



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

May 23, 2025

Licensee

Healthguard Partners Inc
1113 25th Avenue North
Minneapolis, MN 55411

RE: Project Number(s) SL35158015

Dear Licensee:

On April 10, 2025, the Minnesota Department of Health (MDH) completed a follow-up survey of your facility to determine correction of orders found on the survey completed on September 24, 2024. This follow-up survey determined your facility had not corrected all of the state correction orders issued pursuant to the September 24, 2024 survey.

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.

In accordance with Minn. Stat. § 144G.31 Subd. 4 (a), state correction orders issued pursuant to the last survey, completed on September 24, 2024, found not corrected at the time of the April 10, 2025, follow-up survey and/or subject to penalty assessment are as follows:

0100-License Required-144g.10 Subdivision 1

The details of the violations noted at the time of this follow-up survey completed on April 10, 2025 (listed above), are on the attached State Form. Brackets around the ID Prefix Tag in the left hand column, e.g., {2 ----} will identify the uncorrected tags.

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 outlined on the state form; however, plans of correction are not required to be submitted for approval.

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>

We urge you to review these orders carefully. If you have questions, please contact Jodi Johnson at 507-344-2730.

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,

A handwritten signature in black ink, appearing to read "Jodi Johnson", with a long horizontal flourish extending to the right.

Jodi Johnson, Supervisor
State Evaluation Team
Email: Jodi.Johnson@state.mn.us
Telephone: 507-344-2730 Fax: 1-866-890-9290

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35158	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 04/10/2025
NAME OF PROVIDER OR SUPPLIER HEALTHGUARD PARTNERS INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1113 25TH AVE N MINNEAPOLIS, MN 55411			
(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: SL35158015-3 On April 10, 2025, the Minnesota Department of Health conducted a follow-up survey at the above provider to follow-up on orders issued pursuant to an initial survey completed on September 5, 2024, follow-up survey completed on November 19, 2024, and follow-up survey completed on January 22, 2024. At the time of the survey, there were two residents; two receiving services under the Assisted Living. As a result of the follow-up survey, the following orders were reissued: 0100.	{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.		
{0 100} SS=F	144G.10 Subdivision 1 License required (a)(1)Beginning August 1, 2021, no assisted living	{0 100}			

Minnesota Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Minnesota Department of Health

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{0 100}	Continued From page 1 facility may operate in Minnesota unless it is licensed under this chapter. (2) No facility or building on a campus may provide assisted living services until obtaining the required license under paragraphs (c) to (e). (b)The licensee is legally responsible for the management, control, and operation of the facility, regardless of the existence of a management agreement or subcontract. Nothing in this chapter shall in any way affect the rights and remedies available under other law. (c) Upon approving an application for an assisted living facility license, the commissioner shall issue a single license for each building that is operated by the licensee as an assisted living facility and is located at a separate address, except as provided under paragraph (d) or (e). (d) Upon approving an application for an assisted living facility license, the commissioner may issue a single license for two or more buildings on a campus that are operated by the same licensee as an assisted living facility. An assisted living facility license for a campus must identify the address and licensed resident capacity of each building located on the campus in which assisted living services are provided. (e) Upon approving an application for an assisted living facility license, the commissioner may: (1) issue a single license for two or more buildings on a campus that are operated by the same licensee as an assisted living facility with dementia care, provided the assisted living facility for dementia care license for a campus identifies the buildings operating as assisted living facilities with dementia care; or (2) issue a separate assisted living facility with dementia care license for a building that is on a campus and that is operating as an assisted living facility with dementia care.	{0 100}			

Minnesota Department of Health

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{0 100}	Continued From page 2 This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to manage, control, and/or operate the entire building as an assisted living facility. Non-assisted living occupants reside on one side of the duplex, and the licensee does not have access to all areas of the facility. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: Upon arrival at the facility on September 3, 2024, at 12:00 p.m., the surveyor observed the assisted living licensed facility was located in a building with two connected but separated dwellings units, sharing the same roof, with separate entrances and separate addresses. The address for the assisted living facility was 1113 25th Avenue North, Minneapolis. The address for the second dwelling unit connected to the assisted living facility was 1111 25th Avenue North, Minneapolis. On September 4, 2024, at 8:30 a.m., licensed assisted living director (LALD)-A stated the licensee rented one half of the building from a landlord and the other half was rented out by the landlord to tenants not associated with the assisted living license.	{0 100}			

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{0 100}	Continued From page 3 On January 21, 2024, at 8:54 a.m., LALD-A stated the licensse's management team plans to have a meeting to decide what they plan to do. They are looking at different housing options to buy, but they have not found anything yet. LALD-A indicated they planned to contact the MDH supervisor by the end of the week. On April 10, 2025, at 11:11 a.m. LALD-A stated they continue to actively search for a new home to move the license to and she has requested a waiver to move farther then a neighboring city. 144G.08 DEFINITIONS Subd. 7. Assisted living facility. Assisted living facility means a facility that provides sleeping accommodations and assisted living services to one or more adults. Assisted living facility includes assisted living facility with dementia care, and does not include: (1) emergency shelter, transitional housing, or any other residential units serving exclusively or primarily homeless individuals, as defined under section 116L.361; (2) a nursing home licensed under chapter 144A; (3) a hospital, certified boarding care, or supervised living facility licensed under sections 144.50 to 144.56; (4) a lodging establishment licensed under chapter 157 and Minnesota Rules, parts 9520.0500 to 9520.0670, or under chapter 245D, 245G, or 245I; (5) services and residential settings licensed under chapter 245A, including adult foster care and services and settings governed under the standards in chapter 245D; (6) a private home in which the residents are related by kinship, law, or affinity with the provider	{0 100}			

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{0 100}	Continued From page 4 of services; (7) a duly organized condominium, cooperative, and common interest community, or owners' association of the condominium, cooperative, and common interest community where at least 80 percent of the units that comprise the condominium, cooperative, or common interest community are occupied by individuals who are the owners, members, or shareholders of the units; (8) a temporary family health care dwelling as defined in sections 394.307 and 462.3593; (9) a setting offering services conducted by and for the adherents of any recognized church or religious denomination for its members exclusively through spiritual means or by prayer for healing; (10) housing financed pursuant to sections 462A.37 and 462A.375, units financed with low-income housing tax credits pursuant to United States Code, title 26, section 42, and units financed by the Minnesota Housing Finance Agency that are intended to serve individuals with disabilities or individuals who are homeless, except for those developments that market or hold themselves out as assisted living facilities and provide assisted living services; (11) rental housing developed under United States Code, title 42, section 1437, or United States Code, title 12, section 1701q; (12) rental housing designated for occupancy by only elderly or elderly and disabled residents under United States Code, title 42, section 1437e, or rental housing for qualifying families under Code of Federal Regulations, title 24, section 983.56; (13) rental housing funded under United States Code, title 42, chapter 89, or United States Code, title 42, section 8011; (14) a covered setting as defined in section	{0 100}			

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{0 100}	Continued From page 5 325F.721, subdivision 1, paragraph (b); or (15) any establishment that exclusively or primarily serves as a shelter or temporary shelter for victims of domestic or any other form of violence. Minnesota Statutes 144G.08 Definitions. Subdivision 59. "Resident" means an adult living in an assisted living facility who has executed an assisted living contract. Subd. 59. Resident. Resident means an adult living in an assisted living facility who has executed an assisted living contract. Subd. 5. Assisted living contract. Assisted living contract means the legal agreement between a resident and an assisted living facility for housing and, if applicable, assisted living services. No further information was provided.	{0 100}			
{0 680} SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness (a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor;	{0 680}			

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{0 680}	Continued From page 6 and (5) have a written policy and procedure regarding missing residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by:	{0 680}	Not reviewed on this survey.		
{0 780} SS=E	144G.45 Subd. 2 (a) (1) Fire protection and physical environment 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 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	{0 780}			

Minnesota Department of Health
STATE FORM 6899 G7Z214 If continuation sheet 8 of 9

Minnesota Department of Health

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{0 810}	Continued From page 8 (f) Evacuation drills are required for staff twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill. This MN Requirement is not met as evidenced by:	{0 810}	Not reviewed on this survey.		



