Protecting, Maintaining and Improving the Health of All Minnesotans

March 21, 2023

Licensee
Ecumen Detroit Lakes The Cottage
1435 Madison Avenue
Detroit Lakes, MN 56501

RE: Project Number(s) SL25997015

Dear Licensee:

On February 23, 2023, the Minnesota Department of Health completed a follow-up evaluation of your facility to determine if orders from the December 9, 2022, evaluation were corrected. This follow-up evaluation verified that the facility is in substantial compliance.

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

Please feel free to call me with any questions.

Sincerely,

Jessica Chenze, Supervisor
State Evaluation Team
Health Regulation Division
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Telephone: 218-332-5175 Fax: 651-281-9796

JMD

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

January 5, 2023

Licensee
Ecumen Detroit Lakes The Cottage
1435 Madison Avenue
Detroit Lakes, MN 56501

RE: Project Number(s) SL25997015

Dear Licensee:

The Minnesota Department of Health completed an evaluation on December 9, 2022, 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 - 1620 - 144g.70 Subd. 2 (c-E) - Initial Reviews, Assessments, And Monitoring = $3,000
St - 0 - 1640 - 144g.70 Subd. 4 (a-E) - Service Plan, Implementation And Revisions To = $3,000

The total amount you are assessed is $6,000. You will be invoiced after 15 days of the 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 general reconsideration requests to: **Health.HRD.Appeals@state.mn.us**.

Please address your cover letter for general	Free from Maltreatment reconsideration

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

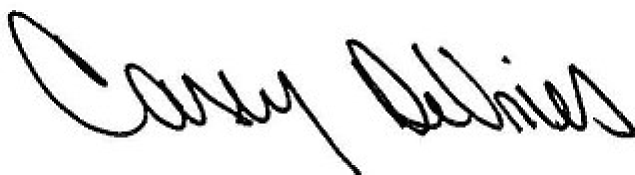
requests should be addressed to:
Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place
St. Paul, MN 55164-0970

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

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

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,



Casey DeVries, Supervisor
State Evaluation Team
Health Regulation Division
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Telephone: 651-201-5917 Fax: 651-215-9697

PMB

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25997	A. BUILDING: ______ B. WING ______	12/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ECUMEN DETROIT LAKES THE COTTA	**1435 MADISON AVENUE DETROIT LAKES, MN 56501**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments	0 000		

Initial comments
******ATTENTION******

ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)

In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.

Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.

INITIAL COMMENTS:
SL25997015-0

On December 5, 2022, through December 9, 2022, 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 16 residents, all of whom received services under the provider's Assisted Living with Dementia Care license.

Immediate correction orders were identified on December 8, 2022, issued for SL25997015-0, tag identification 1620 and 1640.

The immediacy of correction orders 1620 and 1640 was removed following onsite observations by evaluators and record review by evaluation supervisor on December 9, 2022, however noncompliance remained at a scope and severity of G.

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.

PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.

THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.

The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25997	A. BUILDING: ______ B. WING ______	12/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ECUMEN DETROIT LAKES THE COTTA	**1435 MADISON AVENUE DETROIT LAKES, MN 56501**

(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
0 480	Continued From page 1	0 480		
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements (13) offer to provide or make available at least the following services to residents: (i) at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The following apply: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: Please refer to the included document titled, Food	0 480		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25997	A. BUILDING: ______ B. WING ______	12/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ECUMEN DETROIT LAKES THE COTTA	**1435 MADISON AVENUE DETROIT LAKES, MN 56501**

(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
0 480	Continued From page 2 and Beverage Establishment Inspection Report dated December 6, 2022, for the specific Minnesota Food Code deficiencies. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 480		
0 510 SS=D	144G.41 Subd. 3 Infection control program (a) All assisted living facilities must establish and maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control. (b)The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities. (c) 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 establish and maintain an infection control program to comply with accepted health care, medical, and nursing standards for infection control for one of two unlicensed personnel ((ULP)-E) observed to perform blood glucose monitoring. 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	0 510		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25997	A. BUILDING: ______ B. WING ______	12/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ECUMEN DETROIT LAKES THE COTTA	1435 MADISON AVENUE DETROIT LAKES, MN 56501

(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
0 510	Continued From page 3	0 510		

limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).

The findings include:

On December 7, 2022, at 8:35 a.m., the surveyor observed ULP-E perform a blood glucose check on R1 in her room. ULP-E donned clean gloves, wiped R1's finger with an alcohol wipe, poked the finger with a lancet, wiped the blood off and then placed a sample of blood on the strip inserted in the glucometer. ULP-E then wiped the blood from R1's finger with a tissue, disposed of the tissue, and with the same gloves still on, touched the computer, and touched the drawer top, opened it, and pull out the Lantus insulin pen. ULP-E administered the insulin, put the pen away, removed the gloves and performed hand hygiene. After ULP-E completed the tasks for R1, she stated she would wipe the computer down after the morning medication pass was completed for all residents. In addition, when the surveyor questioned ULP-E regarding the lack of hand hygiene observed, ULP-E agreed it was a potential for contamination.

On December 9, 2022, at 12:50 p.m., registered nurse (RN)-C stated hand hygiene should have been performed and gloves changed after the blood glucose check, before touching anything.

The licensee's Hand Hygiene policy dated effective August 1, 2021, noted hands should be washed or decontaminated before and after direct contact with a resident and after removing gloves or gowns.

No further information was provided.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25997	A. BUILDING: ______ B. WING ______	12/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ECUMEN DETROIT LAKES THE COTTA	1435 MADISON AVENUE DETROIT LAKES, MN 56501

(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
0 510	Continued From page 4	0 510		

TIME PERIOD FOR CORRECTION: Seven (7) days

0 690 SS=D — 144G.43 Subdivision 1 Resident record — 0 690

(a) Assisted living facilities must maintain records for each resident for whom it is providing services. Entries in the resident records must be current, legible, permanently recorded, dated, and authenticated with the name and title of the person making the entry.

This MN Requirement is not met as evidenced by:
Based on interview and record review, the licensee failed to maintain current records for one of three residents (R8).

This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).

The findings include:

R8's diagnoses included anxiety, unspecified dementia with behavioral disturbances, and cognitive impairment.

R8's Provider Orders for Life-Sustaining Treatment (POLST) dated May 20, 2022, noted a check mark in the box which read "Do Not Attempt Resuscitation / DNR (Allow Natural Death)."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25997	A. BUILDING: ______ B. WING ______	12/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ECUMEN DETROIT LAKES THE COTTA	**1435 MADISON AVENUE DETROIT LAKES, MN 56501**

(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
0 690	Continued From page 5 R8's Service Plan dated June 17, 2022, indicated R8 received services including medication management, activity reminders and dining room reminders. The service plan indicated R8's code status as "Resuscitate." R8's Face Sheet and Medication List, both with printed date November 22, 2022, noted the code status as "Resuscitate." On December 9, 2022, at 11:00 a.m., unlicensed personnel (ULP)-I stated staff can see the code status for a resident on their electronic record, and pulled up the record for R8, which noted resuscitate. ULP-I stated there was also a binder at the desk with information to be sent with a resident if they go to the hospital which included copies of the POLST, face sheet, and medication sheet from the binder. On December 9, 2022, at 11:08 a.m. registered nurse (RN)-C verified the information for R8 did not match the POLST. RN-C stated the information typically would be entered by the nurse on admission or with a change, and stated the computer needed to be updated. The licensee's Resident Records policy effective date August 1, 2021, noted the resident record would contain the resident's advance directive, if any. The licensee's Advance Directives & POLST policy dated effective August 1, 2021, noted the licensed nurse or designee would document the existence of the advance directive in the resident's record, and it would be "included in the record in such a way that it is readily accessible and retrievable and is utilized during all processes	0 690		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25997	A. BUILDING: ______ B. WING ______	12/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ECUMEN DETROIT LAKES THE COTTA	1435 MADISON AVENUE DETROIT LAKES, MN 56501

(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

0 690 | 0 690

Continued From page 6

related to service plan development for the resident."

No further information was provided.

TIME PERIOD FOR CORRECTION: Twenty-One (21) days

0 730 SS=D | 0 730

144G.43 Subd. 3 Contents of resident record

Contents of a resident record include the following for each resident:
(1) identifying information, including the resident's name, date of birth, address, and telephone number;
(2) the name, address, and telephone number of the resident's emergency contact, legal representatives, and designated representative;
(3) names, addresses, and telephone numbers of the resident's health and medical service providers, if known;
(4) health information, including medical history, allergies, and when the provider is managing medications, treatments or therapies that require documentation, and other relevant health records;
(5) the resident's advance directives, if any;
(6) copies of any health care directives, guardianships, powers of attorney, or conservatorships;
(7) the facility's current and previous assessments and service plans;
(8) all records of communications pertinent to the resident's services;
(9) documentation of significant changes in the resident's status and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional;

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25997	A. BUILDING: ______ B. WING ______	12/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ECUMEN DETROIT LAKES THE COTTA	1435 MADISON AVENUE DETROIT LAKES, MN 56501

(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
0 730	Continued From page 7	0 730		

(10) documentation of incidents involving the resident and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional;
(11) documentation that services have been provided as identified in the service plan;
(12) documentation that the resident has received and reviewed the assisted living bill of rights;
(13) documentation of complaints received and any resolution;
(14) a discharge summary, including service termination notice and related documentation, when applicable; and
(15) other documentation required under this chapter and relevant to the resident's services or status.

