



# STATE LICENSING COMPLIANCE REPORT

**Report #:** HL240534721C

**Date Concluded:** August 27, 2024

**Name, Address, and County of Facility**

**Investigated:**

Ability Holdings Prairie Meadows  
800 5th Avenue SW  
Kasson, MN 55944

**Facility Type:** Assisted Living Facility with  
Dementia Care (ALFDC)

**Evaluator's Name:** Deb Schillinger RN,  
Special Investigator

The Minnesota Department of Health conducted a complaint investigation to determine compliance with state laws and rules governing the provision of care under Minnesota Statutes, 144G. The purpose of this complaint investigation was to review if facility policies and practices comply with applicable laws and rules. No maltreatment under Minnesota Statutes, Chapter 626 was alleged.

To view a copy of the correction orders, if any, please visit:

<https://www.health.state.mn.us/facilities/regulation/directory/provcompselect.html>, or call 651-201-4201 to be provided a copy via mail or email. If you are viewing this report on the MDH website, please see the attached state form.

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>24053</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/31/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ABILIT HOLDINGS (PRAIRIE MEADOWS)</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>800 5TH AVE NW KASSON, MN 55944</b>
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0 000	<p><b>Initial Comments</b></p> <p>*****ATTENTION*****</p> <p><b>HOME CARE PROVIDER/ASSISTED LIVING PROVIDER CORRECTION ORDER</b></p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a complaint investigation.</p> <p>Determination of whether a violation is corrected requires compliance with all requirements provided at the statute number indicated below. When a Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p><b>INITIAL COMMENTS:</b></p> <p><b>#HL240534721C</b></p> <p>On July 31, 2024, the Minnesota Department of Health conducted a complaint investigation at the above provider, and the following correction orders are issued. At the time of the complaint investigation, there were 59 residents receiving services under the provider's Assisted Living with Dementia Care license.</p> <p>The following correction order is issued/orders are issued for #HL240534721C, tag identification 0470.</p>	0 000	<p>The Minnesota Department of Health documents the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes.</p> <p>The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule number out of compliance are listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings, which are in violation of the state statute after the statement, "This Rule is not met as evidenced by." Following the evaluators' findings is the Time Period for Correction.</p> <p><b>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.</b></p> <p><b>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.</b></p>	
0 470 SS=D	<p><b>144G.41 Subdivision 1 Minimum requirements</b></p> <p>(11) develop and implement a staffing plan for determining its staffing level that:</p> <p>(i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of</p>	0 470		

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



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0 470	<p>Continued From page 1</p> <p>staffing levels in the facility; (ii) ensures sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; and (iii) ensures that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility; (12) ensure that one or more persons are available 24 hours per day, seven days per week, who are responsible for responding to the requests of residents for assistance with health or safety needs. Such persons must be: (i) awake; (ii) located in the same building, in an attached building, or on a contiguous campus with the facility in order to respond within a reasonable amount of time; (iii) capable of communicating with residents; (iv) capable of providing or summoning the appropriate assistance; and (v) capable of following directions;</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the facility had sufficient staffing to meet the scheduled and reasonably foreseeable unscheduled needs, as required by the resident's assessments and service plans on a 24-hour per day basis, for one of one resident (R1) who required two-person assist with a mechanical lift.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to</p>	0 470		

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0 470	<p>Continued From page 2</p> <p>cause serious injury, impairment, or death) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally).</p> <p>During the overnight shift [10:00 p.m. until 6:00 a.m.], the facility was routinely staffed with only one unlicensed caregiver in the Assisted Living where R1 resided. R1 required the assistance of two unlicensed personnel (ULP) and a mechanical lift for transfers. The licensee 's plan for unscheduled transfer needs of R1 was to utilize the local fire department to provide lift assistance during the overnight shift.</p> <p>Minnesota Rule 4659.0180, Subpart 5, indicates a minimum of two direct-care staff must be scheduled and available to assist at all times whenever a resident requires the assistance of two direct-care staff for scheduled and reasonably foreseeable and unscheduled needs, as reflected in the resident's assessments and service plans.</p> <p>The findings include:</p> <p>R1 was admitted to the facility on March 12, 2018. R1's diagnoses included Alzheimer's disease and chronic pain.</p> <p>R1's service plan, dated May 3, 2024, indicated R1 required a two-person assist for transfers with a Hoyer (brand of mechanical patient lift) and R1 required frequent assistance with transfers and/or a change in position.</p> <p>R1 assessment, dated March 20, 2024, indicated R1 needed extensive and frequent hands-on assistance with transfers and/or changes in</p>	0 470		



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0 470	<p>Continued From page 3</p> <p>position using a Hoyer lift.</p> <p>The licensee's employee schedule for June 1, 2024, through July 31, 2024, indicated one ULP was consistently scheduled in the Assisted Living area.</p> <p>The licensee's Uniform Disclosure of Assisted Living Services &amp; Amenities (UDALSA) indicated the licensee staffed three unlicensed personnel (ULP) during the overnight shift.</p> <p>During an interview on July 31, 2024, the Health Care Coordinator stated the goal was to staff three ULP for the overnight shift, however they had difficulty staffing that shift. The Health Care Coordinator stated if the resident had a request to transfer during the overnight the ULP would have to call the Fire Department for assistance, but also stated the resident had not requested to get up during the night. The Health Care Coordinator stated R1 had not had any falls in the previous 3 months, and the only skin breakdown R1 experienced occurred when R1 was hospitalized and quickly healed upon his return.</p> <p>The licensee-provided policy titled "Staffing and Scheduling" dated August 01, 2021, indicated the clinical nurse supervisor must ensure that staffing levels are adequate to meet the residents needs as identified in the residents' service plan, and staff must be able to meet the foreseeable unscheduled needs.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 470		