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

February 28, 2025

Licensee
Healthguard Partners Inc
1113 25th Avenue North
Minneapolis, MN 55411

RE: Project Number(s) SL35158015

Dear Licensee:

On January 22, 2025, the Minnesota Department of Health (MDH) completed a follow-up survey of your facility to determine correction of orders found on the survey completed on September 5, 2024. This follow-up survey determined your facility had not corrected all of the state correction orders issued pursuant to the September 4, 2024 survey.

In accordance with Minn. Stat. § 144G.31 Subd. 4 (a), state correction orders issued pursuant to the last survey, completed on September 4, 2024, found not corrected at the time of the January 22, 2025, follow-up survey and/or subject to penalty assessment are as follows:

0100-License Required-144g.10 Subdivision 1 - \$500.00

The details of the violations noted at the time of this follow-up survey completed on January 22, 2025 (listed above), are on the attached State Form. Brackets around the ID Prefix Tag in the left hand column, e.g., {2 ----} will identify the uncorrected tags.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$500.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

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 outlined on the state form; however, plans of correction are not required to be submitted for approval.

IMPOSITION OF FINES:

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.

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>

REQUESTING A HEARING

Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the Department of Health within 15 business days of the correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor.

To submit a hearing request, please visit:

<https://forms.web.health.state.mn.us/form/HRDAppealsForm>

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration **or** a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

We urge you to review these orders carefully. If you have questions, please contact Jodi Johnson at 507-344-2730.

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,



Jodi Johnson, Supervisor
State Evaluation Team
Email: Jodi.Johnson@state.mn.us
Telephone: 507-344-2730 Fax: 1-866-890-9290

HHH

Minnesota Department of Health

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{0 000}	Initial Comments Haag, Stacy *****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: SL35158015-2 On January 21, 2024, through January 22, 2024, the Minnesota Department of Health conducted a follow-up survey at the above provider to follow-up on orders issued pursuant to an initial survey completed on September 5, 2024, and follow-up survey completed on November 19, 2024. At the time of the survey, there were two residents; two receiving services under the Assisted Living. As a result of the follow-up survey, the following orders were reissued.	{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.		

Minnesota Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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{0 100} SS=F	144G.10 Subdivision 1 License required (a)(1)Beginning August 1, 2021, no assisted living facility may operate in Minnesota unless it is licensed under this chapter. (2) No facility or building on a campus may provide assisted living services until obtaining the required license under paragraphs (c) to (e). (b)The licensee is legally responsible for the management, control, and operation of the facility, regardless of the existence of a management agreement or subcontract. Nothing in this chapter shall in any way affect the rights and remedies available under other law. (c) Upon approving an application for an assisted living facility license, the commissioner shall issue a single license for each building that is operated by the licensee as an assisted living facility and is located at a separate address, except as provided under paragraph (d) or (e). (d) Upon approving an application for an assisted living facility license, the commissioner may issue a single license for two or more buildings on a campus that are operated by the same licensee as an assisted living facility. An assisted living facility license for a campus must identify the address and licensed resident capacity of each building located on the campus in which assisted living services are provided. (e) Upon approving an application for an assisted living facility license, the commissioner may: (1) issue a single license for two or more buildings on a campus that are operated by the same licensee as an assisted living facility with dementia care, provided the assisted living facility for dementia care license for a campus identifies the buildings operating as assisted living facilities with dementia care; or (2) issue a separate assisted living facility with	{0 100}			

Minnesota Department of Health

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{0 100}	Continued From page 2 dementia care license for a building that is on a campus and that is operating as an assisted living facility with dementia care. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to manage, control, and/or operate the entire building as an assisted living facility. Non-assisted living occupants reside on one side of the duplex, and the licensee does not have access to all areas of the facility. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: Upon arrival at the facility on September 3, 2024, at 12:00 p.m., the surveyor observed the assisted living licensed facility was located in a building with two connected but separated dwellings units, sharing the same roof, with separate entrances and separate addresses. The address for the assisted living facility was 1113 25th Avenue North, Minneapolis. The address for the second dwelling unit connected to the assisted living facility was 1111 25th Avenue North, Minneapolis. On September 4, 2024, at 8:30 a.m., licensed assisted living director (LALD)-A stated the licensee rented one half of the building from a	{0 100}			

Minnesota Department of Health

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{0 100}	Continued From page 3 landlord and the other half was rented out by the landlord to tenants not associated with the assisted living license. On January 21, 2024, at 8:54 a.m., LALD-A stated the licensse's management team plans to have a meeting to decide what they plan to do. They are looking at different housing options to buy, but they have not found anything yet. LALD-A indicated they planned to contact the MDH supervisor by the end of the week. 144G.08 DEFINITIONS Subd. 7. Assisted living facility. Assisted living facility means a facility that provides sleeping accommodations and assisted living services to one or more adults. Assisted living facility includes assisted living facility with dementia care, and does not include: (1) emergency shelter, transitional housing, or any other residential units serving exclusively or primarily homeless individuals, as defined under section 116L.361; (2) a nursing home licensed under chapter 144A; (3) a hospital, certified boarding care, or supervised living facility licensed under sections 144.50 to 144.56; (4) a lodging establishment licensed under chapter 157 and Minnesota Rules, parts 9520.0500 to 9520.0670, or under chapter 245D, 245G, or 245I; (5) services and residential settings licensed under chapter 245A, including adult foster care and services and settings governed under the standards in chapter 245D; (6) a private home in which the residents are related by kinship, law, or affinity with the provider of services; (7) a duly organized condominium, cooperative,	{0 100}			

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{0 100}	Continued From page 4 and common interest community, or owners' association of the condominium, cooperative, and common interest community where at least 80 percent of the units that comprise the condominium, cooperative, or common interest community are occupied by individuals who are the owners, members, or shareholders of the units; (8) a temporary family health care dwelling as defined in sections 394.307 and 462.3593; (9) a setting offering services conducted by and for the adherents of any recognized church or religious denomination for its members exclusively through spiritual means or by prayer for healing; (10) housing financed pursuant to sections 462A.37 and 462A.375, units financed with low-income housing tax credits pursuant to United States Code, title 26, section 42, and units financed by the Minnesota Housing Finance Agency that are intended to serve individuals with disabilities or individuals who are homeless, except for those developments that market or hold themselves out as assisted living facilities and provide assisted living services; (11) rental housing developed under United States Code, title 42, section 1437, or United States Code, title 12, section 1701q; (12) rental housing designated for occupancy by only elderly or elderly and disabled residents under United States Code, title 42, section 1437e, or rental housing for qualifying families under Code of Federal Regulations, title 24, section 983.56; (13) rental housing funded under United States Code, title 42, chapter 89, or United States Code, title 42, section 8011; (14) a covered setting as defined in section 325F.721, subdivision 1, paragraph (b); or (15) any establishment that exclusively or	{0 100}			

