

STATE LICENSING COMPLIANCE REPORT

Report #: HL365616662C

Date Concluded: September 18, 2024

Name, Address, and County of Facility

Investigated:

Healing Homes Living Services
83 Cook Ave West
St. Paul, MN 55117
Ramsey County

Facility Type: Assisted Living Facility (ALF)

Evaluator's Name: Lori Pokela R.N.
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: 36561	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/11/2024
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NAME OF PROVIDER OR SUPPLIER HEALING HOMES LIVING SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 83 COOK AVENUE WEST SAINT PAUL, MN 55117
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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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: #HL365616662C</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 two residents receiving services under the provider's Assisted Living license.</p> <p>The following correction order is issued/orders are issued for#HL365616662C, tag identification 0550 and 1290 .</p>	0 000	<p>Assisted Living Provider 144G. 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>	
0 550 SS=F	144G.41 Subd. 7 Resident grievances; reporting maltreatment	0 550		

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

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0 550	<p>Continued From page 1</p> <p>All facilities must post in a conspicuous place information about the facilities' grievance procedure, and the name, telephone number, and email contact information for the individuals who are responsible for handling resident grievances. The notice must also have the contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities and must have information for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center. The notice must also state that if an individual has a complaint about the facility or person providing services, the individual may contact the Office of Health Facility Complaints at the Minnesota Department of Health.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and document review, the licensee failed to post the required information related to the grievance procedure and contact information for the Office of Ombudsman for Long-Term Care and Mental Health and Developmental Disabilities. This had the potential to affect all residents receiving assisted living services, staff, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) 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>	0 550		

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0 550	<p>Continued From page 2</p> <p>A complaint investigation was initiated on September 11, 2024 by the MDH investigator.</p> <p>On September 11, 2024, during a facility tour at approximately 11:55 a.m., the investigator observed the licensee's common areas and noted the lack of the required posting of the grievance procedure and Ombudsman contact information. The licensee lacked a posting in a common area of the grievance procedure which included the name, telephone number, and e-mail contact information for the individuals who were responsible for handling resident grievances. In addition, there was no posting in the common area regarding contact information for the state and applicable regional Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities.</p> <p>When interviewed on September 11, 2024, at 11:55 a.m., the owner/administrator (ADM)-A, stated they had the information posted in the past but could not recall why it was removed.</p> <p>The licensee provided Vulnerable Adult Policy dated August 1, 2022, under section: Procedure (4) The licensee will post information for reporting suspected crime and maltreatment. The facility will support protection and safety through access to the state's systems for reporting suspected criminal activity and suspected vulnerable adult maltreatment by: (b) Posting information and the reporting number for the Minnesota Adult Abuse Reporting Center to report suspected maltreatment of a vulnerable adult.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one</p>	0 550		

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0 550	Continued From page 3 (21) days.	0 550		
01290 SS=D	<p>144G.60 Subdivision 1 Background studies required</p> <p>(a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information.</p> <p>(b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12.</p> <p>(c) Termination of an employee in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure six of seven employees reviewed unlicensed personnel ((ULP)-F, ULP-G, ULP-H, ULP-I, ULP-J) and registered nurse (RN)-K, had a background studies completed prior to starting employment and providing direct cares to residents.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety) and was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p>	01290		

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01290	<p>Continued From page 4</p> <p>The findings include:</p> <p>A complaint investigation was initiated on September 11, 2024 by the MDH investigator.</p> <p>On September 12, 2024 at 5:44 p.m., the licensee sent an email containing a background study letter informing them the following employees (ULP-F, ULP-G, ULP-H, ULP-I, ULP-J and RN-K) needed to complete fingerprints as a part of the background study application process</p> <p>ULP-F:</p> <p>ULP-F was hired on February 12, 2024, and was given a letter indicating they needed to complete background study fingerprints on June 16, 2024 at 3:45 p.m.</p> <p>ULP-G:</p> <p>ULP- G was hired on July 17, 2024 and was given a letter indicated they needed to complete background study fingerprints on July 24, 2024 at 2:05 p.m.</p> <p>ULP-H:</p> <p>ULP-H was hired on July 7, 2024 and was given a letter indicated they needed to complete background study fingerprints on July 24, 2024 at 4:31 p.m.</p> <p>ULP-I:</p> <p>ULP-I was hired on June 20, 2024 and was given a letter indicated they needed to complete background study fingerprints on July 24, 2024 at 5:16 p.m.</p>	01290		

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01290	<p>Continued From page 5</p> <p>ULP-J:</p> <p>ULP-J was hired on March 22, 2024 and was given a letter indicated they needed to complete background study fingerprints on May 7, 2024 at 10:17 a.m.</p> <p>RN-K:</p> <p>RN-K was hired on July 1, 2024 and the licensee did not have a background study letter of clearance in the personnel file for RN-K.</p> <p>ULP-L:</p> <p>ULP-L's start date was June 22, 2024. The licensee did not have a completed background study clearance letter in the employee's personnel file.</p> <p>The licensee provided an email on September 12, 2024 at 1:58 p.m., that indicated the owner/administrator (ADM)-A removed ULP-H and ULP-I from the schedule effective immediately.</p> <p>The email provided by ADM-A, on September 12, 2024 at 1:58 p.m., indicated ULP-I was able to obtain a background clearance letter and provided the letter which was dated September 12, 2024, which was completed as a result of and during the complaint investigation.</p> <p>An email provided by ADM-A, on September 13, 2024 at 7:16 a.m., indicated RN-K was able to obtain a background clearance letter and provided the letter which was dated September 13, 2024, which was completed as a result of and</p>	01290		

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01290	<p>Continued From page 6</p> <p>during the investigation.</p> <p>During an interview, on September 12, 2024 at 11:02 a.m., ADM-A explained she thought the letters indicated the background studies had been completed. ADM-A stated ULP-F, ULP-G, ULP-J were no longer employed by the licensee. ADM-A stated there was a lot going on at the facility and having several new hires at one time may have caused the oversight. ADM-A stated ULP-H, ULP-I and RN-K were the only staff who continued to be employed by the licensee. ADM-A stated she would send an updated email regarding ULP-H, ULP-I and RN-K's removal from the schedule along with any updated background clearance letters.</p> <p>The licensee provided an undated Employee Handbook that included under the section for Staff Qualifications that background studies will be completed to determine employment eligibility. Background Study Policy: All persons hired in a direct care capacity or a position that requires direct contact with clients, shall undergo a background study as required. Employees are hired on a provisional basis until results of the background study are received. Should an individual's background study results disqualify him/her from providing direct care or having contact with clients, then employment will be terminated.</p> <p>No Further Information was Provided.</p> <p>TIME PERIOD FOR CORRECTION: Two (2) days</p>	01290		