</p> <p>address these issues.</p> <p>On January 24, 2023, at 7:20 a.m. ULP-G was observed administering medication to R6.</p> <p>R2 R2's diagnosis included Alzheimer's disease.</p> <p>R2's prescriber orders dated January 4, 2023, included one antidepressant, two for memory, three anti-psychotics, one for allergies, and one for constipation.</p> <p>On January 24, 2023, at 8:41 a.m. ULP-E was observed to administer medications to R2.</p> <p>R2's medication assessment and plan, integrated into a change in condition assessment dated January 4, 2023, unsigned by resident or residents responsible party, indicated the resident received medication administration. Under the section titled "List all medications including prescriptions, over the counter medications and supplements" were instructions to "Include Name, dosage, route, frequency, diagnosis, side effects, contraindications and necessary interventions, and adverse reactions and necessary interventions." Notation made stated "See Med List Name, dosage, route, frequency, diagnosis, side effects, and adverse reactions. Contraindication is verified by pharmacy on admission and with every new order."</p> <p>R2's Resident Information form dated January 23, 2023, included R2's medication list. The medication list included medications, strength, dosage, frequency, and route. It failed to identify indications for use, side effects, contraindications, allergic or adverse reactions, and actions to address these issues.</p>	01700		

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01700	<p>Continued From page 43</p> <p>R3 R3's diagnoses included Alzheimer's disease, hyperlipidemia (high cholesterol), anxiety, and osteoporosis.</p> <p>R3's prescriber orders dated October 25, 2022, included one supplement, one for memory, one anticonvulsant, one for cholesterol, one antipsychotic, and one antidepressant.</p> <p>On January 24, 2023, at 7:40 a.m. ULP-E was observed to administer medications to R3.</p> <p>R3's medication assessment and plan, integrated into the admission assessment dated October 25, 2022, indicated the resident received medication administration. Under the section titled "List all medications including prescriptions, over the counter medications and supplements" were instructions to "Include Name, dosage, route, frequency, diagnosis, side effects, contraindications and necessary interventions, and adverse reactions and necessary interventions." Notation made stated "See Med List Name, dosage, route, frequency, diagnosis, side effects, and adverse reactions. Contraindication is verified by pharmacy on admission and with every new order."</p> <p>R3's Resident Information form dated January 23, 2023, included R3's medication list. The medication list included medications, strength, dosage, frequency, and route. It failed to identify indications for use, side effects, contraindications, allergic or adverse reactions, and actions to address these issues.</p> <p>R5, R6, R2, and R3's record lacked evidence the RN conducted a face-to-face review of all</p>	01700		

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01700	<p>Continued From page 44</p> <p>medications the residents were known to be taking to include indications for use, side effects, contraindications, allergic or adverse reactions, and actions to address these issues.</p> <p>On January 26, 2023, at 12:40 p.m. RN-B stated she was aware of the missing content for the medication assessments and stated the same format was utilized for all residents. RN-B further stated she was working to correct it.</p> <p>The licensee's Minnesota Individualized Medication Management Plan policy dated January 2023, identified the following: "The facility will develop and maintain a current individualized medication management record for each resident based on the resident's assessment that must contain the following:</p> <ol style="list-style-type: none"> 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 and risk of diversion and is 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 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, verifying that all medications are administered as prescribed, and monitoring of medication use to 	01700		

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01700	Continued From page 45 prevent possible complications or adverse reactions." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01700		
01730 SS=F	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	01730		

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01730	<p>Continued From page 46</p> <p>(7) any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions.</p> <p>(b) The medication management record must be current and updated when there are any changes.</p> <p>(c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop an individualized medication management record with the required content for four of four residents (R5, R6, R2, and R3).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>R5 R5 was admitted on August 1, 2021, and received services under the licensee's assisted living with dementia care license.</p> <p>R5's diagnoses included diabetes,</p>	01730		

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01730	<p>Continued From page 47</p> <p>hypothyroidism, obstructive sleep apnea, schizophrenia, chronic restless leg syndrome, incontinence, possible dementia, obesity, and irritable bowel syndrome.</p> <p>R5's medication assessment and plan, integrated into the 90-day assessment, was signed by registered nurse (RN)-B on October 21, 2022, and the resident's representative on October 24, 2022. R5's service plan included medication administration, blood glucose monitoring, assist with dressing and bathing.</p> <p>On January 24, 2023, at 8:54 a.m. unlicensed personnel (ULP)-K was observed administering R5's medication and check a blood glucose.</p> <p>R6 R6 was admitted on May 6, 2022, and received services under the licensee's assisted living with dementia care license.</p> <p>R6's diagnoses included diabetes, lumbar radiculopathy (an inflammation of a nerve root in the lower back), colon cancer status post partial resection (a surgical procedure to remove a portion of your small or large intestine), history of falls, prostate cancer, and insomnia.</p> <p>R6's medication assessment and plan, integrated into the 90-day assessment, was signed by RN-B on December 19, 2022, and the resident's representative on December 26, 2022. R6's service plan included medication administration, meals, housekeeping, and laundry.</p> <p>On January 24, 2023, at 7:20 a.m. ULP-G was observed administering R6's medication.</p> <p>R2</p>	01730		