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{0 100}	Continued From page 5 primarily serves as a shelter or temporary shelter for victims of domestic or any other form of violence. Minnesota Statutes 144G.08 Definitions. Subdivision 59. "Resident" means an adult living in an assisted living facility who has executed an assisted living contract. Subd. 59. Resident. Resident means an adult living in an assisted living facility who has executed an assisted living contract. Subd. 5. Assisted living contract. Assisted living contract means the legal agreement between a resident and an assisted living facility for housing and, if applicable, assisted living services. No further information was provided.	{0 100}			
{0 680} SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness (a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding	{0 680}			

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{0 680}	Continued From page 6 missing residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by:	{0 680}	Not reviewed during this survey.		
{0 780} SS=E	144G.45 Subd. 2 (a) (1) Fire protection and physical environment 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 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;	{0 780}			

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{0 780}	Continued From page 7	{0 780}			
{0 810} SS=F	This MN Requirement is not met as evidenced by: 144G.45 Subd. 2 (b-f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) staff actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Staff of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for staff twice per year per shift with at least one evacuation drill	{0 810}	Not reviewed during this survey.		

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{0 810}	Continued From page 8 every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill. This MN Requirement is not met as evidenced by:	{0 810}	Not reviewed during this survey.		



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

December 24, 2024

Licensee
Healthguard Partners Inc.
1113 25th Ave North
Minneapolis, MN 55411

RE: Project Number(s) SL35158015

Dear Licensee:

On November 19, 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 on September 5, 2024. This follow-up survey determined your facility had corrected all of the state correction orders issued pursuant to the September 5, 2024 survey.

In accordance with Minn. Stat. § 144G.31 Subd. 4 (a), state correction orders issued pursuant to the last survey, completed on September 5, 2024, found not corrected at the time of the November 19, 2024, follow-up survey and/or subject to penalty assessment are as follows:

0100 - License Required - 144g.10 Subdivision 1 - \$500.00
0660 - Tuberculosis Prevention And Control - 144g.42 Subd. 9
0680 - Disaster Planning And Emergency Preparedness - 144g.42 Subd. 10 - \$500.00
0820 - Fire Protection And Physical Environment - 144g.45 Subd. 2 (g)
2290 - Legislative Intent - 144g.91 Subd. 2 - \$500.00

The details of the violations noted at the time of this follow-up survey completed on November 19, 2024 (listed above), are on the attached State Form. Brackets around the ID Prefix Tag in the left hand column, e.g., {2 ----} will identify the uncorrected tags.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$1,500.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

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 outlined on the state form; however, plans of correction are not required to be submitted for approval.

IMPOSITION OF FINES:

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.

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>

REQUESTING A HEARING

Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the Department of Health within 15 business days of the correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor.

To submit a hearing request, please visit:

<https://forms.web.health.state.mn.us/form/HRDAppealsForm>

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration **or** a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

INFORMAL CONFERENCE

In accordance with Minn. Stat. § 144A.475, Subd. 8 OR Minn. Stat. § 144G.20, Subd. 20, the Commissioner of Health is authorized to hold a conference to exchange information, clarify issues, or resolve issues. The Department of Health staff would like to schedule a conference call with Healthguard Partners Inc. Please contact Jodi Johnson at 507-344-2730 on or before Friday, December 27, 2024 to schedule the conference call.

We urge you to review these orders carefully. If you have questions, please contact Jodi Johnson at 507-344-2730.

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,



Jodi Johnson, Supervisor
State Evaluation Team
Email: jodi.johnson@state.mn.us
Telephone: 507-344-2730 Fax: 1-866-890-9290

JMD

Minnesota Department of Health

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{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: SL35158015-1 On November 18, 2024, through November 19, 2024, the Minnesota Department of Health conducted a follow-up survey at the above provider to follow-up on orders issued pursuant to a survey completed on September 5, 2024. At the time of the survey, there were two residents; two receiving services under the Assisted Living/Assisted Living with Dementia Care license. As a result of the follow-up survey, the following orders were reissued.	{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.		
{0 100} SS=F	144G.10 Subdivision 1 License required (a)(1)Beginning August 1, 2021, no assisted living	{0 100}			

Minnesota Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Minnesota Department of Health

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{0 100}	Continued From page 1 facility may operate in Minnesota unless it is licensed under this chapter. (2) No facility or building on a campus may provide assisted living services until obtaining the required license under paragraphs (c) to (e). (b)The licensee is legally responsible for the management, control, and operation of the facility, regardless of the existence of a management agreement or subcontract. Nothing in this chapter shall in any way affect the rights and remedies available under other law. (c) Upon approving an application for an assisted living facility license, the commissioner shall issue a single license for each building that is operated by the licensee as an assisted living facility and is located at a separate address, except as provided under paragraph (d) or (e). (d) Upon approving an application for an assisted living facility license, the commissioner may issue a single license for two or more buildings on a campus that are operated by the same licensee as an assisted living facility. An assisted living facility license for a campus must identify the address and licensed resident capacity of each building located on the campus in which assisted living services are provided. (e) Upon approving an application for an assisted living facility license, the commissioner may: (1) issue a single license for two or more buildings on a campus that are operated by the same licensee as an assisted living facility with dementia care, provided the assisted living facility for dementia care license for a campus identifies the buildings operating as assisted living facilities with dementia care; or (2) issue a separate assisted living facility with dementia care license for a building that is on a campus and that is operating as an assisted living facility with dementia care.	{0 100}			

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{0 100}	Continued From page 2 This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to manage, control, and/or operate the entire building as an assisted living facility. Non-assisted living occupants reside on one side of the duplex, and the licensee does not have access to all areas of the facility. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: Upon arrival at the facility on September 3, 2024, at 12:00 p.m., the surveyor observed the assisted living licensed facility was located in a building with two connected but separated dwellings units, sharing the same roof, with separate entrances and separate addresses. The address for the assisted living facility was 1113 25th Avenue North, Minneapolis. The address for the second dwelling unit connected to the assisted living facility was 1111 25th Avenue North, Minneapolis. On September 4, 2024, at 8:30 a.m., licensed assisted living director (LALD)-A stated the licensee rented one half of the building from a landlord and the other half was rented out by the landlord to tenants not associated with the assisted living license.	{0 100}			

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{0 100}	Continued From page 3 144G.08 DEFINITIONS Subd. 7. Assisted living facility. Assisted living facility means a facility that provides sleeping accommodations and assisted living services to one or more adults. Assisted living facility includes assisted living facility with dementia care, and does not include: (1) emergency shelter, transitional housing, or any other residential units serving exclusively or primarily homeless individuals, as defined under section 116L.361; (2) a nursing home licensed under chapter 144A; (3) a hospital, certified boarding care, or supervised living facility licensed under sections 144.50 to 144.56; (4) a lodging establishment licensed under chapter 157 and Minnesota Rules, parts 9520.0500 to 9520.0670, or under chapter 245D, 245G, or 245I; (5) services and residential settings licensed under chapter 245A, including adult foster care and services and settings governed under the standards in chapter 245D; (6) a private home in which the residents are related by kinship, law, or affinity with the provider of services; (7) a duly organized condominium, cooperative, and common interest community, or owners' association of the condominium, cooperative, and common interest community where at least 80 percent of the units that comprise the condominium, cooperative, or common interest community are occupied by individuals who are the owners, members, or shareholders of the units; (8) a temporary family health care dwelling as defined in sections 394.307 and 462.3593; (9) a setting offering services conducted by and	{0 100}			

