Protecting, Maintaining and Improving the Health of All Minnesotans

NOTICE OF REMOVAL OF CONDITIONAL LICENSE

Electronic Delivery

October 10, 2024

Licensee
Ayan Care Inc.
1224 Vista Drive
Burnsville, MN 55337

RE: License Number 412473
Health Facility Identification Number (HFID) 39895
Project Number(s) SL39895015

Dear Licensee:

On August 30, 2024, The Minnesota Department of Health (MDH) completed a follow-up survey of your facility to determine correction of orders found on the survey completed August 30, 2024. The follow-up survey found the facility to be in substantial compliance. Based on these findings, the condition(s) on the license were removed effective October 10, 2024.

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.

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.

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.

Sincerely,

Rick Michals

Rick Michals, J.D.
Executive Regional Operations Manager

Minnesota Department of Health
Health Regulation Division

JMD

Protecting, Maintaining and Improving the Health of All Minnesotans

NOTICE OF PROVISIONAL EXTENSION AND CONDITIONAL LICENSE

Electronically Delivered

July 15, 2024

Licensee
Ayan Care Inc.
1224 Vista Drive
Burnsville, MN 55337

RE: Provisional Conditional License Number 412473
Health Facility Identification Number (HFID) 39895
Project Number(s) SL39895015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on June 12, 2024, for the purpose of assessing compliance with state licensing statutes. Based on the survey results you were found not to be in substantial compliance with the laws pursuant to Minnesota Statutes, Chapter 144G.

As a result, pursuant to Minn. Stat. § 144G.16, Subd. 3(b)(2), MDH is extending the provisional license for 90-days and applying conditions necessary to bring the facility into substantial compliance. The provisional license extension and conditions are due to expire **October 13, 2024**.

STATE CORRECTION ORDERS
The enclosed State Form documents the state correction orders. MDH documents state correction orders using federal software. Tag numbers are 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 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 . . ."

IMPOSITION OF FINES
In accordance with Minn. Stat. § 144G.31, Subd. 4, fines and enforcement actions may be imposed based on the level and scope of the violations and may be imposed immediately with no opportunity to correct the violation first as follows:

Level 1: no fines or enforcement.
Level 2: a fine of $500 per violation, in addition to any enforcement mechanism authorized in § 144G.20 for widespread violations;
Level 3: a fine of $3,000 per violation per incident, in addition to any enforcement mechanism authorized in § 144G.20.
Level 4: a fine of $5,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20.

In accordance with Minn. Stat. § 144G.31, Subd. 4(a)(5), MDH may impose fine amounts of either $1,000 or $5,000 to licensees who are found to be responsible for maltreatment. MDH may impose a fine of $1,000 for

each substantiated maltreatment violation that consists of abuse, neglect, or financial exploitation according to Minn. Stat. § 626.5572, Subds. 2, 9, 17. MDH also may impose a fine of $5,000 for each substantiated maltreatment violation consisting of sexual assault, death, or abuse resulting in serious injury.

In accordance with Minn. Stat. § 144G.31, Subd. 4(b), when a fine is assessed against a facility for substantiated maltreatment, the commissioner shall not also impose an immediate fine under this chapter for the same circumstance.

MDH may assess fines based on the level and scope of the orders outlined below. The total amount of **potential** fines that may be assessed related to these correction orders is $3,000.00. **MDH is not imposing these fines against your provisional license at this time.**

St - 0 - 0470 - 144g.41 Subdivision 1 - Minimum Requirements - $3,000.00

DOCUMENTATION OF ACTION TO COMPLY
In accordance with Minn. Stat. § 144G.30, Subd. 5(c), the provisional licensee must document actions taken to comply with the correction orders and immediately correct any reissued orders outlined on the state form; however, plans of correction are not required to be submitted for approval. **If corrections are not made, MDH may impose fines as described above and in accordance with Minnesota Statutes 144G.**

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 resident(s)/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(s) 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 MDH 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.

To submit a reconsideration request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

CONDITIONAL LICENSE ISSUED:
MDH will issue Ayan Care Inc. a conditional provisional assisted living facility license for 90 calendar days from the date of this notice. At an unannounced point in time, within the 90 calendar days, MDH will conduct a follow-up survey, as defined in Minn. Stat. § 144G.30, Subd. 6. Based on the results of the follow-up survey, MDH will determine if Ayan Care Inc. is in substantial compliance.

