DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

May 13, 2024

Licensee
Lifecare Assisted Living LLC
12512 Skyline Drive
Burnsville, MN 55337

RE: Project Number(s) SL39537015

Dear Licensee:

On April 11, 2024, the Minnesota Department of Health completed a follow-up survey of your facility to determine if orders from the January 19, 2024, survey were corrected. This follow-up survey verified that the facility is in substantial compliance.

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

Please feel free to call me with any questions.

Sincerely,

Bob Dehler, P.E.
Engineering Manager
Engineering Services Section
Health Regulation Division
Email: Robert.Dehler@state.mn.us
Telephone: 651-201-3710

JMD

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39537	A. BUILDING: _____ B. WING _____	R 04/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFECARE ASSISTED LIVING LLC	12512 SKYLINE 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 In accordance with Minnesota Statutes, section 144G.08 to 144G.95, this correction order(s) has been issued pursuant to a survey. Determination of whether a violation has been 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: SL39537015-1 On April 11, 2024, the Minnesota Department of Health conducted a revisit at the above provider to follow-up on orders issued pursuant to a survey completed on January 17, 2024. At the time of the survey, there were 03 residents; 03 receiving services under the Assisted Living license. As a result of the revisit, the licensee is in substantial compliance.	{0 000}		
{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: No further actions required	{0 480}		

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{0 950}	Continued From page 1	{0 950}		
{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. This MN Requirement is not met as evidenced by: No further actions required	{0 950}		
{0 970} SS=C	144G.50 Subd. 5 Waivers of liability prohibited	{0 970}		

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{0 970}	Continued From page 2 The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law. This MN Requirement is not met as evidenced by: No further actions required	{0 970}		
{01060} SS=F	144G.52 Subd. 9 Emergency relocation (a) A facility may remove a resident from the facility in an emergency if necessary due to a resident's urgent medical needs or an imminent risk the resident poses to the health or safety of another facility resident or facility staff member. An emergency relocation is not a termination. (b) In the event of an emergency relocation, the facility must provide a written notice that contains, at a minimum: (1) the reason for the relocation; (2) the name and contact information for the location to which the resident has been relocated and any new service provider; (3) contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities; (4) if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and (5) a statement that, if the facility refuses to provide housing or services after a relocation, the	{01060}		

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{01060}	Continued From page 3 resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal. (c) The notice required under paragraph (b) must be delivered as soon as practicable to: (1) the resident, legal representative, and designated representative; (2) for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the resident's case manager; and (3) the Office of Ombudsman for Long-Term Care if the resident has been relocated and has not returned to the facility within four days. (d) Following an emergency relocation, a facility's refusal to provide housing or services constitutes a termination and triggers the termination process in this section.currently known; and This MN Requirement is not met as evidenced by: No further action required	{01060}		
{01880} SS=F	144G.71 Subd. 19 Storage of medications An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access. This MN Requirement is not met as evidenced by: No further action required	{01880}		
{01950} SS=F	144G.72 Subd. 4 Administration of treatments and therapy	{01950}		

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{01950}	Continued From page 4 Ordered or prescribed treatments or therapies must be administered by a nurse, physician, or other licensed health professional authorized to perform the treatment or therapy, or may be delegated or assigned to unlicensed personnel by the licensed health professional according to the appropriate practice standards for delegation or assignment. When administration of a treatment or therapy is delegated or assigned to unlicensed personnel, the facility must ensure that the registered nurse or authorized licensed health professional has: (1) instructed the unlicensed personnel in the proper methods with respect to each resident and the unlicensed personnel has demonstrated the ability to competently follow the procedures; (2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's record; and This MN Requirement is not met as evidenced by: No further action required	{01950}		

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February 13, 2024

Licensee
Lifecare Assisted Living LLC
12512 Skyline Drive
Burnsville, MN 55337

RE: Project Number(s) SL39537015

Dear Licensee:

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

The Minnesota Department of Health completed an initial survey on January 19, 2024, for the purpose assessing compliance with state licensing statutes. At the time of the survey, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G.

STATE CORRECTION ORDERS
The enclosed State Form documents the state correction orders. The Department of Health documents state correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Home Care Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute number and the corresponding text of the state statute out of compliance are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by . . ."

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

DOCUMENTATION OF ACTION TO COMPLY
Per Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document actions taken to comply with the correction orders within the time period outlined on the state form; however, plans of correction are not required to be submitted for approval.