Minnesota Department of Health

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{0 100}	Continued From page 4 for the adherents of any recognized church or religious denomination for its members exclusively through spiritual means or by prayer for healing; (10) housing financed pursuant to sections 462A.37 and 462A.375, units financed with low-income housing tax credits pursuant to United States Code, title 26, section 42, and units financed by the Minnesota Housing Finance Agency that are intended to serve individuals with disabilities or individuals who are homeless, except for those developments that market or hold themselves out as assisted living facilities and provide assisted living services; (11) rental housing developed under United States Code, title 42, section 1437, or United States Code, title 12, section 1701q; (12) rental housing designated for occupancy by only elderly or elderly and disabled residents under United States Code, title 42, section 1437e, or rental housing for qualifying families under Code of Federal Regulations, title 24, section 983.56; (13) rental housing funded under United States Code, title 42, chapter 89, or United States Code, title 42, section 8011; (14) a covered setting as defined in section 325F.721, subdivision 1, paragraph (b); or (15) any establishment that exclusively or primarily serves as a shelter or temporary shelter for victims of domestic or any other form of violence. Minnesota Statutes 144G.08 Definitions. Subdivision 59. "Resident" means an adult living in an assisted living facility who has executed an assisted living contract. Subd. 59. Resident. Resident means an adult living in an assisted living facility who has executed an assisted living	{0 100}			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35158	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 11/19/2024
NAME OF PROVIDER OR SUPPLIER HEALTHGUARD PARTNERS INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1113 25TH AVE N MINNEAPOLIS, MN 55411			
(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
{0 100}	Continued From page 5 contract. Subd. 5. Assisted living contract. Assisted living contract means the legal agreement between a resident and an assisted living facility for housing and, if applicable, assisted living services. No further information was provided.	{0 100}			
{0 660} SS=D	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 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 completion of a two-step TST (tuberculin	{0 660}			

Minnesota Department of Health

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{0 660}	Continued From page 6 skin test) or other evidence of TB screening such as a blood test for one of one employee (licensed assisted living director (LALD)-A). 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: LALD-A was hired on November 24, 2019, and provided direct care services to the residents. LALD-A's employee record included a TB symptom screen dated August 1, 2022, and documentation indicating a TST was administered on February 13, 2024, and read on February 15, 2024, with negative results. LALD-A's record lacked evidence a second TST had been completed. During the initial survey on September 4, 2024, at 10:58 a.m., LALD-A stated she was unaware that a 2-step TST meant two tests were to be completed and all staff who had TST would only have one test completed. On November 18, 2024, at 10:40 a.m., LALD-A stated she had a family emergency and had been out of the country; therefore, she had not received her TB testing. LALD-A stated she was scheduled to complete the TB testing on November 19, 2024.	{0 660}			

Minnesota Department of Health

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{0 660}	Continued From page 7 The Minnesota Department of Health (MDH) guidelines, Regulations for Tuberculosis Control in Minnesota Health Care Settings, dated July 2013, and based on CDC guidelines, indicated an employee may begin working with patients after a negative TB history and symptom screen (no symptoms of active TB disease) and a negative IGRA (serum blood test) or TST (first step) dated within 90 days before hire. The second TST may be performed after the HCW (health care worker) starts working with patients. Baseline TB screening should be documented in the employee's record." "An employee may begin working with patients after a negative TB symptom screen (i.e., no symptoms of active TB disease) and a negative IGRA or TST (i.e., first step) dated within 90 days before hire. The second TST may be performed after the HCW starts working with patients."	{0 660}			
{0 680} SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness (a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and	{0 680}			

Minnesota Department of Health

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{0 680}	Continued From page 8 (5) have a written policy and procedure regarding missing residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to maintain a written emergency preparedness plan (EPP) with all the required content as defined in Appendix Z and failed to post the emergency preparedness plan. This had the potential to 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) 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 Disaster/Emergency Preparedness Plan dated July 19, 2024, lacked evidence the facility had completed emergency testing requirements including two full scale drills or one full scale drill and one tabletop exercises in the past year.	{0 680}			

Minnesota Department of Health

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{0 680}	Continued From page 9 On November 19, 2024, at 8:40 a.m., licensed assisted living director (LALD)-A stated she was working with the local coalition to get some full scale drills and table top exercises completed and was doing ongoing quarterly reviews with a consultant to continue to work on the emergency preparedness plan. No additional information was provided.	{0 680}			
{0 780} SS=E	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 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;	{0 780}			

Minnesota Department of Health

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{0 780}	Continued From page 10	{0 780}			
	This MN Requirement is not met as evidenced by:		Not reviewed during this survey.		
{0 810} SS=F	144G.45 Subd. 2 (b)-(f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) employee actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation	{0 810}			

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{0 810}	Continued From page 11 drill. This MN Requirement is not met as evidenced by:	{0 810}	Not reviewed during this survey.		
{0 820} SS=E	144G.45 Subd. 2 (g) Fire protection and physical environment (g) Existing construction or elements, including assisted living facilities that were registered as housing with services establishments under chapter 144D prior to August 1, 2021, shall be permitted to continue in use provided such use does not constitute a distinct hazard to life. Any existing elements that an authority having jurisdiction deems a distinct hazard to life must be corrected. The facility must document in the facility's records any actions taken to comply with a correction order, and must submit to the commissioner for review and approval prior to correction. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide facilities that were not a distinct hazard to life. This had the potential to directly affect all of the residents and staff. 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	{0 820}			

Minnesota Department of Health

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{0 820}	Continued From page 12 occurred repeatedly; but is not found to be pervasive). The findings include: During facility tour on November 18, 2024, from 11:50 a.m. through 12:25 p.m., with unlicensed professional (ULP)-B, the surveyor observed that compliant emergency escape and rescue openings were not provided in resident sleeping room 3. UNOCCUPIED SLEEPING ROOMS On November 18, 2024, at 1:38 p.m. licensed assisted living director (LALD)-A told the surveyor that the window in resident sleeping room 3 had not been replaced and was the same as during the initial survey. LALD-A stated that they did not want to replace this window until they knew the window in resident room 4 was compliant. Resident room 3 emergency escape and rescue window measurements taken during the initial survey were 16 ½ inches wide, 35 inches in height and 577.5 square inches in openable area. The window did not meet the minimum requirements for clear opening width and clear opening area. LALD-A stated that they wanted to make sure the new window installed in resident room 4 was compliant before they installed a new window in resident room 3 also. Existing emergency escape and rescue openings are required to meet a minimum clear opening area of 648 square inches and have a minimum dimension of 20 inches in height and a minimum dimension of 20 inches in width. The windowsill height from the floor to the clear opening shall be	{0 820}			

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{0 820}	Continued From page 13 not more than 48 inches.	{0 820}			
{02290} SS=F	144G.91 Subd. 2 Legislative intent The rights established under this section for the benefit of residents do not limit any other rights available under law. No facility may request or require that any resident waive any of these rights at any time for any reason, including as a condition of admission to the facility. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee limited the rights of the licensee's two residents (R1, R2) when the licensee required residents to follow house rules. 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 Resident Handbook signed October 15, 2024, and R2's Resident Handbook signed October 16, 2024, included the following statements: "SOBER RESIDENCE [Licensee] is a drug and alcohol-free residence. Residents and guests are not to use alcohol and/or recreational cannabis and/or THC infused products of any kind when at the residence. This	{02290}			