This MN Requirement is not met as evidenced by:
Based on interview and record review, the licensee failed to ensure resident records included a completed discharge summary with the required content for one of one discharged resident (R5).

The 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 and safety, but was not likely to cause serious injury, impairment, or death) and was issued an isolated scope (when one or a limited number of residents are affected or a limited number of staff are involved, or the situation has occurred only occasionally).

The finding include:

R5's diagnosis included history of pulmonary embolism, hypertension, and cognitive disorder.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25997	A. BUILDING: ______ B. WING ______	12/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ECUMEN DETROIT LAKES THE COTTA	1435 MADISON AVENUE DETROIT LAKES, MN 56501

(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
0 730	Continued From page 8	0 730		

R5 admitted for services on July 31, 2021, and passed away on hospice on July 5, 2022.

R5's record included an Assisted Living (AL) Discharge summary that lacked diagnoses, course of illnesses, medications, allergies, treatments, and no final summary, only referred to "See Chart" and "See EMAR" (electronic medication administration record). R5's record (chart and EMAR) lacked further documentation on R5's AL Discharge Summary and R5's progress notes lacked evidence the resident's representative was offered or received a copy of the discharge summary.

On December 9, 2022, at 1:00 p.m., the surveyor asked clinical nurse supervisor (CNS)-B if the resident's representative received a copy. CNS-B stated, "No, I don't think so. We give it if family requests it." Regarding "see chart and see EMAR" for lists of diagnoses, course of illnesses, medications, allergies and treatments, CNS-B stated, "these can be printed off and given to the resident."

The licensee's Discharge Summary policy, dated August 1, 2021, indicated the discharge summary would include a summary of the residents stay, including, diagnoses, courses of illnesses, allergies, treatments, therapies, pertinent labs results, pertinent radiology results, pertinent consultation results, and a final summary of the resident's status. Also, the resident's representative would be provided a written discharge summary at the time of discharge.

No more information was provided.

TIME PERIOD FOR CORRECTION: Twenty-One

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25997	A. BUILDING: ____ B. WING ____	12/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ECUMEN DETROIT LAKES THE COTTA	**1435 MADISON AVENUE DETROIT LAKES, MN 56501**

(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

0 730

Continued From page 9

(21) days

0 970 SS=F

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 for three of three residents (R1, R7, R2) did not include language waiving facility liability for resident health, safety, or personal property. This had the potential to affect all current residents.

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

Findings include:

R1
R1 was admitted on December 2, 2012, with diagnoses including type 2 diabetes.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25997	A. BUILDING: ______ B. WING ______	12/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ECUMEN DETROIT LAKES THE COTTA	1435 MADISON AVENUE DETROIT LAKES, MN 56501

(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
0 970	Continued From page 10 R1's Resident Contract was effective July 1, 2022, and signed July 21, 2022. R7 R7 was admitted on May 19, 2020, with diagnoses including hypothyroidism (decreased production of thyroid hormones). R7's Resident Contract was effective September 1, 2022, and signed September 12, 2022. R2 R2 was admitted on March 4, 2020, with diagnoses including limitation to activities due to disability. R2's Resident Contract was effective October 17, 2022, and signed November 30, 2022. R1, R7, and R2's contracts included a clause on page 11, section 30, Personal Property, "Residents are strongly encouraged to obtain renter's insurance. Resident acknowledges that the Community will not and does not maintain insurance coverage that will reimburse Resident or their guests for damage to personal property, accident, or injury." Also included, on page 11, section 31, Indemnification, "Resident will indemnify and hold harmless the Community, its employees and agents from and against any and all claims, actions, damages, and liabilities and expenses in connection with loss of life, personal injury or damage to property, arising from or out of the use by Resident of the Apartment or any other part of the Community's property, or caused wholly or in part by an act or omission of Resident or Resident's guests or agents." Further, on page 11 and 12, section 32, Insurance, indicated, "The Community will maintain appropriate levels and types of insurance covering the building and its	0 970		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25997	A. BUILDING: ______ B. WING ______	12/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ECUMEN DETROIT LAKES THE COTTA	1435 MADISON AVENUE DETROIT LAKES, MN 56501

(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

0 970 | 0 970

Continued From page 11

content. Because the Community does not maintain insurance covering the contents of Resident's Apartment, Resident is strongly encouraged to carry appropriate levels of insurance covering Resident's personal property, as well as liability insurance for any injury to Resident or Resident's guests occurring within the Apartment (this is usually called "renter's insurance") and any damage to Community property or property of others arising from or out of the use by Resident of the Apartment. Resident acknowledges and understands that the lack of such insurance coverage may result in personal loss to and/or liability of Resident. Residents agree to provide the Community with a certificate of insurance upon request."

On December 9, 2022, at 10:24 a.m., licensed assisted living director (LALD)-A stated the contract was recently revised; however, the revised contract had not yet been provided to current residents. LALD-A stated the same contract was used for all residents.

A policy was requested regarding the contract but was not provided.

No further information was provided.

TIME PERIOD FOR CORRECTION: Twenty-one (21) days

01060 SS=F | 01060

144G.52 Subd. 9 Emergency relocation

(a) A facility may remove a resident from the facility in an emergency if necessary due to a resident's urgent medical needs or an imminent risk the resident poses to the health or safety of another facility resident or facility staff member.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25997	A. BUILDING: ______ B. WING ______	12/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ECUMEN DETROIT LAKES THE COTTA	1435 MADISON AVENUE DETROIT LAKES, MN 56501

(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
01060	Continued From page 12 An emergency relocation is not a termination. (b) In the event of an emergency relocation, the facility must provide a written notice that contains, at a minimum: (1) the reason for the relocation; (2) the name and contact information for the location to which the resident has been relocated and any new service provider; (3) contact information for the Office of Ombudsman for Long-Term Care; (4) if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and (5) a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal. (c) The notice required under paragraph (b) must be delivered as soon as practicable to: (1) the resident, legal representative, and designated representative; (2) for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the resident's case manager; and (3) the Office of Ombudsman for Long-Term Care if the resident has been relocated and has not returned to the facility within four days. (d) Following an emergency relocation, a facility's refusal to provide housing or services constitutes a termination and triggers the termination process in this section. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide a written notice with the	01060		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25997	A. BUILDING: ______ B. WING ______	12/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ECUMEN DETROIT LAKES THE COTTA	**1435 MADISON AVENUE DETROIT LAKES, MN 56501**

(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
01060	Continued From page 13	01060		

required content for an emergency relocation for two of two residents (R1 and R7) hospitalized.

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

The findings include:

R1 and R7's records lacked evidence of a written notice provided to the resident, the residents' legal representative, and designated representative that contained, at a minimum:
- the reason for the relocation;
- the name and contact information for the location to which the resident had been relocated and any new service provider;
- contact information for the Office of Ombudsman for Long-Term Care (OOLTC);
- if known and applicable, the approximate date or range of dates within which the resident was expected to return to the facility, or a statement that a return date was not currently known; and
- a statement that, if the facility refused to provide housing or services after a relocation, the resident had the right to appeal and the contact information for the agency to which the resident may submit an appeal.

R1
R1's diagnoses included type 2 diabetes.

R1's Service Plan dated July 21, 2022, noted services including assistance with medication management and blood glucose monitoring.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25997	A. BUILDING: ______ B. WING ______	12/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ECUMEN DETROIT LAKES THE COTTA	1435 MADISON AVENUE DETROIT LAKES, MN 56501

(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
01060		01060		

Continued From page 14

R1's Progress Notes indicated:
- November 7, 2022, R1 went to the emergency room in the morning after a possible seizure, for examination; and
- November 8, 2022, R1 returned to the facility at 2:30 p.m., via a transport service.

R7
R7's diagnoses included hypothyroidism and atrial fibrillation.

R7's Service Plan dated September 12, 2022, noted services including assistance with grooming and toileting.

R7's Progress Notes noted:
- November 5, 2022, R7 fell, was sent to the emergency room early on November 6, 2022, and was admitted to the hospital; and
- December 2, 2022, R7 admitted to the skilled nursing facility from the hospital for therapy.

On December 9, 2022, at 10:20 a.m., licensed assisted living director (LALD)-A stated the licensee sent the written notice to the OOLTC late on December 5, 2022, and the same notice to the family on December 6, 2022.

On December 9, 2022, at 11:45 a.m., registered nurse (RN)-C stated a written notice with the required content had not been provided to the resident, the resident's legal representative, and designated representative, and said she was not aware of the requirement to do so.

The licensee's Resident Emergencies/ 911 Calls policy dated August 1, 2021, lacked information on the requirement for written notice or notification to the OOLTC.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25997	A. BUILDING: ____ B. WING ____	12/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ECUMEN DETROIT LAKES THE COTTA	**1435 MADISON AVENUE DETROIT LAKES, MN 56501**

(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
01060	Continued From page 15 No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01060		
01290 SS=E	144G.60 Subdivision 1 Background studies required (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. (b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12. (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. This MN Requirement is not met as evidenced by: Based on interview and record review the licensee failed to ensure a background study was submitted and received in affiliation with the assisted living license for three of three employees (registered nurse (RN)-C, unlicensed personnel (ULP)-F, ULP-G). 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	01290		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25997	A. BUILDING: ______ B. WING ______	12/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ECUMEN DETROIT LAKES THE COTTA	**1435 MADISON AVENUE DETROIT LAKES, MN 56501**

(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
01290	Continued From page 16	01290		

was issued at a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).