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01730	<p>Continued From page 48</p> <p>R2's diagnosis included Alzheimer's disease.</p> <p>R2's medication assessment and plan, integrated into a change in condition assessment dated January 4, 2023, unsiged by resident or residents responsible party, indicated the resident received medication administration.</p> <p>R2's prescriber orders dated January 4, 2023, included one antidepressant, two for memory, three anti-psychotics, one for allergies, and one for constipation.</p> <p>On January 24, 2023, at 8:41 a.m. ULP-E was observed to administer medications to R2.</p> <p>R3 R3's diagnoses included Alzheimer's disease, hyperlipidemia (high cholesterol), anxiety, and osteoporosis.</p> <p>R3's medication assessment and plan, integrated into the admission assessment, dated October 25, 2022, indicated the resident received medication administration.</p> <p>R3's prescriber orders dated October 25, 2022, included one supplement, one for memory, one anticonvulsant, one for cholesterol, one antipsychotic, and one antidepressant.</p> <p>On January 24, 2023, at 7:40 a.m. ULP-E was observed to administer medications to R3.</p> <p>R5, R6, R2, and R3's records lacked a medication management plan to include the following: -identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis.</p>	01730		

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01730	<p>Continued From page 49</p> <p>On January 26, 2023, at 12:34 p.m. RN-B stated the medication management plan was part of the admission and 90-day assessments as noted above. RN-B stated the assessment forms lacked the identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis. All assessments were missing the same information.</p> <p>The licensee's Minnesota Individualized Medication Management Plan policy dated January 2023, identified the following: "The facility will develop and maintain a current individualized medication management record for each resident based on the resident's assessment that must contain the following:</p> <ol style="list-style-type: none"> 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 and risk of diversion and is 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 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, verifying that all medications are administered as prescribed, and monitoring of medication use to 	01730		

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01730	Continued From page 50 prevent possible complications or adverse reactions." 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 by: Based on observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) documented resident-specific instructions for medications for one of eight residents (R13) whose medication administration was delegated to unlicensed personnel (ULP). 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	01750		

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01750	<p>Continued From page 51</p> <p>was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>R13 R13's diagnoses included dementia and chronic bilateral conjunctivitis (inflammation of the transparent membrane that lines the eyelid and eyeball)</p> <p>R13's Service Plan, integrated into a 90-day assessment dated January 20, 2023, unsigned by resident or residents responsible party, indicated the resident received services including bathing, skin care, and medication administration.</p> <p>R13's prescriber orders dated January 2, 2023, included an order for Refresh (lubricating eye drop) 1.4% - 0.6% eye drops; instill one drop into both eyes three times daily.</p> <p>R13's medication administration record (MAR) dated January 2023, included Refresh 1.4%-0.6% eye drops; instill one drop into both eyes three times daily with administration times identified as 8:00 a.m., 12:00 p.m., and 8:00 p.m.</p> <p>On January 24, 2023, at 8:30 a.m. ULP-E was observed to prepare and administer R13's scheduled eye drop. ULP-E obtained R13's Refresh box and removed a single use vial. ULP-E sanitized hands, donned gloves, and snapped off the single use eye drop cover and placed it on top of the medication cart. ULP-E then proceeded to administer the eye drop to R13. When ULP-E was done, she placed the cover back on the single use vial and stood it up</p>	01750		

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01750	<p>Continued From page 52</p> <p>in the medication cart inside a plastic med cup next to R13's box of Refresh eye drops. ULP-E then doffed her gloves, sanitized, and proceeded to document the eye drop administration.</p> <p>Immediately following the observation, ULP-E stated she put the cover back on the single use eye drop because R13 would be getting another eye drop after lunch, and she would use the same eye drop vial at that time. ULP-E stated following her shift she would throw the eye drop away. ULP-E stated she was not aware the eye drops were single use and had "never read that part of the box before". ULP-E further identified there were no specific instructions on the MAR for the eye drop.</p> <p>On January 24, 2023, at 11:52 a.m. RN-B stated a single use vial should not be saved for "later", recapped, or placed back in the medication cart. RN-B stated single use vials of eye drops should be used once and then thrown away. RN-B further confirmed R13's MAR lacked specific instructions that would instruct staff how to administer the eye drop.</p> <p>The licensee's Minnesota Delegation of Medication Management and Treatment Services policy revised June 2020, included: C. Steps Prior to Delegating Medication Administration. A registered nurse may delegate medication administration to unlicensed personnel only after the RN has:</p> <ol style="list-style-type: none"> 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. Developed specific written instructions for each resident and documented those instruction in the resident's medication administration record. 	01750		

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01750	Continued From page 53 No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01750		
01760 SS=D	144G.71 Subd. 8 Documentation of administration of medication Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were administered as ordered for one of eight 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	01760		

