Electronically Delivered

October 18, 2023

Licensee
Norbella Of Champlin, LLC
8700 Emery Parkway North
Champlin, MN 55316

RE: Project Number(s) SL39034015

Dear Licensee:

This is your **official notice** that you have been **granted your assisted living facility license with dementia care.** Your license effective and expiration dates remain the same as on your provisional license. Your updated status will be listed on the license certificate at renewal and **this letter serves as proof** in the meantime. If you have not received a letter from us with information regarding renewing your license within 60 days prior to your expiration date, please contact us at (651) 201-5273 or by email at Health.assistedliving@state.mn.us.

The Minnesota Department of Health completed an initial survey on September 27, 2023, for the purpose assessing compliance with state licensing statutes. At the time of the survey, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G.

The Department of Health concludes the licensee is in substantial compliance. State law requires the facility must take action to correct the state correction orders and document the actions taken to comply in the facility's records. The Department reserves the right to return to the facility at any time should the Department receive a complaint or deem it necessary to ensure the health, safety, and welfare of residents in your care.

STATE CORRECTION ORDERS

The enclosed State Form documents the state correction orders. The Department of Health documents state correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Home Care 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 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 . . ."

In accordance with Minn. Stat. § 144G.31 Subd. 4, MDH may assess fines based on the level and scope of the violations; **however, no immediate fines are assessed for this survey of your facility**.

DOCUMENTATION OF ACTION TO COMPLY

Per Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document actions taken to comply with the correction orders within the time period outlined on the state form; however, plans of correction are

not required to be submitted for approval.

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

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

Please address your cover letter for reconsideration requests to:

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

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

If you have any questions, please contact me.

Sincerely,

Jessie Chenze, Supervisor
State Evaluation Team
Email: jessie.chenzie@state.mn.us
Telephone: 218-332-5175 Fax: 1-866-890-9290

PMB

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39034	A. BUILDING: _____ B. WING _____	09/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORBELLA OF CHAMPLIN LLC	8700 EMERY PARKWAY NORTH CHAMPLIN, MN 55316

(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 ******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: SL39034015 On September 25, 2023, through September 27, 2023, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were 34 active residents; 34 receiving services under the Assisted Living with Dementia Care license.	0 000	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 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.	
0 970 SS=C	144G.50 Subd. 5 Waivers of liability prohibited The contract must not include a waiver of facility liability for the health and safety or personal	0 970		

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0 970	Continued From page 1 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 agreement did not include language waiving the facility's liability for personal property of a resident. This had the potential to affect all residents. This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: On September 25, 2023, at 11:30 a.m., during the entrance conference, the surveyor requested a copy of the licensee's assisted living (AL) contract. The AL contract was provided and later reviewed by the surveyor. The assisted living contract included a clause that indicated the resident would waive the facility's liability for personal property of the resident. -Page 18, section 24 - Personal Property. Facility is not responsible for any loss or damage to resident's property due to theft, or damage due to	0 970		

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0 970	Continued From page 2 fire, water, tornado or other acts of nature and events beyond the facility's control. Resident is strongly encouraged to keep items of significant financial or sentimental value stored in a safe deposit box, and to obtain renters insurance. In the event resident's property is damaged or destroyed by fire, efforts to distinguish a fire or other causes that may be covered by standard fire and extended coverage insurance, or by other insurance coverage, resident waives: (a) all claims against facility and its representatives and agents for any such loss or damage; and (b) all rights of subrogation of any insurance company carrying any insurance covering such loss, damage or destruction. On September 25, 2023, at 2:30 p.m., surveyor reviewed personal property section of AL contract with licensed assisted living director (LALD)-A. LALD-A stated he did not think it was inappropriate language for the agreement waiving any claims to the facility or agents for any such loss or damage. Additionally, he stated this is the agreement used for admission into the facility. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 970		
01620 SS=D	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 reassessment and monitoring must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days	01620		

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01620	Continued From page 3 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 observation, interview, and record review, the licensee failed to ensure a registered nurse (RN) completed a change in condition assessment 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 occasional). The findings include: R1 was admitted and started to receive services under the assisted living license on July 11, 2023.	01620		

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01620	Continued From page 4 R1's diagnoses included diabetes, hypertension (high blood pressure), and anxiety disorder. R1's service plan dated July 11, 2023, indicated R1 received medication management services to include medication set-up, monitoring resident during self-administration of insulin, blood sugar and medications, and assistance with bathing, dressing, toileting, grooming, ambulation, transfers, housekeeping and laundry. On September 26, 2023, at 7:43 a.m., the surveyor observed unlicensed personnel (ULP)-E perform R1's blood glucose level and administer scheduled 8 a.m. insulin dosage. R1's progress note dated August 7, 2023, by clinical nurse supervisor (CNS)-B indicated "[Name] visit completed per nursing request, resident continues to have productive cough and some increased malaise. Blood glucose also not controlled later in the day. Discontinue previous Humalog and start: 12 units a.m., 14 units at noon, 18 units at supper. Continue current long-acting insulin. Chest x-ray 2 view for cough and malaise. Doxycycline (antibiotic) 100 milligram (mg) by mouth two times daily for cough. Resident and wife updated." On September 27, 2023, at 11:45 a.m., CNS-B stated a change in condition assessment was not completed with start of antibiotics for cough, Additionally, she stated she did not think a comprehensive assessment was needed, and a progress note was sufficient. The license's Initial and On-Going Nursing Assessment of Residents under the comprehensive licensed agency dated October 27, 2021, indicated the RN will complete a	01620		