The following conditions apply on the conditional provisional assisted living facility license:

a. **No new substantiated maltreatment allegations:** If any new investigations begin in the conditional provisional license period, and the allegations are substantiated, MDH may pursue additional enforcement actions up to and including immediate temporary suspension and revocation of the provisional license.

b. **No new admissions:** Ayan Care Inc. will not admit any new residents under its conditional provisional assisted living facility license until MDH removes the "no new admissions" condition. Ayan Care Inc. must provide the Department:

    i. A list of the names and birthdates of any individuals Ayan Care Inc. is currently in the process of admitting. These individuals will be able to continue the admittance process.

    ii. A list of all current residents by location including:
        1. Name and birthdate of each resident
        2. Physical location of each resident
        3. Current payment source for services
        4. If Elderly Waiver, the name and contact information of the care coordinator/case manager
        5. If the resident is not able to make informed decisions, the name of their representative and how to contact the representative

c. **Consultant:** Ayan Care Inc. will contract with an RN to provide consultation concerning all resident(s) to whom Ayan Care Inc. provides provisional licensed assisted living services under the conditional license. <u>The consultant must have access to all resident(s) receiving services from Ayan Care Inc.. The consultant will conduct initial and ongoing evaluations of the provider. Direct resident observation may be required based on the consultant's judgement or at the discretion of MDH</u>. The RN must not have any affiliation with Ayan Care Inc. and MDH must review the RN's credentials and approve the selection. Ayan Care Inc. is responsible for the expense of the contract with the RN. The main purpose of the consultant is to provide guidance to Ayan Care Inc. in an effort to help Ayan Care Inc. align their practices with the requirements of Minn. Stat. §§ 144G.01 – 144G.9999 and to provide oral and written reports to MDH noting progress toward substantial compliance and/or concerns about observations. Ayan Care Inc. will develop and implement policies, procedures, and processes specific to the offered services in accordance with the guidance provided by the consultant to ensure ongoing monitoring and substantial compliance with statutory requirements.

d. **Reports:** The RN consultant will provide MDH with regular reports at intervals specified by MDH. Reports will begin on a weekly basis until MDH notifies Ayan Care Inc. and the RN consultant about a change. Each report will be electronically submitted to Renee Anderson, Surveyor Supervisor, State Evaluation Team, Health Regulation Division, at Renee.L.Anderson@state.mn.us . Renee Anderson can be reached at 651-201-5871 (office) with questions about reports. The content of the reports will include information such as:

i. Progress towards correction of orders;
ii. Observations of staff delivering assisted living services and the level of competency observed;
iii. Conversations with residents and family members about satisfaction with assisted living services;
iv. Conversations with staff about their level of knowledge about the tasks they perform, the people they serve and the health professionals who delegate to them;
v. Overall impressions about the quality of the assisted living services delivered;
vi. Overall impressions about the dignity with which the residents and their family members are treated;
vii. Concerns; and
viii. Any other information requested by the Department or considered important by the RN consultant(s).

e. **Monitoring visits:** MDH may make unannounced monitoring visits to assess the progress of Ayan Care Inc. to correct the violations cited during the survey as well as to determine the overall practice of Ayan Care Inc. in meeting the needs of the people it serves. In addition, the Office of Ombudsman for Long-Term Care (OOLTC) may also make unannounced monitoring visits to determine the level of satisfaction of those people who receive provisional licensed assisted living services. The OOLTC will share their findings with MDH.

f. **Follow-up survey:** At the time of the follow-up survey, MDH may pursue additional enforcement actions, up to and including immediate temporary suspension or revocation of the provisional license if MDH identifies any level 3 or 4 violations or widespread care related violations.

g. **Corrective Action Plan:** Ayan Care Inc. will develop and work within a corrective action plan (CAP). The CAP is a working document that includes at least the following information:
   i. A statement of the concern
   ii. A description of what will happen to correct the concern
   iii. A target date for when each correction will be complete
   iv. Who is responsible to make sure it happens
   v. Current status of correction work
   vi. Description of a plan to monitor and ensure ongoing substantial compliance for each corrected order

RESULTS OF FOLLOW-UP EVALUATION DURING THE CONDITIONAL PROVISIONAL LICENSE PERIOD:
MDH will determine if Ayan Care Inc. is in substantial compliance based on the results of the follow up survey. MDH will make this determination within the 90-day conditional provisional license period. If MDH determines Ayan Care Inc. is in substantial compliance on the follow up survey, MDH will remove the conditions and grant the assisted living facility license to Ayan Care Inc.. If MDH determines Ayan Care Inc. is not in substantial compliance, MDH may deny the license pursuant to Minn. Stat. § 144G.16, Subd. 3 (b) (2).

REQUEST FOR RECONSIDERATION:

Pursuant to Minn. Stat. §144G.16, Subd. 4, if a provisional licensee whose assisted living facility license has been denied, or extended with conditions, disagrees with the action taken against the provisional license under this section, the provisional licensee may request a reconsideration no later than 15 calendar days after provisional licensee receives notice of the action. **This is your only ability to request a reconsideration under this enforcement action.**

To submit a reconsideration request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

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

If you have any questions, please contact Renee Anderson directly at: 651-201-5871.