The findings include:

RN-C
RN-C obtained her RN license on March 28, 2017. RN-C was hired by the licensee on August 22, 2022, to provide supervision of staff and direct care services to the residents.

RN-C's employee record contained a background study, submitted by a licensee with a different Health Facility Identification Number (HFID), operated by the same corporation, dated August 19, 2022. RN-C's employee record lacked evidence the licensee submitted a background study for their license and current HFID number.
ULP-F
ULP-F started employment on June 4, 2018, under the comprehensive home care license and began providing assisted living services on August 1, 2021.

ULP-F's employee record contained a background study, submitted by a licensee with a different HFID, operated by the same corporation, dated May 25, 2018. ULP-F's employee record lacked evidence the licensee submitted a background study for their license and current HFID number.

ULP-G
ULP-G was hired on January 25, 2022, to provide direct care and services to the licensee's residents.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25997	A. BUILDING: ______ B. WING ______	12/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ECUMEN DETROIT LAKES THE COTTA	**1435 MADISON AVENUE DETROIT LAKES, MN 56501**

(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
01290	Continued From page 17 ULP-G's employee record contained a background study, submitted by a licensee with a different HFID, operated by the same corporation, dated July 22, 2022. ULP-G's employee record lacked evidence the licensee submitted a background study for their license and current HFID number. During a telephone interview on December 12, 2022, at 1:55 p.m., licensed assisted living director (LALD)-A stated she was not aware that the employees' background studies needed to be affiliated with the licensee's assisted living with dementia care license and HFID number. The licensee's Background Checks policy, effective August 1, 2021, directed all employees, contractors and regularly scheduled volunteers of the facility with direct resident contact would undergo a background study through the Department of Human Services (DHS) and only those with satisfactory results would continue to work with the facility and its residents. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	01290		
01440 SS=D	144G.62 Subd. 4 Supervision of staff providing delegated nurs (a) Staff who perform delegated nursing or therapy tasks must be supervised by an appropriate licensed health professional or a registered nurse according to the assisted living facility's policy where the services are being provided to verify that the work is being performed competently and to identify problems	01440		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25997	A. BUILDING: ______ B. WING ______	12/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ECUMEN DETROIT LAKES THE COTTA	**1435 MADISON AVENUE DETROIT LAKES, MN 56501**

(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
01440	Continued From page 18	01440		

and solutions related to the staff person's ability to perform the tasks. Supervision of staff performing medication or treatment administration shall be provided by a registered nurse or appropriate licensed health professional and must include observation of the staff administering the medication or treatment and the interaction with the resident.
(b) The direct supervision of staff performing delegated tasks must be provided within 30 calendar days after the date on which the individual begins working for the facility and first performs the delegated tasks for residents and thereafter as needed based on performance. This requirement also applies to staff who have not performed delegated tasks for one year or longer.

This MN Requirement is not met as evidenced by:
Based on interview and record review, the licensee failed to ensure direct supervision of staff performing delegated tasks was provided within 30 calendar days after the date on which the individual began working for the licensee for one of two unlicensed personnel ((ULP)-G).

This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).

The findings include:

ULP-G's record lacked evidence to document an appropriate licensed professional or registered

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25997	A. BUILDING: ________ B. WING ________	12/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ECUMEN DETROIT LAKES THE COTTA	**1435 MADISON AVENUE DETROIT LAKES, MN 56501**

(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
01440	Continued From page 19	01440		

nurse provided direct supervision of staff performing delegated tasks as required.

ULP-G was hired on January 25, 2022, to provide direct care and services to the licensee's residents.

On December 9, 2022, at 1:27 p.m., clinical nurse specialist (CNS)-B stated either she or her clinical manager often completed the supervision of staff, and said if it was not in the employee record, it was not completed.

The licensee's Supervision of Licensed and Unlicensed Personnel policy dated effective August 1, 2021, noted supervision of unlicensed personnel by a registered nurse would be direct supervision of the staff performing a delegated task within 30 calendar days after the staff member began working and firs performed the delegated resident task.

No further information was provided.

TIME PERIOD FOR CORRECTION: Twenty-One (21) days

01470 SS=E	144G.63 Subd. 2 Content of required orientation	01470		

(a) The orientation must contain the following topics:
(1) an overview of this chapter;
(2) an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person;
(3) handling of emergencies and use of emergency services;

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25997	A. BUILDING: ______ B. WING ______	12/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ECUMEN DETROIT LAKES THE COTTA	**1435 MADISON AVENUE DETROIT LAKES, MN 56501**

(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
01470	Continued From page 20 (4) compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC); (5) the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; (6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person; (7) handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints; (8) consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services; and (9) a review of the types of assisted living services the employee will be providing and the facility's category of licensure. (b) In addition to the topics in paragraph (a), orientation may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics: (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and the challenges it poses to communication; (2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or	01470		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25997	A. BUILDING: ______ B. WING ______	12/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ECUMEN DETROIT LAKES THE COTTA	**1435 MADISON AVENUE DETROIT LAKES, MN 56501**

(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
01470	Continued From page 21	01470		

(3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions.

This MN Requirement is not met as evidenced by:
Based on interview and record review, the licensee failed to ensure employees received orientation to assisted living licensing requirements and regulations prior to providing services for two of four employees (clinical nurse supervisor (CNS)-B and unlicensed personnel (ULP)-G).

This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).

The findings include:

CNS-B
CNS-B started employment on August 23, 2019, under the comprehensive home care license and began providing supervision of staff and direct care to residents on August 1, 2021.

CNS-B's employee record lacked documented evidence of the following:
- a review of the provider's policies and procedures;

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25997	A. BUILDING: ______ B. WING ______	12/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ECUMEN DETROIT LAKES THE COTTA	**1435 MADISON AVENUE DETROIT LAKES, MN 56501**

(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
01470	Continued From page 22	01470		

- consumer advocacy services;
- a review of types of Assisted Living services the employee would provide and the provider's scope of license; and
- principles of person-centered planning/service delivery.

On December 9, 2022, at 1:20 p.m., licensed assisted living director (LALD)-A and CNS-B stated the licensee had not provided CNS-B with the above required training.

ULP-G
ULP-G was hired on January 25, 2022, to provide direct care and services to the licensee's residents.

ULP-G's employee record lacked documented evidence of the following:
- overview of Assisted Living statutes;
- a review of the provider's policies and procedures; and
- principles of person-centered planning/service delivery.

On December 9, 2022, at 1:27 p.m., LALD-A and CNS-B stated the licensee had not provided ULP-G with the above required training.

The licensee's Personnel Records policy dated August 1, 2021, noted the personnel record for each person would include a record of orientation.

No further information was provided.

TIME PERIOD FOR CORRECTION: Twenty-One (21) days

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25997	A. BUILDING: ______ B. WING ______	12/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ECUMEN DETROIT LAKES THE COTTA	1435 MADISON AVENUE DETROIT LAKES, MN 56501

(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
01500	Continued From page 23	01500		
01500 SS=D	144G.63 Subd. 5 Required annual training	01500		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25997	A. BUILDING: ______ B. WING ______	12/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ECUMEN DETROIT LAKES THE COTTA	1435 MADISON AVENUE DETROIT LAKES, MN 56501

(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
01500	Continued From page 24	01500		

providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics:
(1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and challenges it poses to communication;
(2) the health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or
(3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions.

This MN Requirement is not met as evidenced by:
Based on interview and record review, the licensee failed to ensure annual training included all required topics for each 12 months of employment for one of one employee (unlicensed personnel (ULP)-E).

This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).

The findings include:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25997	A. BUILDING: ______ B. WING ______	12/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ECUMEN DETROIT LAKES THE COTTA	1435 MADISON AVENUE DETROIT LAKES, MN 56501

(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
01500	Continued From page 25 ULP-E began employment with the licensee on September 10, 2020, to provide direct care services to the residents. ULP-E's employee training records lacked evidence ULP-E had successfully completed annual training as required, to include the following: -review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures. On December 9, 2022, at 1:03 p.m., licensed assisted living director (LALD)-A stated employees received annual training on February 9, 2022; however, could not verify the annual training included the above content. The licensee's Assisted Living with Dementia Care Annual Training, effective August 1, 2021, indicated all direct care staff would complete 8 hours of annual training for each 12 months of employment, which included review of policies and procedures relating to the provision of assisted living services and how to implement them. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01500		
01540 SS=D	144G.64 (a) TRAINING IN DEMENTIA CARE REQUIRED (3) for assisted living facilities with dementia care, direct-care employees must have completed at least eight hours of initial training on topics	01540		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25997	A. BUILDING: ___ B. WING ___	12/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ECUMEN DETROIT LAKES THE COTTA	**1435 MADISON AVENUE DETROIT LAKES, MN 56501**

(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
01540	Continued From page 26	01540		

specified under paragraph (b) within 80 working hours of the employment start date. Until this initial training is complete, an employee must not provide direct care unless there is another employee on site who has completed the initial eight hours of training on topics related to dementia care and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for consultation with the new employee until the training requirement is complete. Direct-care employees must have at least two hours of training on topics related to dementia for each 12 months of employment thereafter;

This MN Requirement is not met as evidenced by:
Based on interview and record review, the licensee failed to ensure a supervisor of director care staff completed the required amount of dementia care training (8 hours) in the required time frame (within 120 working hours) for one of one employee (registered nurse (RN)-C).