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01760	<p>Continued From page 54</p> <p>situation has occurred only occasionally).</p> <p>The findings include:</p> <p>On January 24, 2023, at 8:54 a.m. ULP-K was preparing medications for administration to R6. The pre-set-up packages from the pharmacy included acetaminophen 500 milligrams (mg) by mouth two times a day. The pharmacy label identified it was a scheduled medication. The medication administration record identified it was an "as needed medication." ULP-K stated the medication was in the package so she will see if R6 asks for the medication. If she does not ask for the medication, then she puts it back in the envelope and tapes it shut for destruction. ULP-K entered the resident room and informed R6 she was there to administer her medications. ULP-K then emptied the contents of the pre-set-up package from the pharmacy into applesauce and handed it to R6 to take the medications. R6 did not request the acetaminophen and ULP-K did not ask R6 if she wanted the acetaminophen. After administration, ULP-K stated she forgot and should not have administered it. She would notify R6 that she gave the medication and follow up with her later.</p> <p>R6's physician orders dated November 22, 2022, identified two orders for acetaminophen as follows:</p> <ul style="list-style-type: none"> - acetaminophen extra strength 500 mg take two tablets twice daily as needed with a schedule date of November 22, 2022; and - acetaminophen extra strength 500 mg take two tablets every six hours as needed with a schedule date of July 5, 2022. <p>R6's medication administration record for January 2023, identified acetaminophen extra strength</p>	01760		

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01760	<p>Continued From page 55</p> <p>500 mg take two tablets twice daily as needed. The acetaminophen was documented as administered once per day on January 3, 8, 9, 17, 20, 21, 22, and 23.</p> <p>On January 24, 2023, at 10:45 a.m. registered nurse (RN)-B stated she was "unaware the medications were packaged for the wrong time. The nurse should be contacting the pharmacy to get it corrected. [ULP-K] should not have administered the acetaminophen to [R6] unless it was requested by the resident. That would be considered a medication error."</p> <p>The licensee's Approved Steps Of A Medication Pass policy dated October 11, 2017, identified "Double check the ECP MAR and the medication package before taking the blister pack(s)/cassette(s) or medication strip to the resident. Start at the top of the ECP MAR and compare each medication listed on the ECP MAR with each cassette, blister pack, or pill in the medication strip twice before punching out the pill. Check the name of the resident, the medication name, dose, route and time to be given. These must match. If they do not match for any reason-STOP-and contact your Home Manager or Director immediately. If the pharmacy has not delivered a medication that is to be given, call the pharmacy immediately so it can be delivered immediately. Remember to flip over the medication strip and exam the pill. If a pill in the strip roll, cassette or medication blister pack does not look like the description-STOP-and contact the Home Manager or Director immediately."</p> <p>The licensee's Minnesota Delegation of Medication Management and Treatment Services policy dated June 2020, identified "The RN effectively "delegates" by transferring the</p>	01760		

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01760	<p>Continued From page 56</p> <p>responsibility for the performance of a nursing task in a specific situation to another nursing team member who is competent to perform the task while the RN retains the accountability for the outcome. Using their professional judgment, RNs may delegate nursing tasks to LPNs or unlicensed personnel (team member) categories such as RCAs, assistant directors, LECs, or cooks, consistent with the Nurse Practice Act, the MN home care requirements, accepted nursing practice, and the five (5) rights of delegation:</p> <ol style="list-style-type: none"> 1. Right task to be delegated 2. Under the right circumstances 3. The right person to do the task 4. The right directions and communication 5. The right supervision to ensure the task is carried out safely" <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01760		
01890 SS=E	<p>144G.71 Subd. 20 Prescription drugs</p> <p>A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were maintained bearing the original prescription label for one of three residents (R11) and failed to</p>	01890		

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01890	<p>Continued From page 57</p> <p>ensure time sensitive medications were labeled with the date opened for three of three residents (R8, R10 and R11).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).</p> <p>The findings include:</p> <p>On January 24, 2023, at 8:15 a.m. a review of the second-floor locked medication cabinets was conducted with unlicensed personnel (ULP)-G. The following was observed:</p> <ul style="list-style-type: none"> - R8 had a bottle of latanoprost eye drops (glaucoma) open and in use, and lacked a date opened. - R10 had an Advair inhaler open and in use, and lacked a date opened. <p>At 8:19 a.m., ULP-G stated the medications should be marked with the date they were opened. ULP-G was unsure how long the medications were ok to use after they were opened, but believed it was a month. Staff were trained to mark them when they opened a new bottle, but they "get busy and don't do it."</p> <p>On January 24, 2023, licensed assisted living director/licensed practical nurse (LALD/LPN)-C stated [R11] had a bottle of Timolol (eye drops) open and in use dated November 9, 2022, making it 76 days since it had been open. [R11] also had a bottle of latanoprost with a small prescription label that identified the name of the</p>	01890		

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01890	<p>Continued From page 58</p> <p>resident, the name of the medication and the prescription number, but lacked instructions for use. The bottle did not have a corresponding box with a complete pharmacy label. LALD/LPN-C stated the medications should have been labeled with the date they were opened, and they were good for 28 days after they are opened. R11's latanoprost should have been stored in the box with the complete pharmacy label.</p> <p>On January 24, 2023, at 10:45 a.m. registered nurse (RN)-B stated time sensitive medications should be dated and should be stored with the complete pharmacy label.</p> <p>The manufacturer's instructions for latanoprost ophthalmic solution dated September 16, 2014, directed to discard the bottle and/or unused contents after 28 days. Latanoprost should not be used after expiration date on the bottle.</p> <p>Advair prescribing information dated April 2008, identified "write the "pouch opened" and "use by" dates on the label on top of the DISKUS. The "use by" date is 1 month from date of opening the pouch."</p> <p>Timolol Manufacturer instructions dated June 2020, identified "Discard 4 weeks after first opening."</p> <p>The licensee provided an undated document titled "Other Common Shortened- Expiration Dates," which identified the following: "EYE DROPS - Typically 28 days after open - Common exception: Latanoprost expires after 42 days".</p> <p>The licensee's Approved Steps Of A Medication</p>	01890		