Sincerely,

Rick Michals

Rick Michals, J.D.
Interim Assistant Division Director

Minnesota Department of Health
Health Regulation Division

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39895	A. BUILDING: _____ B. WING _____	06/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AYAN CARE INC	1224 VISTA DRIVE BURNSVILLE, MN 55337

(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: SL39895015-0 On June 10, 2024, through June 12, 2024, 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, the licensee had two residents, both of whom received services under the provider's Assisted Living license. An immediate correction order was issued for correction order 0470 on June 11, 2024, at approximately 3:00 p.m. On June 12, 2024, at 7:22 a.m., the immediacy of the order was lifted, however, scope and severity remain unchanged.	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.	
0 470 SS=I	144G.41 Subdivision 1 Minimum requirements (11) develop and implement a staffing plan for determining its staffing level that:	0 470		

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0 470	Continued From page 1 (i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of 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; 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 assist of two to transfer with a mechanical lift. This resulted in an immediate correction order issued on June 11, 2024, at approximately 3:00 p.m.	0 470		

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0 470	Continued From page 2 This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to 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 had diagnoses including cerebral palsy (conditions that affect movement and posture). R1's service plan, dated January 4, 2024, indicated R1 received services including hands on assistance with transfers and mobility. The service plan indicated R1 required the assistance of two people to transfer with a mechanical lift. R1's assessment, dated April 24, 2024, indicated R1 required the assistance from team members to evacuate in case of emergency. The licensee's schedule for the weeks of June 10, 2024, indicated one unlicensed personnel (ULP) or nurse was scheduled per shift. On June 11, 2024, at 11:30 a.m., clinical nurse supervisor (CNS)-A stated the licensee staffed one ULP or nurse for the day shift and evening shift. CNS-A stated that a second team member was always present during the day and evening shift but not on the schedule. CNS-A stated from 10:00 p.m. to 6:00 a.m., only one ULP was staffed. The licensee further stated that if there was an emergency requiring R1 to be transferred and only one employee was present, "that would be a problem".	0 470		

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0 470	Continued From page 3 On June 11, 2024, at 1:00 p.m., CNS-A stated they always required two people to transfer R1 to the bed and wheelchair. The licensee's staffing plan, dated April 26, 2024, indicated there would be two staff scheduled during the week for a.m. and p.m. shifts and one staff scheduled at night and during the weekend shifts. Assisted Living Facilities: Minnesota Rule 4659.0180 Subp. 5, Direct-care staff availability, effective October 2022, indicated: "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 reasonably foreseeable and unscheduled needs, as reflected in the resident's assessments and service plan." No further information was provided. TIME PERIOD FOR CORRECTION: Immediate	0 470		
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements (13) offer to provide or make available at least the 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 ensure food was prepared and served according to the Minnesota	0 480		

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0 480	Continued From page 4 Food Code. 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 the residents). The findings include: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated June 10, 2024, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection. TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		
0 650 SS=F	144G.42 Subd. 8 Employee records (a) The facility must maintain current records of each paid employee, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following information: (1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules; (2) records of orientation, required annual training and infection control training, and competency evaluations;	0 650		

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0 650	Continued From page 5 (3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision; (4) documentation of annual performance reviews that identify areas of improvement needed and training needs; (5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and (6) documentation of the background study as required under section 144.057. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure employee records included all required content for two of two employees (unlicensed personnel (ULP)-D and owner/ULP (O/ULP)-C). 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 the potential to affect a large portion or all of the residents). The findings include: O/ULP-C and ULP-D were both hired on October 15, 2023, and provided direct care services to the residents. On June 12, 2024, at 10:00 a.m., O/ULP-C and ULP-D were observed transferring R1 using a mechanical lift.	0 650		

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0 650	Continued From page 6 O/ULP-C and ULP-D's employee files lacked documentation of training and competence on transferring R1 with a mechanical lift. On June 12, 2024, at 11:15 a.m., clinical nurse supervisor (CNS)-A stated O/ULP-C and ULP-D's record lacked documentation of training but training on the mechanical lift had been provided by CNS A. CNS-A stated they were not aware the training needed to be in the employee records. On June 12, 2024, at 11:30 a.m., O/ULP-C stated they had received training on using the mechanical lift when R1 was admitted. On June 12, 2024, at 11:40 a.m., ULP-D stated they had received training on using the mechanical lift when R1 was admitted. The licensee's Personal Records policy, dated May 17, 2023, indicated that documentation of training will be maintained in the employee record. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 650		
0 660 SS=F	144G.42 Subd. 9 Tuberculosis prevention and control (a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis	0 660		

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0 660	Continued From page 7 Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to establish and maintain a tuberculosis (TB) prevention program based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC), which included completing symptom screening upon hire for two of two employees (unlicensed personnel (ULP)-D, owner/ ULP (O/ULP)-C). 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 the potential to affect a large portion or all of the residents). The findings include: The licensee's TB risk assessment, dated April 25, 2024, indicated the facility was at a low risk for TB transmission. O/ULP-C and ULP-D were hired on October 15, 2023, and provided direct care services to the	0 660		