Minnesota Department of Health

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{02290}	Continued From page 14 includes the outdoor areas, common areas, and the resident's apartment unit. Consumption of alcohol and/or cannabis and/or THC products is prohibited unless ordered by a physician." "ILLEGAL DRUGS AND SUBSTANCES [Licensee] maintains a "zero tolerance" illegal drug and substance use policy. This policy includes Medical Marijuana, since the use of any type of Marijuana is considered illegal under federal law and the use of it by residents may impact the federal funds received by [licensee]. 1. If a resident is found to be using, selling, manufacturing, or storing any form of illegal drug or substance, it is grounds for terminating the Assisted Living Contract. 2. If a resident is found to be using, selling, or storing illegal drugs, the local police will be notified, as well as the resident's social worker and designated family contact, if appropriate. 3. [Licensee] retains the right to perform random and for-cause room/apartment searches. These searches will be carried out by the [Licensee] Management Team with appropriate notice. 4. Any resident found to be abusing and/or selling prescription drugs will also be subject to the policies above." "GUEST POLICY Residents may have visitors during the hours of 10 A.M. to 10 P.M., provided the visit does not infringe upon the rights of other residents (e.g. excessive noise during sleeping hours, etc.), and the visit does not pose health/safety concerns for the resident, staff, or visitors. Visitors are prohibited from overnight stays without [Licensee's] prior written approval." On November 18, 2024, at 3:00 p.m., licensed	{02290}			

Minnesota Department of Health

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{02290}	Continued From page 15 assisted living director (LALD)-A stated she was unaware the Resident Handbook restricted resident rights. No further information was provided.	{02290}			



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

October 11, 2024

Licensee

Healthguard Partners Inc
1113 25th Avenue North
Minneapolis, MN 55411

RE: Project Number(s) SL35158015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on September 5, 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.

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 . . ."

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.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, the following fines are assessed pursuant to this survey:

St - 0 - 0495 - 144g.41 Subd. 1 (14) - Minimum Requirements - \$3,000.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$3,000.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

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>

REQUESTING A HEARING

Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the Department of Health within 15 business days of the correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor. to submit a hearing request, please visit:

<https://forms.web.health.state.mn.us/form/HRDAppealsForm>

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration or a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

INFORMAL CONFERENCE

In accordance with Minn. Stat. § 144A.475, Subd. 8 OR Minn. Stat. § 144G.20, Subd. 20, the Commissioner of Health is authorized to hold a conference to exchange information, clarify issues, or resolve issues. The Department of Health staff would like to schedule a conference call with Healthguard Partners Inc. **Please contact Jodi Johnson at 507-344-2730 on or before Wednesday, October 16, 2024, to schedule the conference call.**

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,

A handwritten signature in black ink, appearing to read "Jodi Johnson", with a long horizontal flourish extending to the right.

Jodi Johnson, Supervisor
State Evaluation Team
Email: Jodi.Johnson@state.mn.us
Telephone: 507-344-2730 Fax: 1-866-890-9290

HHH

Minnesota Department of Health

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NAME OF PROVIDER OR SUPPLIER HEALTHGUARD PARTNERS INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1113 25TH AVE N MINNEAPOLIS, MN 55411			
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0 000	Initial Comments 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: SL35158015-0 On September 3, 2024, through September 5, 2024, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were two residents; two receiving services under the Assisted Living Facility license. 0495: An immediate order was identified on September 3, 2024, at a level 3/Widespread (I).	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.		
0 100 SS=F	144G.10 Subdivision 1 License required (a)(1)Beginning August 1, 2021, no assisted living	0 100			

Minnesota Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35158	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/05/2024
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0 100	Continued From page 1 facility may operate in Minnesota unless it is licensed under this chapter. (2) No facility or building on a campus may provide assisted living services until obtaining the required license under paragraphs (c) to (e). (b)The licensee is legally responsible for the management, control, and operation of the facility, regardless of the existence of a management agreement or subcontract. Nothing in this chapter shall in any way affect the rights and remedies available under other law. (c) Upon approving an application for an assisted living facility license, the commissioner shall issue a single license for each building that is operated by the licensee as an assisted living facility and is located at a separate address, except as provided under paragraph (d) or (e). (d) Upon approving an application for an assisted living facility license, the commissioner may issue a single license for two or more buildings on a campus that are operated by the same licensee as an assisted living facility. An assisted living facility license for a campus must identify the address and licensed resident capacity of each building located on the campus in which assisted living services are provided. (e) Upon approving an application for an assisted living facility license, the commissioner may: (1) issue a single license for two or more buildings on a campus that are operated by the same licensee as an assisted living facility with dementia care, provided the assisted living facility for dementia care license for a campus identifies the buildings operating as assisted living facilities with dementia care; or (2) issue a separate assisted living facility with dementia care license for a building that is on a campus and that is operating as an assisted living facility with dementia care.	0 100			

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0 100	Continued From page 2 This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to obtain accurate licensure when they applied for licensure for a single residential dwelling, despite sharing one roof with an adjoining townhouse, without having an approved two-hour fire separation between the two dwellings. 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: Upon arrival at the facility on September 3, 2024, at 12:00 p.m. surveyor observed the facility was on one side of a townhouse sharing the same roof and sharing a wall, with separate entrances. On September 4, 2024, at 8:30 a.m. licensed assisted living director (LALD)-A stated the licensee rented the one side of the townhouse and the other side of the townhouse was a rented by a family. She was unaware of the two hour fire separation requirement and was unaware if there was a two hour fire separation between the assisted living facility and the attached dwelling unit. On September 5, 2024, at 12:23 p.m. LALD-A	0 100			

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0 100	Continued From page 3 stated she had contacted the city of Minneapolis planning and zoning and was told they had no building plans available and she had also contacted Hennepin county and was told they had no building plans available. LALD-A stated she had emailed the owner of the property to see if they had any building plans. On September 6, 2024, at 1:15 p.m. after survey exit, an email was received from an unknown party stating "We do not have this information and neither does ownership - if you need to test for such separation you are welcome to hire your own licensed vendors and pull any necessary permits - but we request that you let us know what work you will be completing prior to such work starting so that we can give you a written approval. We will need the scope of work, company name, and license number." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 100			
0 250 SS=F	144G.20 Subdivision 1 Conditions (a) The commissioner may refuse to grant a provisional license, refuse to grant a license as a result of a change in ownership, refuse to renew a license, suspend or revoke a license, or impose a conditional license if the owner, controlling individual, or employee of an assisted living facility: (1) is in violation of, or during the term of the license has violated, any of the requirements in this chapter or adopted rules;	0 250			

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0 250	Continued From page 4 (2) permits, aids, or abets the commission of any illegal act in the provision of assisted living services; (3) performs any act detrimental to the health, safety, and welfare of a resident; (4) obtains the license by fraud or misrepresentation; (5) knowingly makes a false statement of a material fact in the application for a license or in any other record or report required by this chapter; (6) denies representatives of the department access to any part of the facility's books, records, files, or employees; (7) interferes with or impedes a representative of the department in contacting the facility's residents; (8) interferes with or impedes ombudsman access according to section 256.9742, subdivision 4, or interferes with or impedes access by the Office of Ombudsman for Mental Health and Developmental Disabilities according to section 245.94, subdivision 1; (9) interferes with or impedes a representative of the department in the enforcement of this chapter or fails to fully cooperate with an inspection, survey, or investigation by the department; (10) destroys or makes unavailable any records or other evidence relating to the assisted living facility's compliance with this chapter; (11) refuses to initiate a background study under section 144.057 or 245A.04; (12) fails to timely pay any fines assessed by the commissioner; (13) violates any local, city, or township ordinance relating to housing or assisted living services; (14) has repeated incidents of personnel performing services beyond their competency level; or	0 250			