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(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
01890	Continued From page 59 Pass policy dated October 11, 2017, identified "Double check the ECP MAR and the medication package before taking the blister pack(s)/cassette(s) or medication strip to the resident. Start at the top of the ECP MAR and compare each medication listed on the ECP MAR with each cassette, blister pack, or pill in the medication strip twice before punching out the pill. Check the name of the resident, the medication name, dose, route, and time to be given. These must match. If they do not match for any reason-STOP-and contact your Home Manager or Director immediately. If the pharmacy has not delivered a medication that is to be given, call the pharmacy immediately so it can be delivered immediately. Remember to flip over the medication strip and exam the pill. If a pill in the strip roll, cassette or medication blister pack does not look like the description-STOP-and contact the Home Manager or Director immediately." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890		
01910 SS=F	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. (b) The facility shall dispose of any medications remaining with the facility that are discontinued or expired or upon the termination of the service	01910		

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01910	<p>Continued From page 60</p> <p>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.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, upon discharge the licensee failed to document in the resident's record the disposition of the medication including the medication's prescription number as applicable for one of one discharged resident (R1).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>R1's discharge summary dated November 7, 2022, identified R1's discharge date was November 4, 2022. R1 had been admitted to the hospital and required higher level of care due to wound dressings and IV antibiotics.</p> <p>An untitled form listed the date, dosage, quantity, medication name, reason for disposal, and two areas for team member signatures. R1's name</p>	01910		

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01910	<p>Continued From page 61</p> <p>was on the top of the form. On November 10, 2022, the following medications were listed as disposed of due to discontinued, and included the strength and quantity of the medications;</p> <ul style="list-style-type: none"> - Tylenol extra strength (pain) - Alfuzosin (used in men to treat symptoms of an enlarged prostate) - Depakote (used for seizures) - Losartan (blood pressure) - Namenda (dementia) - Remeron (depression) - Aleve (pain) - Nasocort (allergy nasal spray) - Miralax (constipation) - quetiapine 2 separate dosages (antipsychotic) - "triam" [sp] <p>The form lacked identification of the prescription numbers for the medications.</p> <p>On January 23, 2023, at 2:31 p.m. registered nurse (RN)-B verified the disposition form did not include the prescription numbers and the same form was used for all discharged residents.</p> <p>The licensee's Medication Refusal, Disposition, and Residence Absence Documentation and Reporting Policy dated June 2020, identified the following: "When medications must be disposed, it must be completed and documented within seventy-two (72) hours of the finding or discovery, discontinuation, expiration, or dropping of the medication, and it must be known that pharmacy will not take back the packaged medication. This requirement of disposition must always be witnessed with another RCA [resident care attendant]. In Minnesota, the Nurse is required to destroy all medications, and so medications are to be placed in med destruction box for the Nurse to destroy. Both Individuals or A nurse and RCA must sign the Medication Disposition Form,</p>	01910		

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01910	<p>Continued From page 62</p> <p>making sure to include the date of destruction, dosage, quantity of pills being destroyed, medication name, prescription/Rx [prescription] number, and reason for disposal. All residents/tenants are to have their own Medication Disposition Form that is completed by the two RCAs or Nurse and RCA. The completed forms are filed monthly as part of the resident/tenant's record. Every month, a new form is created for the month of medication disposition. If the disposal record is for when a resident/tenant is discharged from the location, the disposal record is to be stapled to the Discharge Summary Form. If a resident/tenant's family requests to take the medication, then the Medication Disposal Form will also be completed for each medication, and the responsible party will sign the bottom of the page, showing receipt of the medication and to document to whom the medications were given to. This form will then be attached to the Discharge Summary."</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01910		
01940 SS=D	<p>144G.72 Subd. 3 Individualized treatment or therapy managemen</p> <p>For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must</p>	01940		

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01940	<p>Continued From page 63</p> <p>contain at least the following:</p> <ul style="list-style-type: none"> (1) a statement of the type of services that will be provided; (2) documentation of specific resident instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes. <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop an individualized treatment management plan to include all required content for one of two residents (R2).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p>	01940		