This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).

The findings include:

The licensee had an Assisted Living with Dementia Care license, dated August 1, 2022.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25997	A. BUILDING: ______ B. WING ______	12/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ECUMEN DETROIT LAKES THE COTTA	1435 MADISON AVENUE DETROIT LAKES, MN 56501

(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
01540	Continued From page 27 RN-C RN-C was hired by the licensee on August 22, 2022, to provide supervision of staff and direct care services to the residents. RN-C's employee record contained evidence of 0.5 hours training on dementia care topics within 120 working hours of the start date. RN-C reached 120 working hours on September 12, 2022. On December 9, 2022, at 12:59 p.m., licensed assisted living director (LALD)-A and RN-C could not provide documentation that RN-C had completed the required amount of training on dementia care within the required time frame. RN-C stated she had not attended the clinical orientation that included, "Dementia Day." The licensee's Assisted Living & Assisted Living with Dementia Care Orientation policy, effective August 1, 2021, indicated all assisted living employees must complete an orientation to assisted living facility licensing requirements and regulations before providing services to residents, and must include dementia training; however, the policy lacked specific regulatory requirements. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01540		
01620 SS=G	144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring (c) Resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services. Ongoing resident	01620		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25997	A. BUILDING: ____ B. WING ____	12/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ECUMEN DETROIT LAKES THE COTTA	**1435 MADISON AVENUE DETROIT LAKES, MN 56501**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01620	Continued From page 28 reassessment and monitoring must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the last date of the assessment. (d) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review. (e) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the registered nurse (RN) completed a comprehensive reassessment for one of one resident (R8) with an elopement attempt. 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).	01620	Immediacy was removed as confirmed by surveyor's on-site observation on December 8-9, 2022, and record review by evaluation supervisor on December 9, 2022, however noncompliance remained at a scope and severity of G.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25997	A. BUILDING: ____ B. WING ____	12/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ECUMEN DETROIT LAKES THE COTTA	1435 MADISON AVENUE DETROIT LAKES, MN 56501

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01620	Continued From page 29	01620		

The findings include:

R8 admitted to the facility on May 16, 2022, with diagnoses that included anxiety, unspecified dementia with behavioral disturbances, and cognitive impairment.

R8's Service Plan dated June 17, 2022, indicated R8 received services including medication management, activity reminders and dining room reminders. It also noted R8 had a vulnerable adult risk related to wandering and noted resident was able to wander safely inside current community environment. Community staff were directed to ensure walkways and common areas were secure and without clutter and to provide redirection and reassurance to guide the resident throughout the day and night. Also included, "24 hour supervision in place for safety to support resident and minimize risk for elopement" and "Safe care plan in place to meet resident care needs and minimize confusion and paranoia, and to maintain safety."

R8's AL (Assisted Living) Nursing Assessment dated May 5, 2022, (prior to admission to the facility) noted R8 had a history of elopement activity at her previous facility which was not secure, and resident had walked outside and gotten lost.

R8's AL (Assisted Living) Nursing Assessment dated May 16, 2022, identified as the initial assessment, indicated R8 wandered safely within the community and did not require redirection.

R8's Elopement Risk Assessment dated May 16, 2022, indicated R8 had a history of leaving her previous facility without notifying staff, and the wrist guard would alert staff at the previous

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25997	A. BUILDING: ______ B. WING ______	12/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ECUMEN DETROIT LAKES THE COTTA	**1435 MADISON AVENUE DETROIT LAKES, MN 56501**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01620	Continued From page 30	01620		

Continued From page 30

facility. The assessment indicated "resident is not at risk for elopement at this time."

R8's AL (Assisted Living) Nursing Assessment dated June 1, 2022, identified as the 14-day assessment, indicated R8 wandered safely within the community and did not require redirection.

R8's AL (Assisted Living) Nursing Assessment dated June 17, 2022, identified as a change of condition assessment, indicated R8 wandered safely within the community and did not require redirection. The assessment noted the change in condition was related to dizzy spells and increased edema in her legs.

R8's AL (Assisted Living) Nursing Assessment dated September 13, 2022, identified as a 90-day assessment, indicated R8 wandered safely within the community and did not require redirection.

A Resident Incident Report dated November 5, 2022, at 2:20 p.m., indicated R8 pushed on the double doors leading to the attached long-term care nursing home for 15 seconds until it released, and was able to walk outside into the employee parking lot. Staff who were assisting another resident, heard the door alarm sound. Staff quickly ran outside and redirected R8 back into the facility from the employee parking lot. There were no injuries noted. The Incident Investigation section noted there was no previous history of this type of incident, a reduction plan was in place, there were no environmental factors, however, resident factors included impaired safety judgement and impaired mental status with predisposing medical condition. The investigation indicated no resident follow up or prevention in general, environmental modifications, assistive devices, or

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25997	A. BUILDING: ____ B. WING ____	12/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ECUMEN DETROIT LAKES THE COTTA	1435 MADISON AVENUE DETROIT LAKES, MN 56501

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01620	Continued From page 31	01620		

implementation of fall reduction implementations. It also noted system follow-up as none. It noted family was notified at 2:45 p.m.

R8's medical record lacked a comprehensive reassessment or implementation of any new safety interventions following the incident.

On December 8, 2022, at 8:40 a.m., licensed assisted living director (LALD)-A stated she was notified on December 7, 2022, at 3:23 p.m., that after a facility search, staff were unable to locate R8. LALD-A instructed staff to do another facility search, contacted life enrichment and therapy staff to see if R8 was with them, and requested environmental service staff to review camera footage. LALD-A stated she was not immediately aware of the time that staff realized R8 was missing, however, staff reported seeing R8 at approximately 1:30 p.m. to 1:35 p.m., so LALD-A went to that time on the camera footage to review. At 3:44 p.m., LALD-A and environmental services personnel observed R8 on the footage being let out of the building by information technology (IT)-H, who used his badge to unlock the door and allowed R8 to exit. LALD-A stated the following:
-at 3:50 p.m., a search of the outside perimeter was initiated.
-at 3:58 p.m., law enforcement was notified that R8 was missing.
-at 4:03 p.m., R8's family was notified.
-at 4:05 p.m., the local police officer was onsite and started their search.
-at 4:30 p.m., city and county law enforcement looked at the camera footage. In addition, staff and law enforcement did a door-to-door search at the attached independent living facility.
-at 5:17 p.m., law enforcement notified LALD-A that R8 had been found, and family was notified.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25997	A. BUILDING: ____ B. WING ____	12/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ECUMEN DETROIT LAKES THE COTTA	1435 MADISON AVENUE DETROIT LAKES, MN 56501

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01620	Continued From page 32	01620		

-at 6:05 p.m., R8's daughter notified LALD-A that R8 had been transferred to the emergency room for evaluation and treatment.
-at 6:47 p.m., LALD-A stated a Minnesota Adult Abuse Reporting Center (MAARC) report was filed.
-at 6:58 p.m., LALD-A received a call that resident was admitted to the hospital.

On December 8, 2022, at 12:25 p.m., LALD-A said R8's services included medication administration at 9:30 a.m. and 7:00 p.m., meal reminders at 8:30 a.m., 11:45 a.m., and 5:15 p.m., compression stockings at 9:15 a.m. and 7:00 p.m., and activity reminders at 10:00 a.m. and 2:00 p.m. LALD-A also stated the activity reminder did not occur as there was no activity scheduled because the licensee was "in-between" activity staff. LALD-A stated she researched for a timeline of events from December 7, 2022, and noted the following:
-9:30 a.m., unlicensed personnel (ULP)-I reported they helped R8 with medications, compression stockings, and dressing;
-between 11:45 a.m. and 12:00 p.m., R8 was reminded to go to the dining room for lunch;
-between 1:30 p.m. and 1:35 p.m., ULP-E reported that she had passed R8 in the hallway while helping another resident to their room, between the nursing station and the activity space with her coat and hat on. ULP-E reported they told R8 that it was cold outside which typically worked to prompt R8 to go back to her room and remove her coat;
-3:00 p.m., ULP-E was passing out snacks and did not find R8 in her room. ULP-E reported she checked the usual areas within the building R8 utilized and checked a friend's room;
-3:10 p.m., ULP-E informed resident services coordinator (RSC)-J that she was going to start a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25997	A. BUILDING: ____ B. WING ____	12/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ECUMEN DETROIT LAKES THE COTTA	1435 MADISON AVENUE DETROIT LAKES, MN 56501

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01620	Continued From page 33	01620		

search.

On December 8, 2022, at 3:40 p.m., LALD-A provided the surveyors with an untitled screenshot of the computer that noted IT-H used his card to open the front entrance at 1:37 p.m.

