Electronically Delivered

August 23, 2024

Licensee
Motivate Home Services
844 West River Road
Champlin, MN 55316

RE: Project Number(s) SL33875015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on July 31, 2024, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

MDH 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. MDH documents state licensing 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 . . ."

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
In accordance with 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 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.

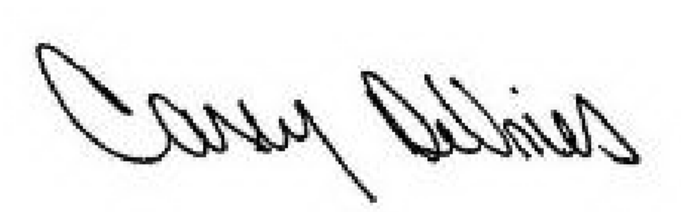
To submit a reconsideration request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **https://forms.office.com/g/Bm5uQEpHVa**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at susan.winkelmann@state.mn.us or call 651-201-5952.

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 me.

Sincerely,



Casey DeVries, Supervisor
State Evaluation Team
Email: Casey.DeVries@state.mn.us
Telephone: 651-201-5917 Fax: 1-866-890-9290

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	33875	A. BUILDING: _____ B. WING _____	07/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOTIVATE HOME SERVICES	844 WEST RIVER ROAD 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: SL33875015-0 On July 29, 2024, through, July 31, 2024, the Minnesota Department of Health conducted a full survey at the above provider, and the following correction orders are issued. At the time of the survey, there were four residents all of whom received services under the provider's Assisted Living Facility 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 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.	
0 510 SS=E	144G.41 Subd. 3 Infection control program (a) All assisted living facilities must establish and	0 510		

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0 510	Continued From page 1 maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control. (b)The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities. (c) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to maintain an effective infection control program to comply with acceptable health care, medical, and nursing standards for infection control for gloving for two of three unlicensed personnel ((ULP)-C, ULP-D). This had the potential to affect all 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) and was issued at a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive). The findings include: On July 29, 2024, at 9:35 a.m., the surveyor arrived at the licensee's facility and rang the doorbell. ULP-C opened the door wearing a pair of gloves. ULP-C headed to the kitchen, picked something up from the kitchen, went through the	0 510		

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0 510	Continued From page 2 living area and headed to R2's room wearing the same gloves. On July 29, 2024, at 9:45 a.m., the surveyor observed ULP-D exit R2's room wearing gloves. ULP-D walked through the living area and headed to the kitchen where he removed the gloves and washed his hands. On July 30, 2024, at 1:50 p.m., registered nurse (RN)-E stated they had trained all staff on the methods of infection control including gloving. RN-E also stated they did not understand why the staff failed to remember to take off gloves in the location where they used them. The licensee's undated Infection Control Surveillance policy indicated the licensee will establish an agency-wide program for surveillance, identification, prevention, control, and investigation of infectious and communicable diseases. Agency will use an on-going systemic collection, analysis, interpretation, and evaluation of health data, and data monitoring program to detect infectious and communicable diseases. The policy lacked specific information on gloving. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 510		
0 700 SS=F	144G.43 Subdivision 1 Resident record (b) Resident records, whether written or electronic, must be protected against loss, tampering, or unauthorized disclosure in compliance with chapter 13 and other applicable relevant federal and state laws. The facility shall	0 700		

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0 700	Continued From page 3 establish and implement written procedures to control use, storage, and security of resident records and establish criteria for release of resident information. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure two of two residents' (R3, R4) personal health and medical information was kept private. 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: On July 30, 2024, at 8:00 a.m., the surveyor observed unlicensed personnel (ULP)-C prepare to administer medications to R3. ULP-C opened the laptop computer and pulled up R3's record, prepared the medications and went to administer the medications to R3 who was seated in the dining room. ULP-C left R3's record open on the computer screen. On July 30, 2024, at 8:26 a.m., the surveyor observed ULP-D prepare to administer medications for R4. ULP-D opened the computer, pulled up R4's record, prepared the medications and took them to R4 in her room leaving the computer screen on with R4's information visible. While ULP-D was in R4's room, R3 was pacing back and forth from her room to the living room	0 700		

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0 700	Continued From page 4 passing by the computer desk. On July 30, 2024, at 8:45 a.m., ULP-D stated they did not expect any stranger to come by the computer desk. ULP-D also stated they were supposed to secure resident information from unauthorized individuals. On July 30, 2024, at 2:30 p.m., registered nurse (RN)-E stated all staff were trained to keep resident record confidential and private from any unauthorized individuals. The licensee's undated Clinical Record Confidential policy indicated all client information shall be treated as confidential and will be available only to authorized users. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 700		
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's physical	0 800		