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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
0 660	Continued From page 8 residents. O/ULP-C and ULP-D's employee records lacked documentation of a history and symptom screen completed upon hire. On June 11, 2024, at 1:15 p.m., clinical nurse supervisor (CNS)-A stated they were not aware that a TB screening was required. The licensee's Tuberculosis screening and prevention policy, dated May 17, 2023, indicated the licensee's "TB screening with an individual risk assessment and symptom evaluation" be completed when hired. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 660		
0 780 SS=F	144G.45 Subd. 2 (a) (1) Fire protection and physical environment (a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: (1) for dwellings or sleeping units, as defined in the State Fire Code: (i) provide smoke alarms in each room used for sleeping purposes; (ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms; (iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics; (iv) where more than one smoke alarm is	0 780		

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	39895	A. BUILDING: _____ B. WING _____	06/12/2024

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0 780	Continued From page 9 required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and (v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated; This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide smoke alarms in all sleeping rooms and failed to provide smoke alarms that are interconnected so that actuation of one alarm causes all alarms in the dwelling unit to actuate. This deficient condition had the ability to affect all staff and 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 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: On facility tour with clinical nurse supervisor (CNS)-A on June 12, 2024, at approximately 9:45 a.m., it was observed that the mechanical room in the lower level smoke alarm was missing. The smoke alarm base and wiring were present, the smoke alarm had been removed.	0 780		

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0 780	Continued From page 10 This deficient condition was visually verified by the CNS-A accompanying on the tour. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 780		
0 950 SS=C	144G.50 Subd. 3 Designation of representative (a) Before or at the time of execution of an assisted living contract, an assisted living facility must offer the resident the opportunity to identify a designated representative in writing in the contract and must provide the following verbatim notice on a document separate from the contract: "RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES. You have the right to name anyone as your "Designated Representative." A Designated Representative can assist you, receive certain information and notices about you, including some information related to your health care, and advocate on your behalf. A Designated Representative does not take the place of your guardian, conservator, power of attorney ("attorney-in-fact"), or health care power of attorney ("health care agent"), if applicable." (b) The contract must contain a page or space for the name and contact information of the designated representative and a box the resident must initial if the resident declines to name a designated representative. Notwithstanding subdivision 1, paragraph (f), the resident has the right at any time to add, remove, or change the name and contact information of the designated representative.	0 950		

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0 950	Continued From page 11 This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to identify a designated representative or document that the resident declined to designate a representative for two of two residents (R1, R2). 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: R1's service plan, dated January 4, 2024, indicated R1 received services, including assistance with activities of daily living (ADLs), housekeeping, and medication management. R2's service plan, dated May 17, 2024, indicated R2 received services, including assistance with ADLs, housekeeping, and medication management. R1's contract, dated December 26, 2023, lacked documentation that R1 was given the opportunity to designate a representative and the required verbiage notifying R1 of their "right to designate a representative for certain purposes." R2's contract, dated May 6, 2024, lacked documentation that R2 was given the opportunity to designate a representative and the required verbiage notifying R1 of their "right to designate a representative for certain purposes."	0 950		

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0 950	Continued From page 12 During an interview on June 11, 2024, at 1:00 p.m., clinical nurse supervisor (CNS)-A stated the required verbiage was missing from all residents' contracts because he was not aware that it was required. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 950		
01440 SS=F	144G.62 Subd. 4 Supervision of staff providing delegated nurs (a) Staff who perform delegated nursing or therapy tasks must be supervised by an appropriate licensed health professional or a registered nurse according to the assisted living facility's policy where the services are being provided to verify that the work is being performed competently and to identify problems and solutions related to the staff person's ability to perform the tasks. Supervision of staff performing medication or treatment administration shall be provided by a registered nurse or appropriate licensed health professional and must include observation of the staff administering the medication or treatment and the interaction with the resident. (b) The direct supervision of staff performing delegated tasks must be provided within 30 calendar days after the date on which the individual begins working for the facility and first performs the delegated tasks for residents and thereafter as needed based on performance. This requirement also applies to staff who have not performed delegated tasks for one year or longer.	01440		

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01440	Continued From page 13 This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) supervised unlicensed personnel (ULP) within 30 calendar days of beginning to provide delegated tasks for two of two employees (ULP-D, owner/ULP (O/ULP)-C). 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 the potential to affect a large portion or all of the residents). The findings include: O/ULP-C and ULP-D were both hired on October 15, 2023. On June 11, 2024, at 10:00 a.m., O/ULP-C and ULP-D were observed assisting R1 with activities of daily living (ADLs). O/ULP-C and ULP-D's employee files lacked documentation of direct supervision within 30 days of performing delegated tasks. On June 12, 2024, at 11:15 a.m., clinical nurse supervisor (CNS)-A stated O/ULP-C and ULP-D's record lacked documentation the RN performed a 30-day supervision for a delegated task, and he was not aware that it was required. The licensee's Personal Records policy, dated May 17, 2023, indicated that documentation of	01440		