Timeanddate.com/weather website noted the temperature in Detroit Lakes, Minnesota on December 7, 2022, was:
-1:53 p.m., was minus 2 degrees Fahrenheit; and
-4:53 p.m., was minus 7 degrees Fahrenheit.

On December 8, 2022, at 5:42 p.m., RN-C stated she had received information from the staff, regarding the November 5, 2022, incident, and had entered it into the system. RN-C stated she notified LALD-A and was told this was not classified as an elopement since R8 was within their visual range. When the surveyor asked if she had completed a reassessment, RN-C stated she had not personally completed a reassessment and did not implement any changes or new interventions at that time. RN-C stated, in light of the latest elopement incident yesterday, she should have talked with the family about implementing safety checks, doing more activities to burn off energy, and should have had physical and occupational therapy evaluate the resident after the November incident. When the surveyor asked about the service plan intervention of 24-hour supervision, RN-C stated the video camera provided 24-hour "surveillance" in the common areas, and safety checks, if scheduled, involved entering the resident's room to ensure their safety, however, safety checks were not scheduled for R8.

The licensee's Initial and On-Going Nursing Assessment of Residents policy dated effective

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25997	A. BUILDING: ______ B. WING ______	12/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ECUMEN DETROIT LAKES THE COTTA	**1435 MADISON AVENUE DETROIT LAKES, MN 56501**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01620	Continued From page 34	01620		

August 1, 2021, noted ongoing monitoring and review would be conducted as needed based on the resident's needs and would not exceed 90 days from the previous assessment date.

No further information was provided.

TIME PERIOD FOR CORRECTION: Immediate

Immediacy was removed as confirmed by surveyor's on-site observation on December 8-9, 2022, and record review by evaluation supervisor on December 9, 2022, however noncompliance remained at a scope and severity of G.

TIME PERIOD FOR CORRECTION: Seven (7) days

01640 SS=G — 144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to — 01640

(a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan.
(b) The service plan and any revisions must include a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care.
(c) The facility must implement and provide all services required by the current service plan.
(d) The service plan and the revised service plan must be entered into the resident record,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25997	A. BUILDING: ____ B. WING ____	12/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ECUMEN DETROIT LAKES THE COTTA	**1435 MADISON AVENUE DETROIT LAKES, MN 56501**

(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
01640	Continued From page 35 including notice of a change in a resident's fees when applicable. (e) Staff providing services must be informed of the current written service plan. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure all services identified in the service plan were implemented, for one of one resident (R8). The licensee failed to provide 24-hour supervision, resulting in the resident's elopement, and failed to recognize for approximately 2 hours the resident had eloped, due to a missed activity reminder. This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: R8's diagnoses included anxiety, unspecified dementia with behavioral disturbances, and cognitive impairment. R8's Service Plan dated September 26, 2022, indicated R8 received services including medication management, activity reminders, and dining room reminders. It also noted R8 had a vulnerable adult risk related to wandering and noted resident was able to wander safely inside current community environment. Community staff were directed to ensure walkways and common areas were secure and without clutter and to	01640	Immediacy was removed as confirmed by surveyor's on-site observation on December 8-9, 2022, and record review by evaluation supervisor on December 9, 2022, however noncompliance remained at a scope and severity of G.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25997	A. BUILDING: ______ B. WING ______	12/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ECUMEN DETROIT LAKES THE COTTA	**1435 MADISON AVENUE DETROIT LAKES, MN 56501**

(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
01640	Continued From page 36	01640		

provide redirection and reassurance to guide the resident throughout the day and night. Also included, "24-hour supervision in place for safety to support resident and minimize risk for elopement" and "Safe care plan in place to meet resident care needs and minimize confusion and paranoia, and to maintain safety."

On December 8, 2022, at 8:40 a.m., licensed assisted living director (LALD)-A stated she was notified on December 7, 2022, at 3:23 p.m., that after a facility search, staff were unable to locate R8. LALD-A instructed staff to do another facility search, contacted life enrichment and therapy staff to see if R8 was with them, and requested environmental service staff to review camera footage. LALD-A stated she was not immediately aware of the time that staff realized R8 was missing, however, staff reported seeing R8 at approximately 1:30 p.m. to 1:35 p.m., so LALD-A went to that time on the camera footage to review. At 3:44 p.m., LALD-A and environmental services personnel observed R8 on the footage being let out of the building by information technology (IT)-H, who used his badge to unlock the door and allowed R8 to exit. LALD-A stated the following:
-at 3:50 p.m., a search of the outside perimeter was initiated.
-at 3:58 p.m., law enforcement was notified that R8 was missing.
-at 4:03 p.m., R8's family was notified.
-at 4:05 p.m., the local police officer was onsite and started their search.
-at 4:30 p.m., city and county law enforcement looked at the camera footage. In addition, staff and law enforcement did a door-to-door search at the attached independent living facility.
-at 5:17 p.m., law enforcement notified LALD-A that R8 had been found, and family was notified.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25997	A. BUILDING: ______ B. WING ______	12/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ECUMEN DETROIT LAKES THE COTTA	1435 MADISON AVENUE DETROIT LAKES, MN 56501

(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
01640	Continued From page 37	01640		

-at 6:05 p.m., R8's daughter notified LALD-A that R8 had been transferred to the emergency room for evaluation and treatment.
-at 6:47 p.m., LALD-A stated a Minnesota Adult Abuse Reporting Center (MAARC) report was filed.
-at 6:58 p.m., LALD-A received a call that resident was admitted to the hospital.

On December 8, 2022, at 12:25 p.m., LALD-A said R8's services included medication administration at 9:30 a.m. and 7:00 p.m., meal reminders at 8:30 a.m., 11:45 a.m., and 5:15 p.m., compression stockings at 9:15 a.m. and 7:00 p.m., and activity reminders at 10:00 a.m. and 2:00 p.m. LALD-A also stated the activity reminder did not occur as there was no activity scheduled because the licensee was "in-between" activity staff. LALD-A stated she researched for a timeline of events from December 7, 2022, and noted the following:
-9:30 a.m., unlicensed personnel (ULP)-I reported they helped R8 with medications, compression stockings, and dressing;
-between 11:45 a.m. and 12:00 p.m., R8 was reminded to go to the dining room for lunch;
-between 1:30 p.m. and 1:35 p.m., ULP-E reported that she had passed R8 in the hallway while helping another resident to their room, between the nursing station and the activity space with her coat and hat on. ULP-E reported they told R8 that it was cold outside which typically worked to prompt R8 to go back to her room and remove her coat;
-3:00 p.m., ULP-E was passing out snacks and did not find R8 in her room. ULP-E reported she checked the usual areas within the building R8 utilized and checked a friend's room;
-3:10 p.m., ULP-E informed resident services coordinator (RSC)-J that she was going to start a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25997	A. BUILDING: ______ B. WING ______	12/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ECUMEN DETROIT LAKES THE COTTA	1435 MADISON AVENUE DETROIT LAKES, MN 56501

(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
01640	Continued From page 38	01640		

search.

Timeanddate.com/weather website noted the temperature in Detroit Lakes, Minnesota on December 7, 2022, was:
-1:53 p.m., was minus 2 degrees Fahrenheit; and
-4:53 p.m., was minus 7 degrees Fahrenheit.

On December 8, 2022, at 3:40 p.m., LALD-A provided the surveyors with an untitled screenshot of the computer that noted IT-H used his card to open the front entrance at 1:37 p.m.

On December 8, 2022, at approximately 5:15 p.m., LALD-A stated there was no policy regarding staff opening the secured entry; however, it was part of the licensee's training.

On December 8, 2022, at 5:42 p.m., the surveyor asked registered nurse (RN)-C about the service plan intervention of 24-hour supervision. RN-C stated the video camera provided 24-hour "surveillance" in the common areas, and safety checks, if scheduled, involved entering the resident's room to ensure their safety, however, safety checks were not scheduled for R8.

The licensee's Contents of Service Plans policy dated effective August 1, 2021, indicated the facility would implement and provide all services required by the current service plan unless unable for reasons such as the resident refused.

No further information was provided.

TIME PERIOD FOR CORRECTION: Immediate

Immediacy was removed as confirmed by surveyor's on-site observation on December 8-9, 2022, and record review by evaluation supervisor

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25997	A. BUILDING: ____ B. WING ____	12/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ECUMEN DETROIT LAKES THE COTTA	**1435 MADISON AVENUE DETROIT LAKES, MN 56501**

(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
01640	Continued From page 39 on December 9, 2022, however noncompliance remains at a scope and severity of G. TIME PERIOD FOR CORRECTION: Seven (7) days	01640		
01690 SS=F	144G.71 Subdivision 1 Medication management services (a) This section applies only to assisted living facilities that provide medication management services. (b) An assisted living facility that provides medication management services must develop, implement, and maintain current written medication management policies and procedures. The policies and procedures must be developed under the supervision and direction of a registered nurse, licensed health professional, or pharmacist consistent with current practice standards and guidelines. (c) The written policies and procedures must address requesting and receiving prescriptions for medications; preparing and giving medications; verifying that prescription drugs are administered as prescribed; documenting medication management activities; controlling and storing medications; monitoring and evaluating medication use; resolving medication errors; communicating with the prescriber, pharmacist, and resident and legal and designated representatives; disposing of unused medications; and educating residents and legal and designated representatives about medications. When controlled substances are being managed, the policies and procedures must also identify how the provider will ensure security and accountability for the overall management, control, and disposition of those	01690		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25997	A. BUILDING: ______ B. WING ______	12/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ECUMEN DETROIT LAKES THE COTTA	**1435 MADISON AVENUE DETROIT LAKES, MN 56501**

(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
01690	Continued From page 40	01690		

substances in compliance with state and federal regulations and with subdivision 23.