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the

resident(s)/employee(s) identified in the correction order.
- Identify how the area(s) of noncompliance was corrected for all of the provider's residents/employees that may be affected by the noncompliance.
- Identify what changes to your systems and practices were made to ensure compliance with the specific statute(s).

CORRECTION ORDER RECONSIDERATION PROCESS

In accordance with Minn. Stat. § 144G.32, Subd. 2, you may challenge the correction order issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by the Department of Health within 15 calendar days of the correction order receipt date.

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

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/or state form with your organization's Governing Body.

If you have any questions, please contact me.

Sincerely,

Jess Schoenecker, Supervisor
State Evaluation Team
Email: jess.schoenecker@state.mn.us
Telephone: 651-201-3789 Fax: 1-866-890-9290

HHH

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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: SL39537015-0 On January 16, 2024, through January 17, 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 three (3) residents receiving services under the Provisional Assisted Living Care license.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3.	
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements (13) offer to provide or make available at least the	0 480		

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0 480	Continued From page 1 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 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 January 17, 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		
0 800 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	0 800		

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0 800	Continued From page 2 good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain the facility physical environment in a continuous state of good repair and operation regarding the health, safety, and well-being of the residents. This had the potential to directly affect some of the 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 January 17, 2024, at 10:30 a.m., survey staff toured the facility with licensed assisted living director in residency/clinical nurse supervisor (LALDIR/CNS)-C, it was observed one of the emergency exit doors exited out onto a deck that had no staircase to lead and access the yard. This exit door was included in the fire safety evacuation plan. It was also observed the lower-level bathroom door did not have a door handle on it which left the residents and staff no means to be able to open and close the door properly.	0 800		

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0 800	Continued From page 3 It was observed the lower-level bedroom # 5 must travel through another bedroom #6 to get to the living room. This is also indicated on the facility floor plan. All resident rooms must have direct access to common areas without traveling through other resident rooms for privacy and dignity to the residents. This was addressed and included in the plan review approval letter done on November 27, 2022. During an interview on January 17, 2024, at 10:30 a.m., LALDIR/CNS-C stated the facility would not use bedroom #6 as a bedroom and use it as an activity room. LALDIR/CNS-C stated they would remove it from the floor plan. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 800		
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	0 950		

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0 950	Continued From page 4 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. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract included the designation of representative statutory language. This had the potential to affect all residents who lived in the licensee's facility. This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: On January 16, 2024, at 11:00 a.m., licensed assisted living director in residency/clinical nurse supervisor (LALDIR/CNS)-C provided licensee's Assisted Living Contract dated 2022 and indicated contract was used for all residents who	0 950		

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0 950	Continued From page 5 resided at the facility. The Assisted Living Contract lacked the verbatim notice and a page or space for the name and contact information of the designated representative and a box the resident must initial if the resident declined to name a designated representative. On January 17, 2024, at 12:30 p.m., LALDIR/CNS-C stated licensee had purchased an assisted living contract template from a provider organization and had not reviewed the contract for the required designated representative verbatim notice. LALDIR/CNS-C stated licensee would need to update their assisted living contract to include the required verbatim notice. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 950		
0 970 SS=C	144G.50 Subd. 5 Waivers of liability prohibited The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law. This MN Requirement is not met as evidenced by: Based on interview and record review, the	0 970		

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0 970	Continued From page 6 licensee failed to ensure the assisted living contract did not include language waiving the licensee's liability for health, safety, or personal property of a resident. This had the potential to affect all residents. This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: On January 16, 2024, at 11:00 a.m., licensed assisted living director in residency/clinical nurse supervisor (LALDIR/CNS)-C provided licensee's Assisted Living Contract dated 2022 and indicated contract was used for all residents who resided at the facility. On page 11 under Miscellaneous Provisions 1. Insurance Liability and Release the Assisted Living Contract read, "The resident shall maintain at all times his or her own health, personal property, liability, automobile (if applicable), and other insurance coverages and shall provide evidence of same by copies of binders or policies provided to [licensee] upon request. The resident acknowledges that [licensee] is not an insurer of the resident's person or property." On January 17, 2024, at 12:30 p.m., LALDIR/CNS-C stated licensee had purchased an assisted living contract template from a provider organization and had not reviewed the contract for a waiver of liability. LALDIR/CNS-C	0 970		