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01440	Continued From page 14 supervision will be maintained in the employee record. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01440		
01530 SS=F	144G.64 TRAINING IN DEMENTIA CARE REQUIRED (a) All assisted living facilities must meet the following training requirements: (1) supervisors of direct-care staff must have at least eight hours of initial training on topics specified under paragraph (b) within 120 working hours of the employment start date, and must have at least two hours of training on topics related to dementia care for each 12 months of employment thereafter; (2) direct-care employees must have completed at least eight hours of initial training on topics specified under paragraph (b) within 160 working hours of the employment start date. Until this initial training is complete, an employee must not provide direct care unless there is another employee on site who has completed the initial eight hours of training on topics related to dementia care and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for consultation with the new employee until the training requirement is complete. Direct-care employees must have at least two hours of training on topics related to dementia for each 12 months of employment thereafter; This MN Requirement is not met as evidenced	01530		

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01530	Continued From page 15 by: Based on interview and record review, the licensee failed to ensure required dementia care training was completed for two of two employees (unlicensed personnel (ULP)-D, owner/ULP (O/ULP)-C). 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 the potential to affect a large portion or all of the residents). The findings include: O/ULP-C and ULP-D were both hired on October 15, 2023, and provided direct care services to the residents. O/ULP-C and ULP-D's employee records lacked evidence of at least eight hours of initial dementia training within 120 working hours of the employment start date to include: (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. On June 12, 2024, at 10:45 a.m., clinical nurse supervisor (CNS)-A stated O/ULP-C and ULP-D's records lacked the required dementia care training. CNS-A further stated they were aware of	01530		

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01530	Continued From page 16 the requirement and were looking for an appropriate training program. CNS-A stated none of the ULPs had received the training. The licensee's Dementia Education policy, dated May 17, 2023, indicated the missing dementia training topics indicated above should be completed within 120 hours of employment start date for direct care employees. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01530		
01650 SS=F	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	01650		

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01650	Continued From page 17 authority to sign for the resident in an emergency; 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 interview and record review, the licensee failed to ensure the resident service plan included the required content for two of two residents (R1, R2). 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). The findings include: R1's service plan, dated January 4, 2024, indicated R1 received services, including assistance with activities of daily living (ADLs), housekeeping, and medication management. R2's service plan, dated May 17, 2024, indicated R2 received services, including assistance with activities of daily living, housekeeping, and medication management. R1and R2's service plans both lacked the following: -fees for services; -frequency of each service according to resident	01650		

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01650	Continued From page 18 assessment and resident preferences; -schedule and methods of monitoring assessments; -schedule and methods of monitoring staff providing services; -contingency plan; -identification of and information on who has authority to sign for the resident in an emergency; and -circumstances in which emergency medical services are not to be summoned. On June 12, 2024, at 2:10 p.m., clinical nurse supervisor (CNS)-A stated they had completed the service plans using a document called Home Health Aide Care Plan. CNS-A stated they were unaware that it did not have all the required elements needed for the service plan. The licensee's Service Plan Policy dated May 17, 2024, indicated, "Service plans will include: a. A description of the services provided b. Fees for services c. Frequency of each service according to resident assessment and resident preferences d. Schedule and methods of monitoring assessments e. Schedule and methods of monitoring staff providing services f. Contingency plan g. A contingency plan that includes: i. Action taken if the scheduled service cannot be provided ii. Information and method to contact the facility iii. Names and contact information of persons the resident wishes to have notified in an emergency iv. Names and contact information of persons the resident wishes to have notified if there is a	01650		

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01650	Continued From page 19 significant adverse change in the resident's condition v. Identification of and information on who has authority to sign for the resident in an emergency vi. Circumstances in which emergency medical services are not to be summoned. This is indicated by reference in the service plan to any legal advanced directives, POLST form, or Living Will documents. Emergency personnel will be contacted as per indicated on the signed service plan in the event of emergency. However, the resident's wishes for emergency medical services will be administered as ordered and in compliance with the resident wishes." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01650		
01760 SS=F	144G.71 Subd. 8 Documentation of administration of medication 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.	01760		

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01760	Continued From page 20 This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure medication administration was documented accurately in resident record for two of two residents (R1, R2). 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 the potential to affect a large portion or all of the residents). The findings include: R2 R2's Care Plan, dated May 17, 2024, indicated R2 received services including assistance with medication management, bathing, activities of daily living (ADLs), laundry, housekeeping, meals and behavioral management. R2's medication administration record (MAR) for the month of June 2024, indicated the following medications for R2: -venlafaxine 75 milligrams (mg); -carbidopa/levodopa 25/100 mg; -donepezil 10 mg; -topiramate 50 mg; -quetiapine 50 mg; and -valproic acid 250 mg. On June 11, 2024, at approximately 8:20 a.m., the surveyor observed unlicensed personnel (ULP)-D administer the following medications to R2:	01760		