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01940	<p>Continued From page 64</p> <p>The findings include:</p> <p>During the entrance conference on January 23, 2022, at 11:05 a.m. registered nurse (RN)-B stated the licensee provided treatment management services to the licensee's residents.</p> <p>R2 R2's diagnoses included type 2 diabetes (a condition where the pancreas does not produce enough insulin to manage blood sugars) and Alzheimer's disease (dementia).</p> <p>R2's treatment plan, integrated into a change in condition assessment dated January 4, 2023, indicated the resident received blood sugar checks as ordered by physician. R2's assessment/treatment plan dated January 4, 2023, in section "Wellness Monitoring/Treatments" indicated "resident is a diabetic and is taking an oral agent, two times daily blood sugar checks." Section "Medication Management" indicated "Team to check resident's blood sugars as ordered by physician. Team to notify medical doctor (MD)'s residence director and complete a concern form for a blood sugar result outside of MD parameters. See medication administration record (MAR) for prescribed parameters. Blood sugar range 70-200."</p> <p>On January 24, 2023, at 7:30 a.m. unlicensed personnel (ULP)-E was observed to check R2's blood sugar.</p> <p>R2's MAR dated January 2023, indicated test blood sugar every day and as needed for symptoms.</p> <p>R2's physician orders dated January 4, 2023,</p>	01940		

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01940	<p>Continued From page 65</p> <p>included an order to check blood sugar every day.</p> <p>R2's treatment plan dated January 4, 2023, indicated R2 received treatments to include blood sugar checks, but lacked:</p> <ul style="list-style-type: none"> -documentation of specific resident instructions relating to the treatments; -identification of treatment tasks that will be delegated to unlicensed personnel; and -any resident-specific requirements relating to documentation of treatment received to prevent possible complications or adverse reactions. <p>On January 26, 2023, at 1:15 p.m. RN-B stated she was aware there were missing components of the treatment plan for R2 and was working with the corporate office to make changes in the licensee's forms and assessments.</p> <p>The licensee's MN Service Plan Content Policy dated revised June 2020, indicated all residents/tenants have an up-to-date service plan identifying services to be provided based on the assessment by the RN.</p> <p>The licensee's Minnesota Delegation of Medication Management and Treatment Services Policy dated revised June 2020, indicated the RN would develop and individualized treatment plan for each resident/tenant and would develop specific procedures for treatments that team members would provide.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01940		

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01950	Continued From page 66	01950		
01950 SS=D	<p>144G.72 Subd. 4 Administration of treatments and therapy</p> <p>Ordered or prescribed treatments or therapies must be administered by a nurse, physician, or other licensed health professional authorized to perform the treatment or therapy, or may be delegated or assigned to unlicensed personnel by the licensed health professional according to the appropriate practice standards for delegation or assignment. When administration of a treatment or therapy is delegated or assigned to unlicensed personnel, the facility must ensure that the registered nurse or authorized licensed health professional has:</p> <ul style="list-style-type: none"> (1) instructed the unlicensed personnel in the proper methods with respect to each resident 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 record; and (3) communicated with the unlicensed personnel about the individual needs of the resident. <p>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) specified, in writing, specific instructions and documented those instructions in the resident record for one of two residents (R2).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a</p>	01950		

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01950	<p>Continued From page 67</p> <p>limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>R2's diagnoses included type two diabetes (a condition where the pancreas does not produce enough insulin to manage blood sugars) and Alzheimer's disease (dementia).</p> <p>R2's Service Plan, integrated into a change in condition assessment dated January 4, 2023, unsigned by resident or residents responsible party, indicated the resident received services including dressing, grooming, toileting, bathing, blood sugar checks, and medication administration.</p> <p>R2's physician orders dated January 4, 2023, included an order to check blood sugar every day.</p> <p>On January 24, 2023, at 7:30 a.m. unlicensed personnel (ULP)-E was observed to check R2's blood sugar in her room. ULP-E sanitized hands, donned gloves, and used a self-retractable lancet to R2's fingertip. ULP-E then squeezed a drop of blood from the affected fingertip and applied the blood to the test strip in the glucometer. ULP-E did not cleanse R2's fingertip with alcohol or wash the resident's hand prior to the blood sugar check.</p> <p>Immediately following the observation, ULP-E confirmed she had not cleansed R2's skin with an alcohol pad prior to using the lancet on R2's fingertip to obtain the blood sugar. ULP-E stated she was nervous performing the procedure with the evaluator present.</p>	01950		

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01950	<p>Continued From page 68</p> <p>On January 24, 2023, at 11:50 a.m. RN-B stated staff were trained to clean the finger with an alcohol wipe and allow to dry prior to using lancet to obtain drop of blood.</p> <p>On January 26, 2023, at 1:15 p.m. RN-B confirmed R2 lacked a treatment record indicating what the treatment needs were of the resident and specific instructions that would instruct staff how to complete the blood sugar check. RN-B stated she was working with the corporate office to make changes in the licensee's forms and assessments.</p> <p>The licensee's Blood Sugar Check Protocol undated, included to take an alcohol prep and wipe end of finger and allow to completely dry for 30-45 seconds prior to using the lancet.</p> <p>The licensee's Minnesota Delegation of Medication Management and Treatment Services Policy revised June 2020, included: L. Treatment Services 1. The RN will ensure that a treatment protocol will be written for any resident who has a physician ordered treatment. The treatment protocol will include who is responsible for each task, specific details as to how the treatment is to be performed, the frequency of the treatment, and any specific instructions related to the treatment.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01950		
02040 SS=F	144G.81 Subdivision 1 Fire protection and physical environment	02040		