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0 800	Continued From page 5 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. 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). The findings include: On a facility tour on July 30, 2024, from 10:30 a.m. to 11:15 a.m., with licensed assisted living director/ registered nurse (LALD/RN)-A, the surveyor made the following observations of facility disrepair: The floor structure of resident sleeping room 1 was open to the tuck under attached garage below with no fire-resistant separation between the garage and living space above including ceiling of the closet in the corner of the garage. The garage side of the floor assembly separating the garage from the living space above is required to have a 5/8" drywall membrane installed to prevent the spread of fire from the garage to the living space in accordance with Minnesota Fire Code in Minnesota Rules Chapter 7511. There was not a graspable handrail provided on the exterior exit stairs in the egress path leading to the ground from the required main front exit door. Handrails are required on the flight of stairs	0 800		

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0 800	Continued From page 6 in accordance with Minnesota Fire Code in Minnesota Rules Chapter 7511. The guardrail on the open side of the exterior stairway leading to the front main exit door was loose and not fastened securely to the side of the stairs. The guardrail is required to be maintained to support the weight of a building occupant using it for support to navigate the flight of stairs. The was wires spliced outside of an electrical box in the ceiling above the door leading into the mechanical room. Electrical wires are required to be spliced inside of an electrical box in accordance with Minnesota Fire Code in Minnesota Rules Chapter 7511 and the current Minnesota Electrical Code. The clothes washing machine was plugged into a light duty extension cord. Appliances are required to be plugged directly into a wall outlet or a listed overcurrent protected power strip. According to manufactures instructions and Minnesota Fire Code in Minnesota Rules Chapter 7511. The was an electrical outlet missing the cover behind the clothes washing machine in the basement. The electrical light cover and light bulbs were missing from the ceiling light in resident sleeping room 1. The rain gutter was full of debris and vegetation causing water to flow behind the gutter decaying the soffit and facia (building structure behind the gutter). There was damage to the exterior wall finish and trim above the attached garage overhead door.	0 800		

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0 800	Continued From page 7 The exterior wall finishes, flashing and trim are required to be maintained to prevent intrusion of water and weather into the wall cavity. The overhead door in the tuck under attached garage would not close tightly at the top to prevent the intrusion of weather and pests. The retaining wall was decaying from water intrusion into the concrete blocks with no top cap next to the driveway in front of the tuck under attached garage. The retaining wall is required to be maintained for structural stability. During a facility tour on July 30, 2024, at 11:15 a.m., LALD/RN-A, verified the above listed observations while accompanying on the tour. TIME PERIOD FOR CORRECTION: Seven (7) days	0 800		
01760 SS=D	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 8 This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the person who administered a medication documented the medication administration for one of two residents (R3). 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: R3's undated unsigned Service Plan (Waiver) - Addendum to Contract indicated R3 received medication administration five times daily. On July 30, 2024, at 8:00 a.m., the surveyor observed unlicensed personnel (ULP)-C prepare to administer medications to R3. As ULP-C went through the computer to countercheck the medications, ULP-C stated that levothyroxine 25 microgram (mcg) by mouth every morning is given at 7:00 a.m. ULP-D who was cleaning the dining table heard ULP-C explain to the surveyor and stated she had given the medication in the morning but had not documented it. ULP-C stated that since the medication had been administered by ULP-D he would go ahead and document in the electronic medication administration record (eMAR). On July 30, 2024, at 8:07 a.m., the surveyor	01760		

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01760	Continued From page 9 observed ULP-C document in R3's eMAR for a medication administration completed by ULP-D. On July 30, 2024, at 1:58 p.m., registered nurse (RN)-E stated every staff member was supposed to document their own medication administration. Also, RN-E stated ULP-D should have documented the administration immediately after it was completed. The licensee's Medication Administration policy indicated all staff are trained to administer and document medication administration. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760		

Minnesota Department of Health
Environmental Health, FPLS
P.O. Box 64975
St. Paul, MN 55164-0975
651-201-4500

Type: Follow-Up
Date: *07/30/24*
Time: 15:34:12
Report: 1039241229

Food and Beverage Establishment Inspection Report

Location:
Chika'S House
844 West River Road
Champlin, MN55316
Hennepin County, 27

Establishment Info:
ID #: 0038277
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 9528480935
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

Cold holding order cleared based on photograph of ambient temperature measurement in refrigerator (38 degrees F). TCS foods should be maintained at 41 degrees F or below (measured by probe thermometer) in refrigerator. Adjust, repair or replace refrigerator if it cannot function accordingly.