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01760	Continued From page 21 -topiramate 50 mg; -carbidopa/levodopa 25/100 mg; -venlafaxine 75 mg. The surveyor observed ULP-D document "X" on the MAR after administering the medications. There was no indication who administered the medications to R2, or the time medications were administered. R1 R1's Care Plan, dated January 4, 2024, indicated R1 received services including assistance with medication management, bathing, ADLs, housekeeping, laundry, and food preparation. R1's (MAR) for the month of June 2024, indicated the following medications for R1: -amlodipine 5 mg; -vitamin D3 1000 international units (IU); -aspirin 81 mg; -fexofenadine 180 mg; -pantoprazole 40 mg; -sertraline 50 mg; -metoprolol 25 mg; -venlafaxine 37.5 mg; -sertraline 100 mg; -rosuvastatin 10 mg; -gabapentin 300 mg; -baclofen 10 mg; -senna 8.6mg tablet; -clonazepam 0.5 mg; -polyethylene glycol 3350; and -acetaminophen 500 mg. On June 11, 2024, at approximately 10:20 a.m., the surveyor observed clinical nurse supervisor (CNS)-A administer the following medications to R1: -amlodipine 5mg; -vitamin D3 1000 IU;	01760		

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01760	Continued From page 22 -aspirin 81 mg; -fexofenadine 180 mg tab; -pantoprazole 40mg tab; -sertraline 50 mg tab; -metoprolol 25 mg; and -venlafaxine 37.5 mg ER. The surveyor observed CNS-A document "X" on the MAR after administering the medications. There was no indication who administered the medications or the time administered. June 11, 2024, at approximately 11:30 a.m., CNS-A stated after medications were administer that an X was placed on the MAR to indicate the medication was administered. CNS-A stated there was not a way to identify who administered the medication or the time the medication was administered to R1. The licensee's Medication Documentation policy dated May 17, 2013, indicated documentation of medication administration would include the date and time of the administration and the signature and title of the staff administering the medication. No further information was provided. TIME PERIOD OF CORRECTION: Seven (7) days	01760		
01940 SS=D	144G.72 Subd. 3 Individualized treatment or therapy managemen For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The facility	01940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39895	A. BUILDING: _____ B. WING _____	06/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AYAN CARE INC	1224 VISTA DRIVE BURNSVILLE, MN 55337

(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
01940	Continued From page 23 must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following: (1) a statement of the type of services that will be provided; (2) documentation of specific resident instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to develop and implement a treatment or therapy management plan to include all required content 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	01940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39895	A. BUILDING: _____ B. WING _____	06/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AYAN CARE INC	1224 VISTA DRIVE BURNSVILLE, MN 55337

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01940	Continued From page 24 only occasionally). The findings include: R1's Care Plan, dated January 4, 2024, indicated R1 needed total assistance with "elastic stocking/TEDS" (compression stockings) and applying a hand splint at night. On June 11, 2024, at 10:00 a.m., O/ULP-C and ULP-D were observed assisting R1 with activities of daily living, including removing the hand splint and elastic stocking/TEDS. R1's record lacked a treatment and therapy management plan for the elastic stocking/TEDS and the hand splint, including: -documentation of specific resident instructions relating to the treatments or therapy administration; -identification of treatment or therapy tasks that will be delegated to unlicensed personnel; -procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and -any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. On June 12, 2024, at 11:20 a.m., CNS-A confirmed there was no treatment management plan developed for R1. CNS-A stated they did not know a treatment plan was required. The licensee's Treatment and Therapy Management policy, dated May 17, 2023,	01940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39895	A. BUILDING: _____ B. WING _____	06/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AYAN CARE INC	1224 VISTA DRIVE BURNSVILLE, MN 55337

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01940	Continued From page 25 indicated, "A Registered Nurse (RN) or other licensed professional will complete an assessment of all residents receiving treatment or therapy services prior to the initiation of those services." The policy further indicated the plan would include the following: -The RN or licensed professional will prepare an individualized treatment or therapy management plan for each resident receiving ordered or prescribed treatments or therapy services, which addresses: -Type of service to be provided -Procedures for documenting treatments or therapies -Procedures for monitoring treatments or therapies to prevent possible complications or adverse reactions -Identification of treatment or therapy tasks delegated to unlicensed personnel -Procedures for notifying the RN or licensed health professional when a problem arises related to the treatment or therapy service No further information was provided. TIME PERIOD OF CORRECTION: Seven (7) days	01940		
01960 SS=D	144G.72 Subd. 5 Documentation of administration of treatments Each treatment or therapy administered by an assisted living facility must be in the resident record. The documentation must include the signature and title of the person who administered the treatment or therapy and must include the date and time of administration. When treatment or therapies are not administered as	01960		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39895	A. BUILDING: _____ B. WING _____	06/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AYAN CARE INC	1224 VISTA DRIVE BURNSVILLE, MN 55337

