



STATE LICENSING COMPLIANCE REPORT

Report #: HL347122067C

Date Concluded: September 20, 2024

Name, Address, and County of Facility

Investigated:

Miller's Landing Assisted Living
155 5th Avenue South
Minneapolis, MN 55401
Hennepin County

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

Evaluator's Name: Willette Shafer, 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, Chapter 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: 34712	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/11/2024
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NAME OF PROVIDER OR SUPPLIER MILLERS LANDING SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 155 5TH AVENUE SOUTH MINNEAPOLIS, MN 55401
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0 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER CORRECTION ORDER</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>INITIAL COMMENTS:</p> <p>HL347122067C</p> <p>On September 11, 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 68 residents receiving services under the provider's Assisted Living with Dementia Care license.</p> <p>The following correction order is issued for HL347122067C, tag identification 1760.</p>	0 000	<p>Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators ' findings is the Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.</p>	
01760 SS=F	144G.71 Subd. 8 Documentation of administration of medication	01760		

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

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01760	<p>Continued From page 1</p> <p>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.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to document medication administration in resident records, for three of three residents (R1, R2, R3) with records reviewed. In addition, R2's medication administration record (MAR) had a transcription error with an oxycodone and oxycontin prescriptions, where staff documented they provided double doses.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>R2 R2 was admitted October 1, 2019. R2's</p>	01760		

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01760	<p>Continued From page 2</p> <p>diagnoses included paranoid schizophrenia, prediabetes, and neuralgia and neuritis. R2's service plan dated June 10, 2022, indicated the licensee provided medication administration assistance.</p> <p>TRANSCRIPTION ERROR R2's MAR dated February 1, 2024, through February 29, 2024, included an order for oxycodone 5 milligrams (mg) daily at 3:00 p.m. with a start date was January 4, 2024 and stop date of February 2, 2024. R2's MAR also had an order for oxycodone 5 mg daily at 3:00 p.m. with a start date of February 1, 2024 and stop date of February 26, 2024. R2's MAR had two oxycodone 5 mg administrations at 3:00 p.m. for February 1, 2024, and staff documented providing both doses.</p> <p>R2's MAR dated February 1, 2024, through February 29, 2024, included an order for OxyContin 20 mg twice daily at 8:00 a.m. and 6:00 p.m. with a start date was January 4, 2024 and stop date of February 2, 2024. R2's MAR also had an order for OxyContin 20 mg twice daily at 8:00 a.m. and 6:00 p.m. with a start date of February 1, 2024 and stop date of February 26, 2024. R2's MAR had two OxyContin 20 mg administrations at 8:00 a.m. and 6:00 p.m. for February 1, 2024, and staff documented providing both doses both doses at 6:00 p.m. Staff documented holding one of the 8:00 a.m. administrations for "double" dose.</p> <p>R2's MAR dated February 1, 2024, through February 29, 2024, indicated the following the licensee failed to document administration of the following medications:</p> <p>Oxycodone 5 mg tablet (for chronic pain): Take</p>	01760		

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01760	<p>Continued From page 3</p> <p>one tablet by mouth daily. The licensee failed to document medication administration 2 of 29 days.</p> <p>Oxycontin 20 mg tablet (for chronic pain): Take one tablet by mouth twice daily. The licensee failed to document medication administration 2 of 29 days.</p> <p>Sodium Fluoride PST 1.1% (for mouth sore): Brush teeth once daily. The licensee failed to document medication administration 2 of 29 days.</p> <p>On September 13, 2024, at 2:10 p.m., registered nurse (RN)-B said the oxycontin was a documentation error. R2 was only supposed to receive 20 mg and not 40 mg although it was documented twice.</p> <p>On September 11, 2024, the licensee's narcotic book record was reviewed. Documentation indicated staff did not double dose R2 due to the transcription error.</p> <p>R1 R1 was admitted November 9, 2022. R1's diagnoses included major depressive disorder, diabetes type II, and chronic inflammatory demyelinating polyneuritis. R1's assisted living contract dated November 9, 2022, indicated the licensee provided medication administration assistance.</p> <p>R1's MAR dated February 1, 2024, through February 29, 2024, indicated the licensee failed to document administration of the following medications:</p> <p>Advair HFA AER 115/21 (for asthma): Inhale two puffs into the lungs twice daily. The licensee failed to document medication</p>	01760		