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0 250	Continued From page 5 (15) has operated beyond the scope of the assisted living facility's license category. (b) A violation by a contractor providing the assisted living services of the facility is a violation by the facility. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to show they met the requirements of licensure, by attesting the managerial officials who oversaw the day-to-day operations understood applicable statutes and rules; nor developed and/or implemented current policies and procedures as required with records reviewed. This had the potential to 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 is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: During the entrance conference on September 3, 2024, at 12:25 p.m., licensed assisted living director (LALD)-A stated the licensee's employees in charge of the facility were familiar with the assisted living regulations, and the licensee provided medication and treatment management services. The licensee's Application for Assisted Living License, section titled Official Verification of	0 250			

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0 250	Continued From page 6 Owner or Authorized Agent, (page four and five of the application), identified, I certify I have read and understand the following: [a check mark was placed before each of the following]: - I have read and fully understand Minn. [Minnesota] Stat. [statute] sect. [section] 144G.45, my building(s) must comply with subdivisions 1-3 of the section, as applicable section Laws 2020, 7th Spec. [special] Sess [session]., chpt. [chapter] 1. art. [article] 6, sect. 17. - I have read and fully understand Minn. Stat. sect. 144G.80, 144G.81. and Laws 2020, 7th Spec. Sess., chpt. 1, art. 6, sect. 22, my building(s) must comply with these sections if applicable. - Assisted Living Licensure statutes in Minn. Stat. chpt. 144G. - Assisted Living Licensure rules in Minnesota Rules, chpt. 4659. - Reporting of Maltreatment of Vulnerable Adults. - Electronic Monitoring in Certain Facilities. - I understand pursuant to Minn. Stat. sect. 13.04 Rights of Subjects of Data, the Commissioner will use information provided in this application, which may include an in-person or telephone conference, to determine if the applicant meets requirements for assisted living licensing. I understand I am not legally required to supply the requested information; however, failure to provide information or the submission of false or misleading information may delay the processing of my application or may be grounds for denying	0 250			

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0 250	Continued From page 7 a license. I understand that information submitted to the commissioner in this application may, in some circumstances, be disclosed to the appropriate state, federal or local agency and law enforcement office to enhance investigative or enforcement efforts or further a public health protective process. Types of offices include Adult Protective Services, offices of the ombudsmen, health-licensing boards, Department of Human Services, county or city attorneys' offices, police, local or county public health offices. - I understand in accordance with Minn. Stat. sect. 144.051 Data Relating to Licensed and Registered Persons (opens in a new window), all data submitted on this application shall be classified as public information upon issuance of a provisional license or license. All data submitted are considered private until MDH issues a license. - I declare that, as the owner or authorized agent, I attest that I have read Minn. Stat. chapter 144G, and Minnesota Rules, chapter 4659 governing the provision of assisted living facilities, and understand as the licensee I am legally responsible for the management, control, and operation of the facility, regardless of the existence of a management agreement or subcontract. - I have examined this application and all attachments and checked the above boxes indicating my review and understanding of Minnesota Statutes, Rules, and requirements related to assisted living licensure. To the best of my knowledge and believe, this information is true, correct, and complete. I will notify MDH, in writing, of any changes to this information as required.	0 250			

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0 250	Continued From page 8 - I attest to have all required policies and procedures of Minn. Stat. chapter 144G and Minn. Rules chapter 4659 in place upon licensure and to keep them current as applicable. Page six was electronically signed by LALD-A on March 8, 2024. The licensee had an assisted living license issued on May 1, 2024, with an expiration date of April 30, 2025. The licensee failed to ensure the following policies and procedures were developed and/or implemented: (1) requirements in section 626.557, reporting of maltreatment of vulnerable adults; (4) handling complaints regarding staff or services provided by staff; (5) conducting initial evaluations of residents' needs and the providers' ability to provide those services; (6) conducting initial and ongoing resident evaluations and assessments of resident needs, (7) orientation to and implementation of the assisted living bill of rights; (10) conducting appropriate screenings, or documentation of prior screenings, to show that staff are free of tuberculosis, consistent with current United States Centers for Disease Control and Prevention standards; and (12) medication and treatment management. As a result of this survey, the following orders were issued 0550, 0640, 0660, 1610, 1620, 1760, 1820, 1830, 1910, and 1970, indicating the licensee's understanding of the Minnesota statutes were limited, or not evident for	0 250			

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0 250	Continued From page 9 compliance with Minnesota Statutes, section 144G.08 to 144G.95. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 250			
0 470 SS=F	144G.41 Subdivision 1 Minimum requirements (11) develop and implement a staffing plan for determining its staffing level that: (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	0 470			

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0 470	Continued From page 10 (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 a staffing plan was developed with all required content, potentially affecting all licensee's current 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: The licensee's Assisted Living Staffing Plan dated May 2, 2024, indicated a grid with number of minutes required to complete services for the residents. The document failed to include the following required content: (i) an evaluation, 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.	0 470			

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0 470	Continued From page 11 On September 3, 2024, at 3:45 p.m. licensed assisted living director (LALD)-A stated the licensee used the tool provided to the surveyor. LALD-A was unaware it was missing required content. The licensee's Staffing Plan policy dated August 1, 2021, identified: "1. The clinical nurse supervisor developed the following staffing plan that provides supervision of direct unlicensed care givers 24-hours a day, seven-days a week. 2. The clinical nurse supervisor based that staffing levels on the following: a. Each resident's needs, as identified in the resident's service plan and assisted living contract b. Each resident's acuity level, as determined by the most recent assessment or individualized review c. The ability of staff to timely meet the residents' scheduled and reasonably foreseeable unscheduled needs given the physical layout of the facility premises d. Whether the facility has a secured dementia care unit, and e. Staff experience, training, and competency. 3. The clinical nurse supervisor developed a 24-hour daily staffing schedule that will identify: a. direct-care staff work schedules for each direct-care staff member showing all work shifts, including days and hours worked, and b. the direct-care staff member's resident assignments or work location." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 470			

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0 495 SS=I	144G.41 Subd. 1 (14) Minimum Requirements (14) provide staff access to an on-call registered nurse 24 hours per day, seven days per week This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure staff and residents had access to an on-call registered nurse (RN) 24-hours a day, seven days per week. This had the potential to affect all residents and staff of the facility. This resulted in an immediate correction order on September 3, 2024. 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 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: Clinical nurse supervisor (CNS)-C was hired by the licensee on January 26, 2024, to perform all nursing tasks. CNS-C simultaneously held a position working full time hours at a hospital which would not allow them to be available 24 hours per day, 7 days a week, to address facility emergencies or concerns. During the entrance conference on September 3, 2024, at 12:28 p.m. licensed assisted living director (LALD)-A stated CNS-C held another position working full time in the the hospital in the evenings and the licensee did not have a back up	0 495			