(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
01960	Continued From page 26 ordered or prescribed, the provider must document the reason why it was not administered and any follow-up procedures that were provided to meet the resident's needs. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to document treatment administration 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 occasionally). The findings include: R1's Care Plan, dated January 4, 2024, indicated R1 needed total assistance with "elastic stocking/TEDS" (compression stockings) and applying a hand splint at night. On June 11, 2024, at 10:00 a.m., O/ULP-C and ULP-D were observed assisting R1 with activities of daily living, including removing the hand splint and elastic stocking/TEDS. R1's home health aide charting sheet for June 1, 2024, through June 7, 2024, lacked documentation for both the elastic stocking/TEDS and the hand splint. On June 12, 2024, at 11:20 a.m., CNS-A confirmed there was no documentation for the elastic stocking/TEDS and the hand splint for R1.	01960		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39895	A. BUILDING: _____ B. WING _____	06/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AYAN CARE INC	1224 VISTA DRIVE BURNSVILLE, MN 55337

(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
01960	Continued From page 27 CNS-A stated they did not know documentation was required for the treatments. The licensee's Treatment and Therapy Management policy, dated May 17, 2023, indicated, "Each staff member who administers a treatment or therapy is responsible for documenting this in the clinical record." No further information was provided. TIME PERIOD OF CORRECTION: Seven (7) days	01960		
01970 SS=D	144G.72 Subd. 6 Treatment and therapy orders There must be an up-to-date written or electronically recorded order from an authorized prescriber for all treatments and therapies. The order must contain the name of the resident, a description of the treatment or therapy to be provided, and the frequency, duration, and other information needed to administer the treatment or therapy. Treatment and therapy orders must be renewed at least every 12 months. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to obtain prescriber orders for all treatments and therapies, including the frequency, duration and other information needed to administer the treatment or therapy 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	01970		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39895	A. BUILDING: _____ B. WING _____	06/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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01970	Continued From page 28 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's Care Plan, dated January 4, 2024, indicated R1 needed total assistance with "elastic stocking/TEDS" (compression stockings) and applying a hand splint at night. On June 11, 2024, at 10:00 a.m., O/ULP-C and ULP-D were observed assisting R1 with activities of daily living, including removing the hand splint and elastic stocking/TEDS. R1's record lacked prescriber orders for the elastic stocking/TEDS and the hand splint. On June 12, 2024, at 11:20 a.m., CNS-A confirmed there were no prescriber orders for the elastic stocking/TEDS and the hand splint for R1. CNS-A stated they did not know prescriber orders were required for the treatments. The licensee's Treatment and Therapy Management policy, dated May 17, 2023, indicated, "The RN or licensed health professional will obtain orders or prescriptions for all treatments and therapies. The order will include the following elements: a. Resident Name b. Description of the treatment or therapy to be provided c. Frequency d. Other pertinent information." No further information was provided.	01970		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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01970	Continued From page 29 TIME PERIOD OF CORRECTION: Seven (7) days	01970		

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

Type: Full
Date: *06/10/24*
Time: 11:06:17
Report: 1018241086

Food and Beverage Establishment Inspection Report

Location:
Ayan Care
1224 Vista Drive
Burnsville, MN55337
Dakota County, 19

Establishment Info:
ID #: N033357
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.

The following orders previously issued on 06/10/24 have NOT been corrected.

3-300B Protection from Contamination: cross-contamination, eggs

3-302.11A(1)

MN Rule 4626.0235A(1) Separate raw animal foods during storage, preparation, holding, and display from ready-to-eat foods to prevent cross-contamination.

EGGS OBSERVED TO BE STORED ABOVE READY TO EAT FOODS IN THE REFRIGERATOR. COMPLY WITH RULE.

Issued on: 06/10/24 *Comply By: 06/10/24*

4-200 Equipment Design and Construction

4-201.11GMN

MN Rule 4626.0506G Discontinue serving TCS foods that are held for more than same-day service in an adult or child care center or boarding establishment or provide equipment that is certified or classified for sanitation by an American National Standards Institute (ANSI) accredited certification program.

ESTABLISHMENT IS NOT CURRENTLY DOING SAME DAY SERVICE OF FOODS. DISCUSSED WITH MANAGER THAT SINCE THE KITCHEN HAS ONLY RESIDENTIAL EQUIPMENT, ONLY SAME DAY SERVICE OF FOODS IS ALLOWED.

Issued on: 06/10/24 *Comply By: 06/10/24*

6-500 Physical Facility Maintenance/Operation and Pest Control

6-501.111ABD

MN Rule 4626.1565ABD Provide control of insects, rodents, and other pests by routinely inspecting incoming food and supply shipments; routinely inspecting the premises for evidence of pests; and eliminating harborage conditions.