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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
0 970	Continued From page 7 stated licensee would need to update their assisted living contract to remove language that indicated a waiver of licensee's liability for the residents' personal property and health and safety of the resident. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 970		
01060 SS=F	144G.52 Subd. 9 Emergency relocation (a) A facility may remove a resident from the facility in an emergency if necessary due to a resident's urgent medical needs or an imminent risk the resident poses to the health or safety of another facility resident or facility staff member. An emergency relocation is not a termination. (b) In the event of an emergency relocation, the facility must provide a written notice that contains, at a minimum: (1) the reason for the relocation; (2) the name and contact information for the location to which the resident has been relocated and any new service provider; (3) contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities; (4) if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and (5) a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident	01060		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39537	A. BUILDING: _____ B. WING _____	01/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFECARE ASSISTED LIVING LLC	12512 SKYLINE DRIVE BURNSVILLE, MN 55337

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01060	Continued From page 8 may submit an appeal. (c) The notice required under paragraph (b) must be delivered as soon as practicable to: (1) the resident, legal representative, and designated representative; (2) for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the resident's case manager; and (3) the Office of Ombudsman for Long-Term Care if the resident has been relocated and has not returned to the facility within four days. (d) Following an emergency relocation, a facility's refusal to provide housing or services constitutes a termination and triggers the termination process in this section.currently known; and This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide a written notice with the required content for an emergency relocation to the resident, legal representative, or designated representative and to the Office of Ombudsman for Long-Term Care (OOLTC) when a resident had not returned within four (4) days for one of one resident (R1) who had an emergency relocation. 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:	01060		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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01060	Continued From page 9 R1 was admitted on July 26, 2023. R1's Resident Notes - One Resident dated December 13, 2023, at 6:10 p.m., entered by licensed assisted living director in residency/clinical nurse supervisor (LALDIR/CNS)-C read, "Res [resident] was taken to Fairview Ridged [sic] Hospital via 911." R1's Resident Notes - One Resident dated December 18, 2023, at 8:47 p.m., entered by LALDIR/CNS-C read, "Res was hospitalized from 12/13/23-12/18/23. Res returned from Fairview Hospital at about 7:40 pm to [licensee] via transportation." R1 had an emergency relocation for a total of five (5) days. R1's record lacked documented or evidence R1 or R1's designated representative was provided a written emergency relocation notification. Additionally, R1's record lacked documentation or evidence the OOLTC was provided the emergency relocation notification when R1 did not return to the facility within 4 days. On January 17, 2024, at 11:45 a.m., LALDIR/CNS-C stated licensee had not developed a written emergency relocation form and had not provided the written notice to R1 or R1's designated representative when R1 had an emergency relocation and had not provided a written notice to the OOLTC when R1 did not return within 4 days. The licensee's Discharge and Transfer of Residents policy dated April 14, 2023, indicated if a resident had an emergency relocation the licensee would provide a written notice with all required content to the resident, resident's designated representative, and if the resident had	01060		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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01060	Continued From page 10 not returned within 4 days, would send the notice to the OOLTC. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01060		
01880 SS=F	144G.71 Subd. 19 Storage of medications An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were stored securely for one of one resident (R1) with medication management services. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, 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: R1 was admitted on July 26, 2023. R1's Service Plan (Private) - Addendum to Contract dated July 31, 2023, indicated R1	01880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39537	A. BUILDING: _____ B. WING _____	01/19/2024

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01880	Continued From page 11 received medication administration and medication setup services. R1's Assessment by Date dated December 20, 2023, read under Medications section, "staff to store medications properly. Staff will receive mediation training upon hire." On January 16, 2024, at 10:00 a.m., during the entrance conference, licensed assisted living director in residency/clinical nurse supervisor (LALDIR/CNS)-C stated all medications are securely stored and locked in a metal filing cabinet in the kitchen area of the facility. LALDIR/CNS-C stated staff carry a key to the cabinet to ensure only appropriate people have access to the medications stored inside the metal cabinet. On January 16, 2024, at 11:00 a.m., during a tour of the facility, a metal filing cabinet was noted in the kitchen area of the facility. A key was noted to be in the filing cabinet lock. Next to the filing cabinet was a small tabletop style refrigerator with a yellow sticky note adhered to the refrigerator that read, "medications only." Inside of the refrigerator were multiple boxes of R1's Refresh brand eye drops. The label on the eye drops read, "Store at 59°-77°F (15°-25°C)." A thermometer was not present in the refrigerator to verify proper temperature. On January 16, 2024, at 12:00 p.m., observed LALDIR/CNS-C administer R1's Refresh eye drops to R1. The eye drops were obtained from the filing cabinet with the key already in the lock. On January 16, 2024, at approximately 12:00 p.m., after R1's eye drops were administered, LALDIR/CNS-C stated medication filing cabinet	01880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39537	A. BUILDING: _____ B. WING _____	01/19/2024