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01620	Continued From page 5 comprehensive nursing assessment of the residents' physical, mental, and cognitive needs as required: pre-admission assessment in person; 14-day assessment - completed up to 14 days after start of services and will be conducted in person; ongoing assessment - completed periodically but no less than every 90 days; and change in condition. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01620		
01650 SS=D	144G.70 Subd. 4 (f) Service plan, implementation and revisions to (f) The service plan must include: (1) a description of the services to be provided, the fees for services, and the frequency of each service, according to the resident's current assessment and resident preferences; (2) the identification of staff or categories of staff who will provide the services; (3) the schedule and methods of monitoring assessments of the resident; (4) the schedule and methods of monitoring staff providing services; and (5) a contingency plan that includes: (i) the action to be taken if the scheduled service cannot be provided; (ii) information and a method to contact the facility; (iii) the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency;	01650		

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01650	Continued From page 6 and (iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the service plan was updated 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, 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: R1 was admitted and started to receive services under the assisted living license on July 11, 2023. R1's diagnoses included diabetes, hypertension (high blood pressure), and anxiety disorder. On September 26, 2023, at 7:43 a.m., the surveyor observed unlicensed personnel (ULP)-E perform R1's blood glucose level and administer scheduled 8 a.m. insulin dosage. R1's service plan dated July 11, 2023, indicated R1 received medication management services to include medication set-up, monitoring resident during self-administration of insulin, blood sugar	01650		

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01650	Continued From page 7 and medications, and assistance with bathing, dressing, toileting, grooming, ambulation, transfers, housekeeping and laundry. R1's medication management plan dated September 7, 2023, indicated ULP would perform R1's insulin injections, blood glucose monitoring and medication administration four times daily. R1's progress note dated September 7, 2023, by clinical nurse supervisor (CNS)-B indicated "Resident is no longer able to store insulin in his apartment as he has not waited for staff several times, even after re-education. Wife will be updated to change of plan of care." On September 27, 2023, at 10:05 a.m., CNS-B stated R1's service plan was not updated to reflect he was no longer capable to self-administer insulin, blood sugars, and take medications from set-up. Additionally, she stated she was waiting to change his service plan at the end of this month due to other changes being made in the agreement for all residents and she has been working on them. The licensee's Contents of Service Plans policy dated July 28, 2021, indicated service plans are reviewed and revised as needed based upon on-going resident assessment. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01650		
01760 SS=D	144G.71 Subd. 8 Documentation of administration of medication	01760		

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01760	Continued From page 8 Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were administered as ordered for one of one resident (R1) who received 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) 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: R1 was admitted and started to receive services under the assisted living license on July 11, 2023. R1's diagnoses included diabetes (low blood sugar), hypertension (high blood pressure), and anxiety disorder.	01760		

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01760	Continued From page 9 On September 26, 2023, at 7:43 a.m., the surveyor observed unlicensed personnel (ULP)-E perform R1's blood glucose and administer 8 a.m. scheduled insulin dosage. R1's service plan dated July 11, 2023, indicated R1 received medication management services to include monitoring resident during self-administration of insulin. R1's prescriber orders dated August 3, 2023, included an order for Humalog Kwikpen (rapid acting insulin 100-unit/milliliters (ml) pen) inject 12 units subcutaneously (underneath the skin) before breakfast and lunch, and inject 22 units subcutaneously before dinner. R1's September 2, 2023, through September 6, 2023, electronic medication administration record (EMAR) indicated staff to monitor self-administration of the insulin and document units taken of the following: insulin Humalog Kwikpen, inject 12 units subcutaneously prior to breakfast. EMAR documentation was lacking or incorrectly documented on the following days: -September 2, 2023 - no units documented -September 5, 2023 - 142 units documented -September 6, 2023 - insulin held On September 27, 2023, at 10:15 a.m., surveyor reviewed R1's September 2023 EMAR with clinical nurse supervisor (CNS)-B. CNS-B stated on September 2, 2023, it looked like he either did not receive the insulin or it was not documented the insulin was given, September 4, 2023, the 142 was most likely his blood glucose level, and on September 6, 2023 it was most likely not given due to a low blood glucose level. Additionally, she reviewed R1's progress notes and stated	01760		

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01760	Continued From page 10 there was no documentation for these three days in R1's record and no staff reported to her the medication errors. CNS-B commented he no longer was self-administering as of September 7, 2023. The licensee's Medication Errors policy reviewed on January 25, 2023, indicated staff will report any medication errors to the registered nurse (RN). The RN will investigate any medication errors and will implement and document any corrective actions to reduce the risk of similar medication errors in the future. The RN will determine the potential harm to the client and contact the appropriate providers, which may include the physician, pharmacist, and the client's family. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760		

Minnesota Department of Health

625 Robert Street North
St Paul
651-201-4500

Type: Full
Date: *09/26/23*
Time: 15:17:27
Report: 7994231174

Food and Beverage Establishment Inspection Report

Location:
Norbella Senior Living
8700 Emergy Pkwy N
Champlin, MN55316
Hennepin County, 27

Establishment Info:
ID #: 0042084
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #:
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.

No NEW orders were issued during this inspection.

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

THIS FACILITY IS CURRENTLY SERVICED BY AN INDEPENDENT FOOD SERVICE COMPANY. NO FOOD INSPECTION WAS PERFORMED AS PART OF THIS SURVEY.

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 7994231174 of 09/26/23.

Certified Food Protection Manager:_____

Certification Number: _____ Expires: / /

Signed:_____
Establishment Representative

Signed: Crystal Elva
Crystal Elva
Public Health Sanitarian 3
St Paul
651-201-3981
Crystal.Elva@state.mn.us