MOUSE DROPPINGS OBSERVED IN THE KITCHEN. DISCUSSED WITH STAFF TO HAVE THEIR PEST CONTROL SERVICE COME OUT TO INSPECT FOR ENTRANCES AND HARBORAGE CONDITIONS.

Issued on: 06/10/24 *Comply By: 06/10/24*

6-500 Physical Facility Maintenance/Operation and Pest Control

6-501.115AB

MN Rule 4626.1585AB Remove all live animals from the establishment except as specified in rule.

DOG OBSERVED TO HAVE ACCESS TO THE KITCHEN. DISCUSSED WITH STAFF THAT THE KITCHEN MUST BE BLOCKED OFF FROM THE DOG AND THE DOG MAY NOT ENTER THE KITCHEN AREA.

Issued on: 06/10/24 *Comply By: 06/10/24*

The following orders were issued during this inspection.

2-200 Employee Health

2-201.11C ***** Priority 1 *****

MN Rule 4626.0040C The person in charge must record all reports of diarrhea or vomiting made by food employees and report those illnesses to the regulatory authority at the specific request of the regulatory authority.

ESTABLISHMENT IS NOT CURRENTLY RECORDING INSTANCES OF VOMITING AND DIARRHEA IN FOOD EMPLOYEES. COMPLY WITH RULE.

Comply By: 06/10/24

3-300B Protection from Contamination: cross-contamination, eggs

3-302.11A(1) ***** Priority 1 *****

MN Rule 4626.0235A(1) Separate raw animal foods during storage, preparation, holding, and display from ready-to-eat foods to prevent cross-contamination.

EGGS OBSERVED TO BE STORED ABOVE READY TO EAT FOODS IN THE REFRIGERATOR. COMPLY WITH RULE.

Comply By: 06/10/24

6-500 Physical Facility Maintenance/Operation and Pest Control

6-501.115AB ***** Priority 2 *****

MN Rule 4626.1585AB Remove all live animals from the establishment except as specified in rule.

DOG OBSERVED TO HAVE ACCESS TO THE KITCHEN. DISCUSSED WITH STAFF THAT THE KITCHEN MUST BE BLOCKED OFF FROM THE DOG AND THE DOG MAY NOT ENTER THE KITCHEN AREA.

Comply By: 06/10/24

2-100 Supervision

2-102.12AMN

MN Rule 4626.0033A Employ a certified food protection manager (CFPM) for the establishment.

NO CERTIFIED FOOD PROTECTION MANAGER ON SITE. COMPLY WITH RULE.

Comply By: 09/13/24

4-200 Equipment Design and Construction

4-201.11GMN

MN Rule 4626.0506G Discontinue serving TCS foods that are held for more than same-day service in an adult or child care center or boarding establishment or provide equipment that is certified or classified for sanitation by an American National Standards Institute (ANSI) accredited certification program.

ESTABLISHMENT IS NOT CURRENTLY DOING SAME DAY SERVICE OF FOODS. DISCUSSED WITH MANAGER THAT SINCE THE KITCHEN HAS ONLY RESIDENTIAL EQUIPMENT, ONLY SAME DAY SERVICE OF FOODS IS ALLOWED.

Comply By: 06/10/24

6-500 Physical Facility Maintenance/Operation and Pest Control

6-501.111ABD

MN Rule 4626.1565ABD Provide control of insects, rodents, and other pests by routinely inspecting incoming food and supply shipments; routinely inspecting the premises for evidence of pests; and eliminating harborage conditions.

MOUSE DROPPINGS OBSERVED IN THE KITCHEN. DISCUSSED WITH STAFF TO HAVE THEIR PEST CONTROL SERVICE COME OUT TO INSPECT FOR ENTRANCES AND HARBORAGE CONDITIONS.

Comply By: 06/10/24

Food and Equipment Temperatures

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

Total Orders In This Report	Priority 1	Priority 2	Priority 3
	2	1	7

EQUIPMENT OBSERVED TO BE IN GOOD CONDITION.

FLOORS, WALLS AND CEILINGS OBSERVED TO BE IN GOOD CONDITION

EQUIPMENT OBSERVED TO BE IN GOOD CONDITION.

2 BASIN SINK AVAILABLE FOR HAND WASHING AND FOOD PREP.

DISHWASHER HAS SANITIZE FUNCTION AVAILABLE.

DISCUSSED PEST CONTROL.

Type: Full
Date: *06/10/24*
Time: 11:06:17
Report: 1018241086
Ayan Care

Food and Beverage Establishment Inspection Report

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 1018241086 of 06/10/24.

Certified Food Protection Manager:_____

Certification Number: _____ Expires: __/ /_____

Inspection report reviewed with person in charge and emailed.

Signed:_____
Establishment Representative

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