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01880	Continued From page 12 key should have not been stored in the lock. LALDIR/CNS-C stated the key should be passed between staff who are responsible for the medications and the filing cabinet should only be accessed by the staff who would administer medications. Additionally, LALDIR/CNS-C stated the eye drops should have not been stored in the refrigerator since the manufacturer's directions indicated a temperature range above the temperature the refrigerator was keeping the eye drops. The refrigerator was not secured, and the eye drops stored in it were accessible by any person who would enter the kitchen. LALDIR/CNS-C stated the eye drops would be moved to the metal filing cabinet and stored securely and at the manufacture's recommended temperature range. The licensee's Storage/Control of Medications policy dated April 14, 2023, read, "14. Medications are stored in a secured medication cabinet. Only authorized nursing personnel have access to the locked cabinet," and "17. Medications requiring refrigeration are clearly labeled and stored in an enclosed container or area separated from foods. Temperature is maintained at 35-40 degrees." No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01880		
01950 SS=F	144G.72 Subd. 4 Administration of treatments and therapy Ordered or prescribed treatments or therapies must be administered by a nurse, physician, or other licensed health professional authorized to	01950		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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01950	Continued From page 13 perform the treatment or therapy, or may be delegated or assigned to unlicensed personnel by the licensed health professional according to the appropriate practice standards for delegation or assignment. When administration of a treatment or therapy is delegated or assigned to unlicensed personnel, the facility must ensure that the registered nurse or authorized licensed health professional has: (1) instructed the unlicensed personnel in the proper methods with respect to each resident and the unlicensed personnel has demonstrated the ability to competently follow the procedures; (2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's record; and This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the registered nurse (RN) specified, in writing, specific instructions for each resident and documented those instructions in the resident's record for one of one resident (R1) who had a treatment. 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: R1 was admitted on July 26, 2023.	01950		

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01950	Continued From page 14 R1's Service Plan (Private) - Addendum to Contract dated July 31, 2023, indicated R1 received Compression Stockings services. R1's Assessment by Date dated December 20, 2023, read under ADL (activities of daily living) Needs section, "Needs help with anti-embolism stockings - on and off (TED hose). Staff assisted in applying compression stockings in the morning and removing them at night due to edema on RLE (right lower extremity/leg)." R1's record lacked documentation of specific instructions for R1's compression stockings. On January 17, 2024, at 10:40 a.m., licensed assisted living director in residency/clinical nurse supervisor (LALDIR/CNS)-C stated each unlicensed personnel (ULP) were provided training on how to don (put on) and doff (take off) R1's compression stockings, but R1's record lacked specific instruction for donning and doffing the compression stockings. LALDIR/CNS-C stated instructions for when to contact a licensed health professional, when to not apply the compression stockings, and what the ULPs would do if they encountered a problem would need to be placed in R1's individualized treatment record. The licensee's Treatment and Therapy Management policy dated April 14, 2023, indicated specific instructions would be included in each resident's individualized treatment record. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01950		

Minnesota Department Of Health
Food, Pools, and Lodging Services
P.O. Box 64975
St. Paul, MN 55164-0975
651-201-4500

Type: Full
Date: *01/19/24*
Time: 19:00:00
Report: 1050241009

Food and Beverage Establishment Inspection Report

Location:

Lifecare Assisted Living
12512 SKYLINE DRIVE
BURNSVILLE, MN55337
Aitkin County,

Establishment Info:

ID #: N039537
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 01/17/24 have NOT been corrected.

2-200 Employee Health

2-201.11C

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.

FACILITY DOES NOT HAVE CURRENT ILLNESS LOG ON SITE. COMPLY WITH RULE ABOVE.

EMAILED MDH COPY PROVIDED VIA EMAIL.