This MN Requirement is not met as evidenced by:
Based on interview and record review, the licensee failed to develop and maintain current written medication management policies and procedures that were developed under the supervision and direction of a registered nurse (RN).

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

The findings include:

During the entrance conference on December 5, 2022, at 11:00 a.m., licensed assisted living director (LALD)-A and clinical nurse supervisor (CNS)-B said the licensee provided medication management services.

The licensee lacked the following policies:
- resolving medication errors; and
- educating residents and legal and designated representatives about medications.

On December 9, 2022, at 12:20 p.m., LALD-A provided via email the following:
- a policy titled Reporting, Documenting and Reviewing Incidents Involving Residents dated effective August 1, 2021, and indicated this policy

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25997	A. BUILDING: ______ B. WING ______	12/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ECUMEN DETROIT LAKES THE COTTA	1435 MADISON AVENUE DETROIT LAKES, MN 56501

(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

01690

Continued From page 41

addressed resolving medication errors. However, no mention of medication errors was noted in the policy; and
- a policy titled Contents of Service Plans dated effective August 1, 2021, and indicated this policy addressed educating residents and the legal and designated representative about medications. However, no mention of this was noted in the policy.

No further information was provided.

TIME PERIOD FOR CORRECTION: Twenty-One (21) days

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 interview and record review the licensee failed to follow-up and/or document follow-up orders when a prescribed medication was placed on hold by the provider for one of one

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25997	A. BUILDING: ______ B. WING ______	12/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ECUMEN DETROIT LAKES THE COTTA	**1435 MADISON AVENUE DETROIT LAKES, MN 56501**

(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
01760	Continued From page 42	01760		

resident (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) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally).

The findings include:

R2 was admitted to the facility on March 4, 2020, with diagnoses including limitation of activities due to disability, hypertension, atrial fibrillation (irregular heart rhythm), and diabetes.

R2's Medication Administration Record (MAR), dated December 2022, included, metolazone (used to decrease fluid retention) 2.5 mg (milligrams) tablet, take one tablet orally on Wednesdays and Sundays, effective January 4, 2022. Also included, "Will reck [recheck] in 2 weeks." Documentation on the MAR included "X" on each day, except on Wednesdays and Sundays, which noted, "H."

On January 24, 2022, R2's record noted contact with the physician with new orders, including "1. Hold Metolazone 2. Re-check BMP [basic metabolic panel] [blood test] 3. Round on Friday."

R2's Physician Order Sheet, printed November 18, 2022, lacked an order for metolazone.

R2's record lacked documentation indicating R2's use of metolazone was reassessed or discussed.

During a telephone interview on December 9,

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25997	A. BUILDING: ______ B. WING ______	12/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ECUMEN DETROIT LAKES THE COTTA	1435 MADISON AVENUE DETROIT LAKES, MN 56501

(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
01760	Continued From page 43 2022, at 11:53 a.m., clinical nurse supervisor (CNS)-B stated the physician was making several medication changes in January 2022, and the metolazone was placed "on hold" until further blood tests were performed; however, CNS-B stated there was no evidence that an order was received to reinitiate or to discontinue the metolazone, so it remained "on hold" on the MAR since January, 2022. CNS-B stated she would need to call R2's medical provider to clarify this. The licensee's Documentation of Medication, Treatment and Therapy Management Services policy, effective August 1, 2021, indicated the registered nurse would document the services the resident would receive on the resident's individualized medication management plan or individualized treatment and therapy plan and resident's medication/treatment record. In addition, the policy indicated the nurse would document actions to implement a new prescription when it was received, including communications with the prescriber. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760		
01780 SS=F	144G.71 Subd. 10 Medication management for residents who will (a) An assisted living facility that is providing medication management services to the resident must develop and implement policies and procedures for giving accurate and current medications to residents for planned or unplanned times away from home according to the resident's individualized medication	01780		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25997	A. BUILDING: ______ B. WING ______	12/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ECUMEN DETROIT LAKES THE COTTA	1435 MADISON AVENUE DETROIT LAKES, MN 56501

(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
01780	Continued From page 44	01780		

management plan. The policies and procedures must state that:
(1) for planned time away, the medications must be obtained from the pharmacy or set up by the licensed nurse according to appropriate state and federal laws and nursing standards of practice;

This MN Requirement is not met as evidenced by:
Based on interview and record review, the licensee failed to implement policies and procedures for giving accurate and current medications for those residents who received medication management services during planned times away from home. This had the potential to affect all 16 residents receiving medication management services.

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

The findings include:

During the entrance conference on December 5, 2022, at 11:00 a.m., licensed assisted living director (LALD)-A and clinical nurse supervisor (CNS)-B said the licensee provided medication management services.

On December 9, 2022, at 12:20 p.m., LALD-A provided via email the following policy:
- Delegation of Medications To Be Given To Clients By Unlicensed Staff For Clients Time

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25997	A. BUILDING: ______ B. WING ______	12/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ECUMEN DETROIT LAKES THE COTTA	**1435 MADISON AVENUE DETROIT LAKES, MN 56501**

(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

01780 Continued From page 45 01780

Away From Home policy dated effective August 1, 2021. However, the policy lacked the following required content:
- for planned time away, the medications must be obtained from the pharmacy or setup by the licensed nurse according to the appropriate state and federal laws and nursing standards of practice.

No further information was provided.

TIME PERIOD FOR CORRECTION: Seven (7) days

01820 SS=D 144G.71 Subd. 13 Prescriptions 01820

There must be a current written or electronically recorded prescription as defined in section 151.01, subdivision 16a, for all prescribed medications that the assisted living facility is managing for the resident.

This MN Requirement is not met as evidenced by:
Based on interview and record review, the licensee failed to ensure written or electronically recorded prescriptions were obtained for one of one resident (R1).

This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally).

The findings include:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25997	A. BUILDING: ______ B. WING ______	12/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ECUMEN DETROIT LAKES THE COTTA	1435 MADISON AVENUE DETROIT LAKES, MN 56501

(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
01820	Continued From page 46	01820		

Continued From page 46

During the entrance conference on December 5, 2022, at 11:00 a.m., licensed assisted living director (LALD)-A and clinical nurse supervisor (CNS)-B said the licensee provided medication management services.

R1's diagnoses included type 2 diabetes.

R1's Service Plan dated July 21, 2022, noted services including assistance with medication management and blood glucose monitoring.

R1's prescriber orders dated September 21, 2022, noted the following:
- furosemide 40 milligrams (mg) by mouth once daily;
- Jantoven 10 mg by mouth every Monday, Wednesday, and Friday; and
- Jantoven 7.5 mg by mouth all other days.

R1's record contained a prescriber order dated November 16, 2022, to continue current medications and treatments.

R1's Medication Administration Record for December 2022 noted the following:
- furosemide 20 mg by mouth once daily; and
- Eliquis 5 mg by mouth two times a day.

On December 9, 2022, at approximately 12:00 p.m., clinical nurse specialist (CNS)-B stated on November 9, 2022, the Jantoven was changed to Eliquis, and on November 18, 2022, the Lasix (furosemide) was changed to 20 mg. CNS-B stated she was not sure why the orders were not in the residents record and would find it and send it. However, the surveyor received no additional orders.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25997	A. BUILDING: ______ B. WING ______	12/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ECUMEN DETROIT LAKES THE COTTA	1435 MADISON AVENUE DETROIT LAKES, MN 56501

(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
01820	Continued From page 47 The licensee's Resident Records policy dated August 1, 2021, noted the resident's record would contain orders or prescriptions for medications the licensee would be managing. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01820		
01880 SS=F	144G.71 Subd. 19 Storage of medications An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were secure and permitted only authorized personnel access, for one of one medication storage room. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: The licensee held an assisted living with dementia care license and was licensed for a bed	01880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25997	A. BUILDING: ______ B. WING ______	12/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ECUMEN DETROIT LAKES THE COTTA	1435 MADISON AVENUE DETROIT LAKES, MN 56501

(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
01880	Continued From page 48	01880		

capacity of 25 residents, with 16 current residents. The facility had a locked medication room near the main entrance of the facility.