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0 495	Continued From page 13 RN. LALD-A further stated the facility's two residents had mental health diagnoses, both received medication administration, and one of the residents received blood glucose monitoring. On September 3, 2024, at 1:55 p.m. CNS-C stated he also worked in the hospital providing direct patient care in a neurosurgery unit. CNS-C stated he worked 3:00 p.m. to 11:00 p.m. full time. Typically, he was able to return a call in 15 minutes; however, if he was in the process of providing care to the patients in the hospital, he would not be able to respond and would not be able to leave his shift to respond to the needs of the residents at the assisted living facility. No further information was provided. TIME PERIOD FOR CORRECTION: Immediate	0 495			
0 550 SS=F	144G.41 Subd. 7 Resident grievances; reporting maltreatment All facilities must post in a conspicuous place information about the facilities' grievance procedure, and the name, telephone number, and email contact information for the individuals who are responsible for handling resident grievances. The notice must also have the contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities and must have information for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center. The notice must also state that if an individual has a complaint about the facility or person providing services, the individual may contact the Office of Health Facility Complaints at the Minnesota Department of	0 550			

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NAME OF PROVIDER OR SUPPLIER HEALTHGUARD PARTNERS INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1113 25TH AVE N MINNEAPOLIS, MN 55411		
(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
0 550	Continued From page 14 Health. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to post, in a conspicuous place, the required information related to the grievance procedure and the licensee failed to include in the grievance procedure the name and email contact information for the individuals who are responsible for handling resident grievances. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: On September 3, 2024, at 12:09 p.m. the surveyor noted a bulletin board in the dining room. On the board was a Record of Complaint form; however, the board failed to include information about the grievance process. The licensee's undated, Complaint Notice failed to include the name and email contact information for the individuals who are responsible for handling resident grievances. On September 3, 2024, at 1:05 p.m. licensed assisted living director (LALD)-A stated she was unaware the information about the grievance process needed to be posted and was unaware	0 550			

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0 550	Continued From page 15 the Complaint Notice needed to include the name and email contact information for the individuals who are responsible for handling resident grievances. The licensee's Complaint/Grievance Posting policy dated August 1, 2024, indicated the licensee "will post, in a conspicuous place, information about our complaint/grievance procedure, and the name, telephone number, and email contact information for the individual(s) who are responsible for handling resident complaint/grievances." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 550			
0 640 SS=F	144G.42 Subd. 7 Posting information for reporting suspected c The facility shall support protection and safety through access to the state's systems for reporting suspected criminal activity and suspected vulnerable adult maltreatment by: (1) posting the 911 emergency number in common areas and near telephones provided by the assisted living facility; (2) posting information and the reporting number for the Minnesota Adult Abuse Reporting Center to report suspected maltreatment of a vulnerable adult under section 626.557; and (3) providing reasonable accommodations with information and notices in plain language. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee	0 640			

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0 640	Continued From page 16 failed to support protection and safety by posting the 911 emergency number in common areas and near telephones provided by the assisted living facility. This had the potential to 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 September 3, 2024, at 12:09 p.m. the surveyor observed a bulletin board in the kitchen which included an untitled and undated, document that included information for Minnesota Adult Abuse Reporting Center which did not indicate to call 911 in an emergency. In addition, the surveyor observed a facility telephone in the living room. There was no posting near the phone to call 911 in case of an emergency. On September 3, 2024, at 1:05 p.m. LALD-A stated she was unaware 911 needed to be posted in common areas and by the facility phones. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 640			
0 660 SS=F	144G.42 Subd. 9 Tuberculosis prevention and control	0 660			

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0 660	Continued From page 17 (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 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 completion of a two-step TST (tuberculin skin test) or other evidence of TB screening such as a blood test for one of one employee (licensed assisted living director (LALD)-A). This had the potential to affect all residents and staff of the facility. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) 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).	0 660			

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0 660	Continued From page 18 The findings include: LALD-A was hired on November 24, 2019, and provided direct care services to the residents. LALD-A's employee record included a TB symptom screen dated August 1, 2022, and documentation indicating a TST was administered on February 13, 2024, and read on February 15, 2024, with negative results. LALD-A's record lacked evidence a second TST had been completed. On September 4, 2024, at 10:58 a.m. LALD-A stated she was unaware that a 2-step TST meant two tests were to be completed and all staff who had TST would only have one test completed. The Minnesota Department of Health (MDH) guidelines, Regulations for Tuberculosis Control in Minnesota Health Care Settings, dated July 2013, and based on CDC guidelines, indicated an employee may begin working with patients after a negative TB history and symptom screen (no symptoms of active TB disease) and a negative IGRA (serum blood test) or TST (first step) dated within 90 days before hire. The second TST may be performed after the HCW (health care worker) starts working with patients. Baseline TB screening should be documented in the employee's record." "An employee may begin working with patients after a negative TB symptom screen (i.e., no symptoms of active TB disease) and a negative IGRA or TST (i.e., first step) dated within 90 days before hire. The second TST may be performed after the HCW starts working with patients." No further information was provided.	0 660			

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0 660	Continued From page 19	0 660			
0 680 SS=F	TIME PERIOD FOR CORRECTION: Twenty-one (21) days 144G.42 Subd. 10 Disaster planning and emergency preparedness (a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to maintain a written emergency preparedness plan (EPP) with all the required content as defined in Appendix Z and failed to	0 680			

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0 680	Continued From page 20 post the emergency preparedness plan. This had the potential to 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) 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 Disaster/Emergency Preparedness Plan dated July 19, 2024, lacked evidence of the following required content: - strategies for addressing facility and community-based risks including staffing surges/shortages, and back-up plans; - identification of at-risk population needs like maintaining independence, communication, transportation, supervision and medical care; - policy and procedure to address alternate sources of energy to maintain: temperatures, safe/sanitary storage, emergency lighting, and sewage and waste disposal; - policy and procedure to address food, water, medical supplies and pharmaceutical supplies whether evacuated or sheltered in place for staff and residents; - process for cooperation and collaboration with local, tribal, regional, State and Federal emergency program; - policy and procedure to address system of medical documentation that preserves resident information, protects confidentiality, and secures/maintains availability of records; - arrangements/contracts to re-establish utility	0 680			

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0 680	Continued From page 21 services; - policy and procedure to address safe evacuation from the facility, including consideration of care/treatment needs of evacuees, staff responsibilities, transportation, identification of evacuation locations, primary/alternate communication means with external sources of assistance; - policy and procedure to address role of facility under a waiver declared by the Secretary; - communication plan that included all the following names/contact information: staff, entities providing services under agreement, residents physicians, other facilities and volunteers; - communication plan that included information for Federal, State, tribal, regional and local EP staff; state licensing and certification agency; - communication plan that included primary and alternate means of communication with facility staff and Federal, State, regional and local emergency management agencies; - communication plan that included a method to share information and medical documentation, release of information as permitted under 45 CFR 164.510(b)(1)(ii); - communication plan that included a means to provide information about the facility's occupancy, needs, and its ability to provide assistance to the authority having jurisdiction; - communication plan that included a method for sharing information EP with residents and their families/representatives; - policy and procedure that address development of arrangements with other facilities/providers to receive residents in the event of limitations/cessation of operations to maintain the continuity of services to residents; - emergency prep testing requirements, including two full scale drills or one full scale drill and one	0 680			

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0 680	Continued From page 22 tabletop exercises in the past year; and - missing resident plan reviewed quarterly. On September 5, 2024, at 9:54 a.m. licensed assisted living director (LALD)-A stated she was unaware the the missing resident plan needed to be reviewed quarterly. LALD-A stated she had been working on the emergency preparedness plan and it should have had all the required content. No additional information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 680			
0 780 SS=E	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 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	0 780			