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01760	<p>Continued From page 4</p> <p>administration 4 of 29 days.</p> <p>Aspirin 81 mg chew tablet: Take one tablet by mouth once daily. The licensee failed to document medication administration 5 of 29 days.</p> <p>Lipitor 40 mg tablet (for hyperlipidemia): Take one tablet by mouth daily. The licensee failed to document medication administration 1 of 29 days</p> <p>Blood sugar check three times daily. The licensee failed to document medication administration 11 of 29 days.</p> <p>Brilinta 90 mg tablet (for stent replacement): Take two tablets by mouth daily. The licensee failed to document medication administration 26 of 29 days.</p> <p>Carvedilol 3.125 mg tablet (for blood pressure): Take two tablets by mouth daily. The licensee failed to document medication administration 6 of 29 days.</p> <p>Ciclopirox Solution 8% (for fungus): Apply to affected area once daily. The licensee failed to document medication administration 6 of 29 days.</p> <p>Culturelle capsule (for antibiotic associated diarrhea): Take one or two capsules by mouth daily. The licensee failed to document medication administration 5 of 29 days.</p> <p>Cyclobenzapine HCL 5 mg tablet (for muscle spasms): Take one tablets by mouth daily. The licensee failed to document medication administration 1 of 29 days.</p> <p>Cymbalta 60 mg capsule (for depression): Take two capsules by mouth daily. The licensee failed</p>	01760		

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01760	<p>Continued From page 5</p> <p>to document medication administration 5 of 29 days.</p> <p>Entresto 24-26 mg tablet (for heart health): Take 1/2 tablets by mouth twice daily. The licensee failed to document medication administration 6 of 29 days.</p> <p>Ezetimibe 10 mg tablet (hyperlipidemia): Take one tablet by mouth daily. The licensee failed to document medication administration 5 of 29 days.</p> <p>Ferrous Gluconate 324 mg tablet (supplement): Take one tablet by mouth Monday, Wednesday, Friday. The licensee failed to document medication administration 1 of 29 days.</p> <p>Jardiance 25 mg tablet (for diabetes): Take one tablets by mouth daily. The licensee failed to document medication administration on 3 of 29 days.</p> <p>Lantus Solution INJ 100/ML inject 30 units (for diabetes): Subcutaneously at bedtime. The licensee failed to document medication administration 2 of 29 days.</p> <p>Levothyroxin tablet 150 mg tablet (for hypothyroidism): Take one tablets by mouth daily. The licensee failed to document medication administration 4 of 29 days.</p> <p>Metformin 500 mg ER tablet (for diabetes): Take two tablets by mouth twice daily. The licensee failed to document medication administration 17 of 29 days.</p> <p>Pantoprazole 40 mg tablet (for ulcers): Take two tablets by mouth twice daily. The licensee failed to document medication administration 5 of 29</p>	01760		

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01760	<p>Continued From page 6</p> <p>days.</p> <p>Pregabalin 100 mg capsule (for seizures): Take one capsule by mouth three times daily. The licensee failed to document medication administration 5 of 29 days.</p> <p>Senna-Time8.6 mg tablet (for constipation): Take one tablets by mouth every other day. The licensee failed to document medication administration 4 of 29 days.</p> <p>Spironolact 25 mg tablet (for heart failure): Take 1/2 tablet by mouth daily. The licensee failed to document medication administration 3 of 29 days.</p> <p>Symbicort AER 80-4.5 (for heart failure): Inhale two puffs by mouth twice daily. The licensee failed to document medication administration 5 of 29 days.</p> <p>Trazodone 100 mg tablet (for insomnia): Take one tablet by mouth daily. The licensee failed to document medication administration 1 of 29 days.</p> <p>Vitamin B-12 tablet 500 mcg (for deficiency): Take one tablets by mouth daily. The licensee failed to document medication administration 5 of 29 days.</p> <p>R3 R3 was admitted October 12, 2021. R3's diagnoses included cognitive deficits, and chronic obstructive pulmonary disease. R3's service plan dated October 12, 2021, indicated the licensee provided medication administration assistance.</p> <p>R3's MAR dated February 1, 2024, through February 29, 2024, indicated the licensee failed to document administration of the following</p>	01760		

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01760	<p>Continued From page 7</p> <p>medications:</p> <p>Chlorhex Glu Solution 12% (for mouth care): swish and spit two tablespoons by mouth twice daily. The licensee failed to document medication administration 1 of 29 days.</p> <p>Lamotrigine 100 mg tablet (for seizures): Take one tablet by mouth twice daily. The licensee failed to document medication administration 1 of 29 days.</p> <p>Keppra 500 mg tablet (for seizures): Take two tablets by mouth twice daily. The licensee failed to document medication administration 1 of 29 days.</p> <p>Sertraline 50 mg tablet (for depression): Take one and ½ tablets by mouth daily. The licensee failed to document medication administration 1 of 29 days.</p> <p>Tamsulosin HCL 0.4 mg capsule (for hesitancy): Take one tablet by mouth daily. The licensee failed to document medication administration 1 of 29 days.</p> <p>On September 11, 2024, at 1:30 p.m., director of health services (DHS)-A medications should be documented following administration. She was unsure of why staff failed to document on the medication administration record. DHS-A said staff all staff who administer medications are trained to document on the medication administration record.</p> <p>The licensee's policy titled, Medications and Treatments, dated February 5, 2024, indicated the licensee would document medication administration immediately after administration.</p>	01760		

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01760	Continued From page 8 TIME PERIOD FOR CORRECTION: Seven (7) days.	01760		