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02040	<p>Continued From page 69</p> <p>An assisted living facility with dementia care that has a secured dementia care unit must meet the requirements of section 144G.45 and the following additional requirements: (1) a hazard vulnerability assessment or safety risk must be performed on and around the property. The hazards indicated on the assessment must be assessed and mitigated to protect the residents from harm; and (2) the facility shall be protected throughout by an approved supervised automatic sprinkler system by August 1, 2029.</p> <p>This MN Requirement is not met as evidenced by: Based on record review and interview, the licensee failed to include mitigation factors in the hazard vulnerability assessment of the physical environment on and around the property. This deficient practice had the ability to affect all staff, residents, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>Findings include:</p> <p>On January 25, 2023, at approximately 12:10 p.m., records were provided for review. Records were reviewed by survey staff on January 25, 2023, between 12:10 p.m. and 12:40 p.m. Record review of the available documentation indicated that the licensee had not included mitigation</p>	02040		

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02040	Continued From page 70 factors for safety risks or hazards identified on and around the property for the physical environment in the facility risk analysis that had been completed. On January 25, 2023, at approximately 12:45 p.m., the licensed assisted living director/licensed practical nurse (LALD/LPN)-C confirmed the findings. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	02040		
02110 SS=F	144G.82 Subd. 3 Policies (a) In addition to the policies and procedures required in the licensing of all facilities, the assisted living facility with dementia care licensee must develop and implement policies and procedures that address the: (1) philosophy of how services are provided based upon the assisted living facility licensee's values, mission, and promotion of person-centered care and how the philosophy shall be implemented; (2) evaluation of behavioral symptoms and design of supports for intervention plans, including nonpharmacological practices that are person-centered and evidence-informed; (3) wandering and egress prevention that provides detailed instructions to staff in the event a resident elopes; (4) medication management, including an assessment of residents for the use and effects of medications, including psychotropic medications; (5) staff training specific to dementia care; (6) description of life enrichment programs and how activities are implemented;	02110		

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02110	<p>Continued From page 71</p> <p>(7) description of family support programs and efforts to keep the family engaged; (8) limiting the use of public address and intercom systems for emergencies and evacuation drills only; (9) transportation coordination and assistance to and from outside medical appointments; and (10) safekeeping of residents' possessions. (b) The policies and procedures must be provided to residents and the residents' legal and designated representatives at the time of move-in.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure policies and procedures required in the licensing of assisted living facilities with dementia care were provided to each resident and/or the resident's legal and designated representative at the time of move-in for four of four residents (R2, R3, R5, R6).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents).</p> <p>The findings included:</p> <p>The licensee was licensed as an Assisted Living with Dementia Care facility on August 1, 2022.</p> <p>R2, R3, R5, and R6's records lacked documentation for receipt of the required Assisted Living with Dementia Care policies and</p>	02110		

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02110	<p>Continued From page 72</p> <p>procedures at the time of resident move-in, to include:</p> <ul style="list-style-type: none"> - philosophy of how services were provided based upon the assisted living facility licensee's values, mission, and promotion of person-centered care and how the philosophy shall be implemented; - evaluation of behavioral symptoms and design of supports for intervention plans, including nonpharmacological practices that were person-centered and evidence-informed; - wandering and egress prevention that provides detailed instructions to staff in the event a resident elopes; - medication management, including an assessment of residents for the use and effects of medications, including psychotropic medications; - staff training specific to dementia care; - description of life enrichment programs and how activities were implemented; - description of family support programs and efforts to keep the family engaged; - limiting the use of public address and intercom systems for emergencies and evacuation drills only; - transportation coordination and assistance to and from outside medical appointments; and - safekeeping of residents' possessions. <p>On January 25, 2023, at 3:00 p.m. registered nurse (RN)-B stated residents and/or their designated representatives had not been provided with written dementia care policies and procedures at time of move-in. RN-B further stated the corporate office was working on this but had not been implemented for the licensee's current residents yet.</p> <p>No further information provided.</p>	02110		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 24097	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/26/2023
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NAME OF PROVIDER OR SUPPLIER KSMS OUR HOUSE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1313 15TH AVENUE NW AUSTIN, MN 55912
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(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
02110	Continued From page 73 TIME PERIOD FOR CORRECTION: Twenty-one (21) days	02110		
02310 SS=G	<p>144G.91 Subd. 4 (a) Appropriate care and services</p> <p>(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.</p> <p>This MN Requirement is not met as evidenced by: 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 four residents (R12) with a bedrail. This resulted in an immediate correction order on January 24, 2023, at 2:34 p.m. In addition, the facility failed to ensure medications services were provided according to accepted health care and medical, or nursing standards for two of four residents (R7 and R6) reviewed.</p> <p>This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p>	02310		