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 1039241229 of 07/30/24.

Certified Food Protection Manager:_____

Certification Number: _____ Expires: / /

Inspection report reviewed with person in charge and emailed.

Signed:_____
Jessica Gray
person-in-charge

Signed:_____
Aron Goodner
Public Health Sanitarian I
Freeman Building
aron.goodner@state.mn.us

Minnesota Department of Health
Environmental Health, FPLS
P.O. Box 64975
St. Paul, MN 55164-0975
651-201-4500

Type: Full
Date: *07/29/24*
Time: 12:00:00
Report: 1039241226

Food and Beverage Establishment Inspection Report

Location:
Chika'S House
844 West River Road
Champlin, MN55316
Hennepin County, 27

Establishment Info:
ID #: 0038277
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 9528480935
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.

3-500B Microbial Control: hot and cold holding

3-501.16A2 ***** Priority 1 *****

MN Rule 4626.0395A2 Maintain all cold, TCS foods at 41 degrees F (5 degrees C) or below under mechanical refrigeration.

MILK MEASURED 50 DEGREES F (RECENTLY USED FOR SERVICE, AMBIENT REFRIGERATOR TEMP MEASURED 47 DEGREES F). TEMPERATURE ADJUSTED DOWN ON UNIT. STAFF WILL MONITOR TO CONFIRM FOOD HELD AT 41 F BY FOOD PROBE THERMOMETER, REPAIR OR REPLACE UNIT IF NECESSARY.

Comply By: 07/29/24

3-500A Microbial Control: cooling

3-501.13ABC

MN Rule 4626.0380ABC Thaw TCS food by one of the following methods: 1. under mechanical refrigeration that maintains the food temperature at 41 degrees F (4 degrees C) or less; 2. completely submerged under running water at 70 degrees F (21 degrees C) or less with a velocity to remove loose particles on an overflow and the food is maintained at 41 degrees F (5 degrees C) or less; 3. in a microwave oven or; 4. as part of the cooking process.

OBSERVED GROUND BEEF THAWING IN STANDING WARM WATER. GAVE GUIDANCE ON THAWING REQUIREMENTS, FOOD SWITCHED TO METHOD 2 DESCRIBED ABOVE.

Corrected on Site

Surface and Equipment Sanitizers

Quaternary Ammonium: = 300 PPM at Degrees Fahrenheit
Location: SANITIZER TUB
Violation Issued: No

Type: Full
Date: *07/29/24*
Time: 12:00:00
Report: 1039241226
Chika'S House

Food and Beverage Establishment Inspection Report

Food and Equipment Temperatures

Process/Item: FREEZER
Temperature: Degrees Fahrenheit - Location: FROZEN SOLID
Violation Issued: No

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

The inspection was completed with the person in charge and reviewed with MDH nurse evaluator Benard Nyangena.

The kitchen is of residential build and should serve food for same-day service only.

The kitchen has wood cabinets with hollow base, wood floor, painted walls with popcorn ceiling and laminate countertops. These kitchen finishes and surfaces are clean and well maintained.

The kitchen refrigerator/freezer are of residential grade.

A basement closet is used for dry food storage.

A 2-compartment sink is present in kitchen. 1 compartment is designated for handwashing only.

A residential dishwashing machine is present in the kitchen. Per a log of thermos test paper strips, the dishwashing machine achieves a sanitizing rinse temperature >160 degrees F. All dishes must be washed in dishwashing machine with a rinse temperature of at least 160 degrees F.

A supply of single-use gloves is present in kitchen. A thin-probe food thermometer is present in kitchen. Sanitizer (quat) and test strips are on-hand.

Discussed the following with the person-in-charge: minimum cook temps for animal proteins, food source, foodborne illness symptoms and exclusion of ill employees, avoiding bare hand contact with ready to eat foods, handwashing, sanitizing.

Type: Full
Date: *07/29/24*
Time: 12:00:00
Report: 1039241226
Chika'S House

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 1039241226 of 07/29/24.

Certified Food Protection Manager: Konah Hayes

Certification Number: FM112962 Expires: 09/23/25

Inspection report reviewed with person in charge and emailed.

Signed: _____
Jessica Gray
person-in-charge

Signed: _____
Aron Goodner
Public Health Sanitarian I
Freeman Building
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