Electronically Delivered

April 21, 2023

Licensee
Twincities Loyal Holistic Care LLC
860 Rogers Court
Eagan, MN 55123

RE: Project Number(s) SL38188015

Dear Licensee:

This is your **official notice** that you have been **granted your assisted living facility license.** 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 April 5, 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 and enforcement actions 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,

Paul Spencer, Supervisor
State Rapid Response Team
Email: paul.spencer@state.mn.us
Telephone: 651-587-4460 Fax: 651-215-6894

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	38188	A. BUILDING: _____ B. WING _____	04/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWINCITIES LOYAL HOLISTIC CARE LLC	860 ROGERS COURT EAGAN, MN 55123

(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 ORDERS 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: SL38188015 On April 3, 2023 and April 4, 2023 the Minnesota Department of Health conducted a survey at the above provider, and the following non-immediate correction orders are issued. At the time of the survey, there were no residents receiving services under the provider's Provisional Assisted Living Facility license.	0 000	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 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. 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 SUBDIVISION 1-3.	
0 460 SS=F	144G.41 Subdivision 1 Minimum requirements (5) provide a means for residents to request	0 460		

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0 460	Continued From page 1 assistance for health and safety needs 24 hours per day, seven days per week; (6) allow residents the ability to furnish and decorate the resident's unit within the terms of the assisted living contract; (7) permit residents access to food at any time; (8) allow residents to choose the resident's visitors and times of visits; (9) allow the resident the right to choose a roommate if sharing a unit; (10) notify the resident of the resident's right to have and use a lockable door to the resident's unit. The licensee shall provide the locks on the unit. Only a staff member with a specific need to enter the unit shall have keys, and advance notice must be given to the resident before entrance, when possible. An assisted living facility must not lock a resident in the resident's unit; This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to develop and implement a calling system for residents to call for assistance. This had the potential to affect all potential 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, 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: The licensee held an assisted living facility	0 460		

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0 460	Continued From page 2 license. The facility was licensed for a bed capacity of five (5) residents and had a current census of zero (0) residents. One resident had been discharged. During the entrance conference on April 3, 2023, at approximately 10:55 a.m. administrator (ADM)-A acknowledged the resident calling system used was the phone. During observations of resident rooms on April 4, 2023, at 1:27 p.m., rooms designated for resident living did not contain evidence of a call system in place for residents to call for assistance 24 hours per day, seven days per week. During the exit conference on April 4, 2023, at approximately 2:00 p.m., ADM-A and registered nurse (RN)-B acknowledged the lack of a resident call system in place. ADM-A stated that they have a facility phone that could be used to call for help but it was not individualized for each resident to have in their rooms. The licensee ' s document titled Minimum Assisted Living Facility Requirements, 144G.41, undated, indicated TwinCities Loyal Holistic Care LLC shall maintain these minimum requirements for this facility: e. Provide a means to request assistance 24 hours per day seven days per week. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 460		
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements (13) offer to provide or make available at least the	0 480		

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0 480	Continued From page 3 following services to residents: (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 comply with Minnesota Food Code, Chapter 4626. This had the potential to affect all residents residing at the facility. 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 resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). Findings include: Please refer to the additional documentation included in the Food and Beverage Establishment Inspection Reports, dated April 3, 2023. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	0 480		
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness (a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses	0 680		

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0 680	Continued From page 4 elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure a completed written emergency disaster plan was in place with all required content and post the emergency plan prominently. This had the potential to affect all residents receiving services under the assisted living license, staff, and visitors to the 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, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect	0 680		

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0 680	Continued From page 5 a large portion or all of the residents). The findings include: During the entrance conference on April 3, 2023, at approximately 10:45 a.m., administrator (ADM)-A stated he was familiar with current assisted living laws and regulations. During observations, it was noted there was no observed signage posted or information regarding the licensee's emergency plan. There were numerous signs of the location of emergency exits, floor plans and a shelter area; however, there was nothing regarding an emergency preparedness plan displayed at the facility's main entrance, or elsewhere in the facility. The licensee's emergency preparedness information, provided to the surveyor, was a single document describing fire extinguisher safety and a two paged policy titled Emergency Preparedness as well as evidence of a fire drill. On April 4, 2023, during the exit meeting, at approximately 1:55 p.m., the surveyor reviewed the emergency preparedness plan and content with ADM-A. On April 5, 2023, the licensee sent via email a multi-page document that contained a table of content, an all-hazards assessment and areas identified, and a missing resident plan. The licensee's plan lacked the following required content: -phone contact information for each staff member and what each staff member is responsible for in the event of an emergency. Table of listed	0 680		