Minnesota Department of Health

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02310	<p>Continued From page 74</p> <p>On January 24, 2023, at approximately 1:15 p.m. registered nurse (RN)-B stated R12 did not have bedrails.</p> <p>On January 24, 2023, at 1:38 p.m. R12's bed was observed with unlicensed personnel (ULP)-D. R12's bed was a hospital bed with an upright quarter bedrail on left upper side.</p> <p>R12 was admitted on September 29, 2014, and started receiving assisted living services on August 1, 2021.</p> <p>R12's diagnoses included Parkinson's disease (brain disorder causing unintended or uncontrollable movements), osteoarthritis (inflammation of one or more joints), and vertigo (type of dizziness).</p> <p>R12's [The Licensee's] Assessment MN other (identified as the service plan) signed by R12 on December 16, 2022, indicated R12 received services including medication administration, bathing, dressing and grooming reminders.</p> <p>R12's [The Licensee's] Assessment MN other: Post Fall Update, identified as the most recent comprehensive nursing assessment dated January 6, 2023, identified R12 was alert and orientated with occasional forgetfulness, had a history of falls and used a 4-wheeled walker. The assessment indicated no other assistive devices were in use.</p> <p>R12's medical record did not include evidence of a bedrail assessment, measurements, or education on risks vs benefits for bedrail use.</p> <p>On January 24, 2023, at 2:34 p.m. RN-B confirmed R12 had a hospital bed with an upright</p>	02310		

Minnesota Department of Health

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02310	<p>Continued From page 75</p> <p>quarter bedrail on the left upper quadrant. RN-B further confirmed she had no knowledge the bedrail existed until today.</p> <p>On January 24, 2023, at 4:16 p.m. R12 stated she used the bed rail to assist her in and out of bed. R12 further stated she has the bed and bed rail since moving into her apartment almost eight years ago.</p> <p>The licensee's Minnesota Assessing the Safety of Side Rails policy dated October 6, 2017, indicated: When notified that a client has a bedrail, the RN will assess and evaluate what the client's needs are and assess to determine if the client can safely utilize the bedrail/equipment and determine whether the bedrail/equipment meets the Food and Drug Administration (FDA) standards for bedrails.</p> <p>TIME PERIOD FOR CORRECTION: Immediate</p> <p>On January 25, 2023, at 8:36 a.m. the immediacy of correction order 2310 was removed; however, noncompliance remains at a scope and severity of G.</p> <p>Medication set up R7 On January 24, 2023, at approximately 8:00 a.m. ULP-G prepared medications to administer to R7. R7 had medication packages set up by the pharmacy. Within the pre-set up medications packs was olanzapine (antipsychotic) 5 milligrams (mg) by mouth every day. ULP-G stated it was scheduled for later in the day. ULP-G removed the medications from the package, took the olanzapine and placed it back in the package. She then taped it shut for the staff</p>	02310		

Minnesota Department of Health

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02310	<p>Continued From page 76</p> <p>to administer later in the day. In another pre-set up package was pravastatin (lowers cholesterol) 30 mg by mouth daily. ULP-G stated this medication was also administered later in the day, so she removed the medications, picked out the pravastatin and placed it back in the package and taped it shut for administration later. ULP-G stated this happened often and it had been like this for a long time. ULP-G had been instructed by the licensed nurse to put them back in the envelopes and tape them shut for later use. During the observation, licensed assisted living director/licensed practical nurse (LALD/LPN)-C entered the medication room and stated "yes. The staff are to do this process. It takes the pharmacy awhile to fix the preset medication packages if it is in the wrong time."</p> <p>R7's prescriber's orders included:</p> <ul style="list-style-type: none"> - olanzapine 5 mg by mouth once daily with a prescription date of November 14, 2022. - pravastatin 20 mg by mouth once daily with a prescription date of November 14, 2022. <p>R7's medication administration record for January 1, 2023, through January 23, 2023, identified the following:</p> <ul style="list-style-type: none"> - olanzapine 5 mg by mouth once daily had been administered daily at 8:00 p.m. - pravastatin 20 mg by mouth once daily had been administered daily at 8:00 p.m. <p>R6</p> <p>On January 24, 2023, at 8:54 a.m. ULP-K was prepared R6's medications for administration. In the pre-set up packages from the pharmacy was acetaminophen 500 mg by mouth two times a day. The pharmacy label identified it was a scheduled medication. The medication administration record identified it was an "as</p>	02310		
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Minnesota Department of Health

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02310	<p>Continued From page 77</p> <p>needed medication." ULP-K stated the medication was in the package so she will see if R6 asks for the medication. If she doses not ask for the medication, then she puts it back in the envelope and tapes it shut for destruction. ULP-K entered R6's room and informed R6 she was there to administer her medications. ULP-K then emptied the contents of the pre-set up package from the pharmacy into applesauce and handed it to R6 to take the medications. R6 did not request the acetaminophen and ULP-K did not ask R6 if she wanted the acetaminophen. After administration, ULP-K stated she forgot and should not have administered it since R6 did not request it. ULP-K stated she would notify R6 that she gave the medication and follow up with her later.</p> <p>R6's physician orders dated November 22, 2022, identified two orders for acetaminophen as follows:</p> <ul style="list-style-type: none"> - acetaminophen extra strength 500 mg take two tablets twice daily as needed; and - acetaminophen extra strength 500 mg take two tablets every six hours as needed with a schedule date of July 5, 2022. <p>R6's medication administration record for January 2023, identified acetaminophen extra strength 500 mg take two tablets twice daily as needed. The acetaminophen was documented as administered once per day on January 3, 8, 9, 17, 20, 21, 22, and 23.</p> <p>On January 24, 2023, at 10:45 a.m. RN-B stated she was "unaware the medications were packaged for the wrong time. The nurse should be contacting the pharmacy to get it corrected. Unlicensed staff should not be setting up meds for other unlicensed staff to administer at a later</p>	02310		