On December 9, 2022, at 9:00 a.m., the surveyor requested to observe the medication storage room with registered nurse (RN)-C. RN-C stated she needed to wait until resident services coordinator (RSC)-J brought her keys back to her, because she had borrowed them to "get something." At 9:05 a.m., RSC-J returned RN-C's key ring that included several keys and RN-C used the key labeled "Master Key" to open the locked medication storage room door. RN-C stated resident medications were kept in their apartments, in a locked cupboard, and all controlled medications were stored in the medication storage room. The medication storage room included medical records, medical supplies, and a small dorm type refrigerator that contained unopened insulin pens. In the corner of the medication storage room, opposite of the door, were three large metal safes, stacked on top of each other. Each safe had a push button panel on the front to input a code to open it. RN-C stated the top safe contained bottles of liquid morphine (short-acting narcotic pain reliever used to treat moderate to severe pain). RN-C reached for a single key, on a key ring, that was hanging on a nail on the wall, next to the safe, and used the key to open the top safe. RN-C stated the push button panel did not work on the safe, so the key was used to open it, and further explained that only nursing staff and hospice staff accessed this safe to set up the morphine in syringes for the unlicensed personnel (ULP) to administer. Inside the safe, the surveyor observed sealed plastic bags, with resident names handwritten on the bag. RN-C stated the bottles of liquid morphine were placed in a new plastic bag and

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25997	A. BUILDING: ______ B. WING ______	12/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ECUMEN DETROIT LAKES THE COTTA	1435 MADISON AVENUE DETROIT LAKES, MN 56501

(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
01880	Continued From page 49	01880		

sealed after the nurses set up the syringes, to ensure no one had accessed the bottles. RN-C opened the middle safe using the keypad, to display several punch packs of oral narcotics, which RN-C stated were accessible to ULP administering medications. Finally, RN-C opened the bottom safe using the keypad, to display small plastic baskets labeled with individual residents, that contained syringes with liquid morphine for ULP to administer as ordered. RN-C described the process for narcotic counts every shift and the destruction process when medications were discontinued. During the observation of the process, the surveyor verified the accuracy of the documentation in the narcotic logbooks.

On December 9, 2022, at 10:15 a.m., RN-C stated the key labeled "Master Key" was the key she used to open the medication room door, and she wasn't sure who in the building carried that key. RN-C stated, although she didn't think RSC-J accessed the medication storage room earlier that day, she "probably shouldn't have" given her the key ring that included the "Master Key" because RSC-J was not authorized to access the medication room.

On December 9, 2022, at 1:45 p.m., licensed assisted living director (LALD)-A stated only staff authorized to enter the medication storage room carried the "Master Key," and indicated staff not authorized to enter the medication storage room should not have access to that key.

The licensee's Storage of Medications policy, August 1, 2021, indicated when secured storage of the medications was necessary, the RN would identify in the resident's individualized medication management plan where the medications would

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25997	A. BUILDING: ______ B. WING ______	12/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ECUMEN DETROIT LAKES THE COTTA	**1435 MADISON AVENUE DETROIT LAKES, MN 56501**

(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
01880	Continued From page 50	01880		

be stored, how they will be secured or locked under proper temperature controls and who has access to the medications. Also included, the RN would establish a system that addressed the storage and handling of medications, including controls and procedures to identify or prevent diversion of medications.

No further information was provided.

TIME PERIOD FOR CORRECTION: Seven (7) days

01930 SS=F — 144G.72 Subd. 2 Policies and procedures — 01930

(a) An assisted living facility that provides treatment and therapy management services must develop, implement, and maintain up-to-date written treatment or therapy management policies and procedures. The policies and procedures must be developed under the supervision and direction of a registered nurse or appropriate licensed health professional consistent with current practice standards and guidelines.
(b) The written policies and procedures must address requesting and receiving orders or prescriptions for treatments or therapies, providing the treatment or therapy, documenting treatment or therapy activities, educating and communicating with residents about treatments or therapies they are receiving, monitoring and evaluating the treatment or therapy, and communicating with the prescriber

This MN Requirement is not met as evidenced by:
Based on interview and record review, the licensee failed to develop, implement, and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25997	A. BUILDING: ___ B. WING ___	12/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ECUMEN DETROIT LAKES THE COTTA	**1435 MADISON AVENUE DETROIT LAKES, MN 56501**

(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
01930	Continued From page 51	01930		

maintain up-to-date written treatment or therapy management policies and procedures that were developed under the supervision and direction of a registered nurse (RN) consistent with current practice standards and guidelines.

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

The findings include:

During the entrance conference on December 5, 2022, at 11:00 a.m., licensed assisted living director (LALD)-A and clinical nurse supervisor (CNS)-B said the licensee provided treatment and therapy management services.

The licensee lacked the following policies:
- educating and communicating with residents about treatments or therapies they are receiving.

On December 9, 2022, at 12:20 p.m., LALD-A provided via email the following:
- a policy titled Contents of Service Plans dated effective August 1, 2021, and indicated this policy addressed educating residents and the legal and designated representative about treatment and therapy. However, no mention of this was noted in the policy.

No further information was provided.

TIME PERIOD FOR CORRECTION: Twenty-One

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25997	A. BUILDING: ____ B. WING ____	12/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ECUMEN DETROIT LAKES THE COTTA	**1435 MADISON AVENUE DETROIT LAKES, MN 56501**

(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
01930	Continued From page 52 (21) days	01930		
01960 SS=E	144G.72 Subd. 5 Documentation of administration of treatments Each treatment or therapy administered by an assisted living facility must be in the resident record. The documentation must include the signature and title of the person who administered the treatment or therapy and must include the date and time of administration. When treatment or therapies are not administered as ordered or prescribed, the provider must document the reason why it was not administered and any follow-up procedures that were provided to meet the resident's needs. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure treatment or therapies were administered as directed, or to document the reason they were not administered, and any follow up procedures that were provided to meet the resident needs, for two of two residents (R1 and R2) receiving blood glucose monitoring. 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).	01960		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25997	A. BUILDING: ______ B. WING ______	12/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ECUMEN DETROIT LAKES THE COTTA	1435 MADISON AVENUE DETROIT LAKES, MN 56501

(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
01960	Continued From page 53	01960		

Continued From page 53

The findings include:

The licensee failed to ensure the registered nurse (RN) was notified of R1 and R2's low or high blood glucose levels.

R1
R1's diagnoses included type 2 diabetes.

R1's Service Plan dated July 21, 2022, noted services including assistance with medication management and blood glucose monitoring. In addition, the plan noted "Report to RN [registered nurse] any BS [blood sugar] below 70 or higher than 300."

R1's prescriber orders dated September 21, 2022, included an order to test blood sugar (blood glucose) four times a day.

On December 7, 2022, at 8:35 a.m., the surveyor observed ULP-E perform a blood glucose check on R1 in her room.

R1's November Medication Administration Record noted:
- November 6, 2022, at 7:49 a.m. and 10:26 a.m., blood glucose result of 58 milligrams/deciliter (mg/dL);
- November 13, 2022, at 8:54 p.m., result of 354 mg/dL;
- November 13, 2022, at 9:59 p.m., result of 320 mg/dL;
- November 15, 2022, at 11:40 a.m. and 2:00 p.m., result of 309 mg/dL;
- November 16, 2022, at 12:18 p.m. and 12:39 p.m., result of 325 mg/dL;
- November 16, 2022, at 7:08 p.m., result of 328 mg/dL;
- November 17, 2022, at 8:58 a.m. and 10:01

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25997	A. BUILDING: ____ B. WING ____	12/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ECUMEN DETROIT LAKES THE COTTA	1435 MADISON AVENUE DETROIT LAKES, MN 56501

(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
01960	Continued From page 54	01960		

a.m., result of 349 mg/dL;
- November 17, 2022, at 11:02 a.m. and 12:18 p.m., result of 313 mg/dL;
- November 18, 2022, at 4:10 p.m. and 6:17 p.m., result of 352 mg/dL;
- November 18, 2022, at 7:09 p.m. and 7:22 p.m., result of 385 mg/dL;
- November 19, 2022, at 7:06 p.m., result of 325 mg/dL;
- November 20, 2022, at 4:13 p.m., result of 382 mg/dL;
- November 20, 2022, at 7:41 p.m. and 8:57 p.m., result of 366 mg/dL;
- November 21, 2022, at 11:25 a.m. and 1:22 p.m., result of 337 mg/dL;
- November 21, 2022, at 4:12 p.m. and 7:05 p.m., result of 340 mg/dL;
- November 25, 2022, at 3:56 p.m. and 4:03 p.m., result of 523 mg/dL;
- November 29, 2022, at 11:23 a.m. and 11:25 a.m., result of 308 mg/dL; and
- December 5, 2022, at 8:08 p.m. and 8:53 p.m., result of 313 mg/dL.

R1's Progress Notes from October 26, 2022, through December 2, 2022, lacked documentation of the nurse being notified of the above blood glucose readings.

On December 9, 2022, at approximately 12:00 p.m., clinical nurse specialist (CNS)-B stated the special instructions of when to notify the RN was noted on the service plan, and stated the range was below 70 or above 300. RN-C said she worked on November 25, 2022, and did not receive a call about the high blood glucose reading. In addition, RN-C stated if the nurse was notified of out-of-range results, they would be expected to make a note in the resident's record.
R2

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25997	A. BUILDING: ______ B. WING ______	12/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ECUMEN DETROIT LAKES THE COTTA	1435 MADISON AVENUE DETROIT LAKES, MN 56501

(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
01960		01960		

Continued From page 55

R2's diagnoses including limitation of activities due to disability, hypertension, atrial fibrillation (irregular heart rhythm), and diabetes.

R2's Service Plan dated October 17, 2022, indicated R2 received services including assistance with bathing, dressing, compression stockings, grooming, nail care, housekeeping and laundry, medication management, safety checks, and blood glucose monitoring four times daily. In addition, the plan indicated, "Notified [sic] nurse on call if blood sugar less than 70 or greater than 400."