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0 680	Continued From page 6 assignments was left blank. -process for emergency preparedness (EP) cooperation with state and local EP officials, utility companies, hospitals, and local community organizations. -arrangement with other facilities (other than a local hotel) in the event of evacuation. -development of a communication plan, including primary and alternate means for communication. -EP training program for all staff (including documentation of the training provided for each staff member); and -EP testing program. -EP annual testing requirements. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	0 680		
0 800 SS=F	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain the facility physical environment in a continuous state of good repair and operation regarding the health, safety, and well-being of the residents. This had the potential to directly affect all residents, staff, and visitors.	0 800		

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0 800	Continued From page 7 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 residents). The findings include: On April 04, 2023, from approximately 1:30 PM. to 2:30 PM., survey staff toured the facility with (ADM)-A. During the facility tour, survey staff observed: 1. That the hot water heater pressure relief valve pipe only extended 5' inches down the side of the tank and, 2. In the laundry room there were electrical wires hanging out of the ceiling. (ADM)-A verbally confirmed survey staff observations during the facility tour. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one(21) days	0 800		
01560 SS=C	144G.64 (a, b, c) TRAINING IN DEMENTIA CARE REQUIRED (5) new employees may satisfy the initial training requirements by producing written proof of previously completed required training within the past 18 months. (b) Areas of required training include:	01560		

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01560	Continued From page 8 (1) an explanation of Alzheimer's disease and other dementias; (2) assistance with activities of daily living; (3) problem solving with challenging behaviors; (4) communication skills; and (5) person-centered planning and service delivery. (c) The facility shall provide to consumers in written or electronic form a description of the training program, the categories of employees trained, the frequency of training, and the basic topics covered. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide evidence of the assisted living required hours of training completion. 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 potential to affect a large portion or all of the residents). The findings include: During the entrance conference on April 3, 2023, at 11:00 a.m., Administrator (ADM)-A stated he was familiar with current assisted living laws and regulations. The licensee's policies and dementia training materials were requested. On April 3, 2023, at approximately 2:00 p.m., again dementia training materials and evidence of completion were requested. Adm-A stated that	01560		

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01560	Continued From page 9 the training is listed in the orientation checklist. Review of RN-B and RN-C ' s orientation checklist indicated that both had a checkmark for Dementia (as applicable) training, but the number of training hours or specific topics were not specified. It indicated the combined hours of orientation totaled 12 hours. On April 4, at approximately 1:28 p.m., RN-B stated she was trained in dementia care and had the training materials but unable to provide proof of completion for herself or provide the training materials used for staff training. Adm-A stated they will be employing Educare modules for training. The licensee's policy packet provided indicated under section Organization of Scope of Services, the licensee provides training related to Alzheimer' s Disease. Staff providing or supervising care to clients with Alzheimer's Disease will receive education prior to providing care regarding the following: - Current explanation of Alzheimer ' s Disease and related disorders. - Providing assistance with ADL - Approaches to problem solving when working with client's challenging behavior - Communicating with clients who have dementia It did not indicate the length of the training and whether it met the requirement. TIME PERIOD FOR CORRECTION: Twenty-One (21) days.	01560		

Minnesota Department of Health
Environmental Health, FPLS
P.O Box 64975
Saint Paul
651-201-4500

Type: Full
Date: *04/03/23*
Time: 11:42:33
Report: 1018231063

Food and Beverage Establishment Inspection Report

Location:
Twin Cities Loyal Holistic Car
860 Rogers Court
Eagan, MN55123
Dakota County, 19

Establishment Info:
ID #: 0041173
Risk:
Announced Inspection: No

License Categories:

Expires on: 12/31/23

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.

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.
ESTABLISHMENT DOES NOT CURRENTLY HAVE A CERTIFIED FOOD PROTECTION MANAGER. APPLICATION SENT TO MANAGER.
Comply By: 06/01/23

Food and Equipment Temperatures

Process/Item: Cold Holding
Temperature: 41 Degrees Fahrenheit - Location: REFRIGERATOR
Violation Issued: No

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

ESTABLISHMENT DOES NOT CURRENTLY HAVE ANY RESIDENTS.

INSPECTION CONDUCTED WITH CHRISTINE BLUM (MDH) PRESENT.

ALL FOOD IS PREPARED FOR SAME DAY SERVICE.

PHYSICAL FACILITIES WERE OBSERVED IN GOOD CONDITION.

FIRM HAS SEPARATE SINKS FOR HAND WASHING AND FOOD PREP.

DISHWASHER HAS SANITIZE FUNCTION AVAILABLE.

Food and Beverage Establishment Inspection Report

VIEWED EMPLOYEE ILLNESS LOG AND DISCUSSED ILLNESS POLICY.

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 1018231063 of 04/03/23.

Certified Food Protection Manager:_____

Certification Number: _____ Expires: __/ /_____

Inspection report reviewed with person in charge and emailed.

Signed:_____
SAID GURE
MANAGER

Signed:_____
Rebecca Prestwood
Sanitarian 3
6512013777
rebecca.prestwood@state.mn.us