Minnesota Department of Health

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02310	<p>Continued From page 78</p> <p>time. [ULP-K] should not have administered the acetaminophen to [R7] unless it was requested by the resident. That would be considered a medication error."</p> <p>Based on the National Guidelines for Nursing Delegation, developed by the American Nurses Association (ANA) effective April 29, 2019, the licensed nurse cannot delegate nursing judgement or any activity that will involve nursing judgement or critical decision making. MN Statute 144G.08, Subd. 41. Medication setup. "Medication setup" means arranging medications by a nurse, pharmacy, or authorized prescriber for later administration by the resident or by facility staff.</p> <p>The licensee's Approved Steps Of A Medication Pass policy dated October 11, 2017, identified "Double check the ECP MAR and the medication package before taking the blister pack(s)/cassette(s) or medication strip to the resident. Start at the top of the ECP MAR and compare each medication listed on the ECP MAR with each cassette, blister pack, or pill in the medication strip twice before punching out the pill. Check the name of the resident, the medication name, dose, route and time to be given. These must match. If they do not match for any reason-STOP-and contact your Home Manager or Director immediately. If the pharmacy has not delivered a medication that is to be given, call the pharmacy immediately so it can be delivered immediately. Remember to flip over the medication strip and exam the pill. If a pill in the strip roll, cassette or medication blister pack does not look like the description-STOP-and contact the Home Manager or Director immediately."</p> <p>No further information was provided.</p>	02310		
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Minnesota Department of Health

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02310	Continued From page 79 TIME PERIOD FOR CORRECTION: Two (2) days	02310		



Minnesota Department of Health
Division of Environmental Health, FPLS
P.O. Box 64975
St. Paul, MN 55164-0975
651-201-4500

Type: Full
Date: 01/24/23
Time: 08:50:31
Report: 8044231015

Food and Beverage Establishment Inspection Report

Page 1

Location:

Ksms Our House Llc
1313 15th Avenue Nw
Austin, MN55912
Mower County, 50

Establishment Info:

ID #: 0039108
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 5074373373
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.

3-800 Highly Susceptible Populations**3-801.11B ** Priority 1 ****

MN Rule 4626.0447B Discontinue using unpasteurized eggs or egg products in the preparation of Caesar salad, hollandaise or Bearnaise sauce, mayonnaise, meringue, eggnog, ice cream, and egg-fortified beverages when serving a highly susceptible population.

Unpasteurized used for cooking easy-over eggs.

Comply By: 01/24/23

3-500A Microbial Control: cooling**3-501.15B ** Priority 2 ****

MN Rule 4626.0390B Loosely cover containers of cooling food and arrange in cold holding equipment in a manner to maximize heat transfer through the container walls.

Foods cooled in covered containers.

Comply By: 01/24/23

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

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

Rusting/failing microwave in upstairs kitchen.

Comply By: 02/24/23

Type: Full
Date: 01/24/23
Time: 08:50:31
Report: 8044231015
Ksms Our House Llc

Food and Beverage Establishment Inspection Report

4-600 Cleaning Equipment and Utensils

4-602.11E

MN Rule 4626.0845E Clean surfaces contacting food that is not TCS: 1. at any time when contamination may have occurred; 2. at least once every 24 hours for iced tea dispensers and consumer self-service utensils; 3. before restocking consumer self-service equipment and utensils such as condiment dispensers, and display containers; 4. at a frequency specified by the manufacturer or at a frequency necessary to preclude accumulation of soil or mold for ice bins, beverage dispensing nozzles, enclosed components of ice makers, cooking oil storage tanks and distribution lines, beverage and syrup dispensing lines or tubes, coffee bean grinders, and water vending equipment.

Mildew in ice machine.

Comply By: 01/24/23

6-500 Physical Facility Maintenance/Operation and Pest Control

6-501.12A

MN Rule 4626.1520A Clean and maintain all physical facilities clean.

Soiled floors beneath cooking equipment in downstairs kitchen.

Comply By: 01/31/23

Food and Equipment Temperatures

Process/Item: Cold Holding

Temperature: 38.8 Degrees Fahrenheit - Location: Ham in upright

Violation Issued: No

Process/Item: Cold Holding

Temperature: 39.1 Degrees Fahrenheit - Location: Soup in upright

Violation Issued: No

Process/Item: Cold Holding

Temperature: 40.0 Degrees Fahrenheit - Location: Upright

Violation Issued: No

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

HRD inspection conducted with lead surveyor Susan Kalis, Stacy Haag and Michelle Leitinger. Report reviewed with Amy Storlie.

Type: Full
Date: 01/24/23
Time: 08:50:31
Report: 8044231015
Ksms Our House Llc

Food and Beverage Establishment Inspection Report


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

I acknowledge receipt of the Minnesota Department of Health inspection report number 8044231015 of 01/24/23.

Certified Food Protection Manager: Amy L. Storlie

Certification Number: FM106718 Expires: 06/22/24

Signed: 
Inspector signed for Amy

Signed: 
Michael DeMars, RS
Public Health Sanitarian III
Rochester District Office
507-206-4715
michael.demars@state.mn.us