Issued on: 01/17/24 *Comply By: 01/18/24*

4-600 Cleaning Equipment and Utensils

4-602.11E

MN Rule 4626.0845E Clean surfaces contacting food that is not TCS: 1. at any time when contamination may have occurred; 2. at least once every 24 hours for iced tea dispensers and consumer self-service utensils; 3. before restocking consumer self-service equipment and utensils such as condiment dispensers, and display containers; 4. at a frequency specified by the manufacturer or at a frequency necessary to preclude accumulation of soil or mold for ice bins, beverage dispensing nozzles, enclosed components of ice makers, cooking oil storage tanks and distribution lines, beverage and syrup dispensing lines or tubes, coffee bean grinders, and water vending equipment.

OBSERVED SHELVES UNDERNEATH COUNTER WITH LEFT OVER FOOD DEBRIS. REMOVE AND CLEAN SURFACES TO PREVENT POTENTIAL HARBORAGE.

Issued on: 01/17/24 *Comply By: 01/18/24*

Type: Full
Date: *01/19/24*
Time: 19:00:00
Report: 1050241009
Lifecare Assisted Living

Food and Beverage Establishment Inspection Report

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.

FACILITY DOES NOT HAVE ILLNESS LOG ON SITE COMPLY WITH RULE ABOVE.

Comply By: 01/18/24

4-600 Cleaning Equipment and Utensils

4-602.11E

MN Rule 4626.0845E Clean surfaces contacting food that is not TCS: 1. at any time when contamination may have occurred; 2. at least once every 24 hours for iced tea dispensers and consumer self-service utensils; 3. before restocking consumer self-service equipment and utensils such as condiment dispensers, and display containers; 4. at a frequency specified by the manufacturer or at a frequency necessary to preclude accumulation of soil or mold for ice bins, beverage dispensing nozzles, enclosed components of ice makers, cooking oil storage tanks and distribution lines, beverage and syrup dispensing lines or tubes, coffee bean grinders, and water vending equipment.

OBSERVED SHELVES UNDERNEATH COUNTER COVERED WITH LEFTOVER FOOD DEBRIS. REMOVE AND CLEAN DEBRIS TO PREVENT POTENTIAL HARBORAGE.

Comply By: 01/18/24

Surface and Equipment Sanitizers

Hot Water: = at 160F Degrees Fahrenheit
Location: DISH WASHER
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cold Holding/ TUNA
Temperature: 40F Degrees Fahrenheit - Location: KITCHEN
Violation Issued: No

Process/Item: Cold Holding/ MILK
Temperature: 41F Degrees Fahrenheit - Location: KITCHEN
Violation Issued: No

Process/Item: Hot Holding/ SOUP
Temperature: 165F Degrees Fahrenheit - Location: CROCPOT
Violation Issued: No

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

MUST BE SERVED THE SAME DAY IT IS PREPARED, AND LEFTOVERS CAN NEVER BE SAVED. FOOD SERVICE IS PROVIDED BY FACILITY STAFF. FOOD SERVICE AREA FLOORS, WALLS, CEILINGS, COUNTERTOPS, AND FINISH MATERIALS MUST BE NON-ABSORBANT, SMOOTH, DURABLE, AND EASILY CLEANABLE. CEILINGS CANNOT HAVE POPCORN TEXTURE.

CABINETS
CANNOT HAVE HOLLOW BASES. EXPOSED WOOD IS NOT APPROVED FOR FOOD SERVICE AREAS. WOOD IS NOT AN APPROVED FOOD CONTACT SURFACE.

THESE TOPICS WERE DISCUSSED WITH THE PERSON IN CHARGE:
- EMPLOYEE ILLNESS EXCLUSION
- HAND WASHING PROCEDURE
- NO BARE HAND CONTACT WITH RTE FOOD
- VOMIT CLEAN UP PROCEDURE
- FULLY COOKING FOOD FOR HIGH RISK POPULATIONS
- PASTEURIZED SHELL EGGS
- ANSI 160F DISH WASHER

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 1050241009 of 01/19/24.

Certified Food Protection Manager: TIGIST FIYISA

Certification Number: FM0975 Expires: 04/20/24

Inspection report reviewed with person in charge and emailed.

Signed: _____
TIGIST FIYISA
OPERATOR

Signed: _____
Andrew Spaulding
Public Health Sanitarian 2
FPLS Metro
651-201-5298
andrew.spaulding@state.mn.us