R2's prescriber orders printed November 18, 2022, checking blood glucose four times a day, prior to meals and hs (hour of sleep).

R2's Blood Sugar record, dated November 6, 2022, through December 6, 2022, noted:
- November 6, 2022, at 9:03 p.m., blood sugar result of 59 mg/dl.

R2's Progress Notes from October 31, 2022, through December 6, 2022, lacked documentation of the nurse being notified of the above blood glucose reading.

On December 9, 2022, at 11:58 a.m., clinical nurse specialist (CNS)-B stated the special instructions of when to notify the RN was noted on the service plan. CNS-B stated the staff would call triage when the resident's blood sugar was less than 70 or above 400, and triage would walk them through what to do. CNS-B stated triage typically wrote a progress note in the resident's record when called by the staff; however, stated she did not see a note regarding the above and stated she was not aware of R2's blood sugar result on that day.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25997	A. BUILDING: ______ B. WING ______	12/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ECUMEN DETROIT LAKES THE COTTA	**1435 MADISON AVENUE DETROIT LAKES, MN 56501**

(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
01960	Continued From page 56 The licensee's Documentation of Medication, Treatment and Therapy Management Services policy dated August 1, 2021, lacked instructions on out-of-range blood glucose readings. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01960		
02170 SS=F	144G.84 SERVICES FOR RESIDENTS WITH DEMENTIA (b) Each resident must be evaluated for activities according to the licensing rules of the facility. In addition, the evaluation must address the following: (1) past and current interests; (2) current abilities and skills; (3) emotional and social needs and patterns; (4) physical abilities and limitations; (5) adaptations necessary for the resident to participate; and (6) identification of activities for behavioral interventions. (c) An individualized activity plan must be developed for each resident based on their activity evaluation. The plan must reflect the resident's activity preferences and needs. (d) A selection of daily structured and non-structured activities must be provided and included on the resident's activity service or care plan as appropriate. Daily activity options based on resident evaluation may include but are not limited to: (1) occupation or chore related tasks; (2) scheduled and planned events such as entertainment or outings;	02170		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25997	A. BUILDING: ___ B. WING ___	12/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ECUMEN DETROIT LAKES THE COTTA	**1435 MADISON AVENUE DETROIT LAKES, MN 56501**

(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
02170	Continued From page 57	02170		

(3) spontaneous activities for enjoyment or those that may help defuse a behavior;
(4) one-to-one activities that encourage positive relationships between residents and staff such as telling a life story, reminiscing, or playing music;
(5) spiritual, creative, and intellectual activities;
(6) sensory stimulation activities;
(7) physical activities that enhance or maintain a resident's ability to ambulate or move; and
(8) outdoor activities.

This MN Requirement is not met as evidenced by:
Based on observation, interview, and record review, the licensee failed to develop an individualized activity plan based on the activity evaluation, for three of three residents (R1, R2, R8) who resided in the assisted living with dementia care facility.

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

The findings include:

The facility had an assisted living with dementia care license, effective August 1, 2022.

On December 6, 2022, at 3:55 p.m., the surveyor observed an activity calendar posted in the dining room.

On December 7, 2022, at 10:45 a.m., the surveyor observed three female residents in

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25997	A. BUILDING: ______ B. WING ______	12/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ECUMEN DETROIT LAKES THE COTTA	**1435 MADISON AVENUE DETROIT LAKES, MN 56501**

(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
02170	Continued From page 58	02170		

wheelchairs, in the common area, sitting in front of the television which was turned on with a daytime soap opera. The residents were not actively watching the television and one had her head down with her eyes closed.

R1
R1's diagnoses included type 2 diabetes.

R1's Service Plan dated July 21, 2022, noted services including assistance with medication management and blood glucose monitoring, and providing assistance to activities with prompting and physical escort.

R1's AL (assisted living) Life Enrichment Assessment, dated October 24, 2022, indicated R1 was interested in 1:1 visits, massage, taste testing, humor, movies, television, mind games, puzzles, board games, and drawing.

R1's record lacked an individualized activity plan based on the activity evaluation that reflected R1's activity preferences and needs, as required.

R2
R2's diagnoses including limitation of activities due to disability, hypertension, atrial fibrillation (irregular heart rhythm), and diabetes.

R2's Service Plan dated October 17, 2022, indicated R2 received services including assistance with bathing, dressing, compression stockings, grooming, nail care, housekeeping and laundry, medication management, blood glucose monitoring, safety checks, and treatment management.

R2's AL Life Enrichment Assessment, dated October 24, 2022, indicated R2 enjoyed special

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25997	A. BUILDING: ______ B. WING ______	12/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ECUMEN DETROIT LAKES THE COTTA	1435 MADISON AVENUE DETROIT LAKES, MN 56501

(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
02170	Continued From page 59	02170		

interest clubs, movies, playing Farkle, Yahtzee, checkers, chess, cribbage, bingo, exercise, walking, bird watching, and enjoyed music.

R2's record lacked an individualized activity plan based on the activity evaluation that reflected R2's activity preferences and needs, as required.

On December 9, 2022, at 9:36 a.m., the surveyor observed R2 sitting in his apartment, watching television. R2 stated he was in room most of the day except to go to the dining room for meals. R2 stated he used to enjoy going to activities, but the facility had been without an "activity person" for six weeks to two months, and now he spends his day watching television. R2 stated he was occasionally invited to go to the attached nursing home for bingo, but stated that didn't interest him.

R8
R8's diagnoses included anxiety, unspecified dementia with behavioral disturbances, and cognitive impairment.

R8's Service Plan dated June 17, 2022, indicated R8 received services including medication management, activity reminders, and dining room reminders.

R8's AL Life Enrichment Assessment, dated September 12, 2022, indicated R8 enjoyed music, tactile touch, massage, aromatherapy, taste testing, humor, indoor gardening, special interest clubs, book club, history, literature, mind games, travel presentations, guest speakers, puzzles, board games, and trivia.

R8's record lacked an individualized activity plan based on the activity evaluation that reflected R8's activity preferences and needs, as required.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25997	A. BUILDING: ____ B. WING ____	12/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ECUMEN DETROIT LAKES THE COTTA	**1435 MADISON AVENUE DETROIT LAKES, MN 56501**

(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
02170	Continued From page 60	02170		

Continued From page 60

On December 9, 2022, at 12:36 p.m., clinical nurse supervisor (CNS)-B, licensed assisted living director (LALD)-A, and registered nurse (RN)-C indicated they weren't aware if the previous life enrichment director had completed an individualized activity plan for each resident and stated they currently did not have activity staff but were in the hiring process. LALD-A stated there was an arrangement with the nursing home that the licensee's residents could attend their activities, if interested.

Review of the licensee's December 2022 The Cottage Calendar, undated, included Sunday through Saturday activities. The afternoon activities on Sundays included Vikings football games, worship, and table activities. Monday afternoons activities included music with piano, manicures, and travel videos. Tuesday afternoons activities included Bingo. Wednesday's activities included worship and "Let's Reminisce." Thursday afternoon activities included a flute concert, spiritual care time, manicures, chair exercises, and a Christmas party. On Friday mornings, Catholic communion service provided. On Saturdays, no activity was scheduled, except Christmas Eve worship on December 24, 2022.

The licensee's Description of Life Enrichment Programs and How Activities Are Implemented in ALDC (assisted living dementia care) policy, effective August 1, 2021, indicated each resident receiving assisted living services will be evaluated for activities. Also included, an individualized activity plan would be developed for those receiving assisted living services based on their activity evaluation which would reflect the resident's activity preferences and needs.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25997	A. BUILDING: ______ B. WING ______	12/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ECUMEN DETROIT LAKES THE COTTA	**1435 MADISON AVENUE DETROIT LAKES, MN 56501**

(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
02170	Continued From page 61 No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	02170		

Minnesota Department of Health
Environmental Health, FPLS
P.O. Box 64495
St Paul, MN 55164-0495
651-201-4500

Type: Full
Date: *12/06/22*
Time: 11:00:56
Report: 1034221145

Food and Beverage Establishment Inspection Report

Location:
Ecumen Detroit Lakes The Cotta
1435 Madison Avenue
Detroit Lakes, MN56501
Becker County, 03

Establishment Info:
ID #: 0037710
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 2188474487
ID #:

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

The following orders were issued during this inspection.

2-100 Supervision

2-102.12AMN

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

HAVE SOMEONE TAKE AN APPROVED COURSE AND THEN SUBMIT A CFPM APPLICATION TO THE STATE.

Comply By: 02/06/23

Food and Equipment Temperatures

Process/Item: Upright Cooler
Temperature: 33.6 Degrees Fahrenheit - Location: Milk
Violation Issued: No

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

Type: Full
Date: *12/06/22*
Time: 11:00:56
Report: 1034221145
Ecumen Detroit Lakes The Cotta

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 1034221145 of 12/06/22.

Certified Food Protection Manager:________________________________

Certification Number: ______________ Expires: __/ /___________

Inspection report reviewed with person in charge and emailed.

Signed:___________________________________
Establishment Representative

Signed:

McKenna Mathews
Public Health Sanitarian 1
Fergus Falls District Office
218-332-5161
mckenna.mathews@state.mn.us