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0 780	Continued From page 23 (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 that are interconnected so that the 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) 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: During facility tour on September 3, 2024, from 11:50 a.m. through 12:25 p.m., with unlicensed professional (ULP)-B, the surveyor observed that the smoke alarm located inside sleeping room 4 and the smoke alarm located outside in the immediate vicinity of sleeping room 4 were not interconnected with other alarms throughout the facility so activation of one alarm activates all alarms in the facility. All dwelling units required to have multiple smoke alarms are required to have interconnected alarms so activation of one alarm activates all	0 780			

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0 780	Continued From page 24 alarms within the dwelling unit. During the tour ULP-B tested the smoke alarms and verified the smoke alarms were not interconnected so activation of one alarm activates all alarms throughout the facility. ULP-B stated they understood the requirement for interconnected smoke alarms. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 780			
0 810 SS=F	144G.45 Subd. 2 (b)-(f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) employee actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The	0 810			

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0 810	Continued From page 25 training shall be made available to residents at least once per year. (f) Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop the fire safety and evacuation plan with the required content. 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) 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 September 3, 2024, at 12:30 p.m., unlicensed professional (ULP)-B, provided documentation on the fire safety and evacuation plan (FSEP), fire safety and evacuation training, and evacuation drills for the facility. FIRE SAFETY AND EVACUATION PLAN The licensee's FSEP, titled "9.06 Fire Policy", dated August 1, 2021, failed to include the following:	0 810			

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0 810	Continued From page 26 The FSEP included standard employee procedures but failed to provide specific employee actions to take in the event of a fire or similar emergency relative to the facility's building layout and environmental risks. The plan included the acronym R.A.C.E. (Rescue, Alarm, Confine, and Extinguish or Evacuate) but the plan was designed for a building with life safety systems such as manual fire alarms, fire sprinklers, smoke compartment doors, fire doors on magnetic holds, and auto-dialing to the fire department. The policy had not been updated to provide complete actions for employees to take in the event of a fire or similar emergency at the licensed facility which did not have life safety systems stated in the policy. The FSEP did not identify specific fire protection actions for residents. There was no section in the policy that addressed the responsibilities or basic evacuation procedures that residents should follow in case of a fire or similar emergency. The FSEP included standard resident evacuation procedures but failed to provide specific procedures for resident movement and evacuation or relocation during a fire or similar emergency including individualized unique needs of residents. The plan included instructions to evacuate residents but did not include any procedures for assisting residents during evacuation nor did it include instructions for staff to follow in case of relocation. During an interview on September 3, 2024, at 1:06 p.m., ULP-B and licensed assisted living director (LALD)-A, stated that they understood the area of the plan that needs to be updated and specific to this facility.	0 810			

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0 810	Continued From page 27	0 810			
0 820 SS=E	TIME PERIOD FOR CORRECTION: Twenty-one (21) days. 144G.45 Subd. 2 (g) Fire protection and physical environment (g) Existing construction or elements, including assisted living facilities that were registered as housing with services establishments under chapter 144D prior to August 1, 2021, shall be permitted to continue in use provided such use does not constitute a distinct hazard to life. Any existing elements that an authority having jurisdiction deems a distinct hazard to life must be corrected. The facility must document in the facility's records any actions taken to comply with a correction order, and must submit to the commissioner for review and approval prior to correction. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide facilities that were not a distinct hazard to life. This had the potential to directly affect all of the residents and staff. 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:	0 820			

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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
0 820	Continued From page 28 During facility tour on September 3, 2024, from 11:50 a.m. through 12:25 p.m., with unlicensed professional (ULP)-B, the surveyor observed that compliant emergency escape and rescue openings were not provided in resident sleeping rooms 3 and 4. UNOCCUPIED SLEEPING ROOMS Resident sleeping room 3, located in the basement, unoccupied, emergency escape and rescue clear window opening measurements are 16 ½ inches wide, 35 inches in height and 577.5 square inches in openable area. ULP-B opened the window, and the opening was measured with ULP-B and the surveyor. The window did not meet the minimum requirements for clear opening width and clear opening area. Resident sleeping room 4, located in the basement, unoccupied, emergency escape and rescue clear window opening measurements are 16 ½ inches wide, 35 inches in height and 577.5 square inches in openable area. ULP-B opened the window, and the opening was measured with ULP-B and the surveyor. The window did not meet the minimum requirements for clear opening width and clear opening area. It was explained to ULP-B, that at least one compliant emergency escape and rescue opening is required within each resident sleeping room. Existing emergency escape and rescue openings are required to meet a minimum clear opening area of 648 square inches and have a minimum dimension of 20 inches in height and a minimum dimension of 20 inches in width. The windowsill height from the floor to the clear opening shall be	0 820			

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0 820	Continued From page 29 not more than 48 inches. These deficient conditions were visually verified by ULP-B, accompanying on the tour. TIME PERIOD FOR CORRECTION: Two (2) days.	0 820			
0 920 SS=C	144G.50 Subd. 2 (c) Contract information (c) The contract must include: (1) a disclosure of the category of assisted living facility license held by the facility and, if the facility is not an assisted living facility with dementia care, a disclosure that it does not hold an assisted living facility with dementia care license; (2) a description of all the terms and conditions of the contract, including a description of and any limitations to the housing or assisted living services to be provided for the contracted amount; (3) a delineation of the cost and nature of any other services to be provided for an additional fee; (4) a delineation and description of any additional fees the resident may be required to pay if the resident's condition changes during the term of the contract; (5) a delineation of the grounds under which the resident may be transferred or have housing or services terminated or be subject to an emergency relocation; (6) billing and payment procedures and requirements; and (7) disclosure of the facility's ability to provide specialized diets. This MN Requirement is not met as evidenced by:	0 920			

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0 920	Continued From page 30 Based on interview and record review, the licensee failed to execute a written assisted living contract with the required content for the licensee's 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 potential to affect a large portion or all of the residents). The findings include: R1's Assisted Living Lease/Contract was signed by R1 on August 1, 2021. R2's Assisted Living Lease/Contract was signed by R2 on August 1, 2024. R1 and R2's Assisted Living Lease/Contract failed to include the following: - a disclosure that it does not hold an assisted living facility with dementia care (ALFDC) license; - a delineation of the grounds under which the resident may be transferred or have housing or services terminated or be subject to an emergency relocation; and - disclosure of the facility's ability to provide specialized diets. On September 4, 2024, at 12:24 p.m. licensed assisted living director (LALD)-A stated all the resident contracts were the same. LALD-A further stated she was aware there were concerns with the contract and the licensee had hired a lawyer to create a new contract; however, that was in progress and had not been implemented.	0 920			

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0 920	Continued From page 31 No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 920			
0 930 SS=C	144G.50 Subd. 2 (d-e; 1-4) Contract information (d) The contract must include a description of the facility's complaint resolution process available to residents, including the name and contact information of the person representing the facility who is designated to handle and resolve complaints. (e) The contract must include a clear and conspicuous notice of: (1) the right under section 144G.54 to appeal the termination of an assisted living contract; (2) the facility's policy regarding transfer of residents within the facility, under what circumstances a transfer may occur, and the circumstances under which resident consent is required for a transfer; (3) contact information for the Office of Ombudsman for Long-Term Care, the Ombudsman for Mental Health and Developmental Disabilities, and the Office of Health Facility Complaints; (4) the resident's right to obtain services from an unaffiliated service provider; This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to execute a written assisted living contract with the required content for the licensee's two residents (R1, R2). This practice resulted in a level one violation (a	0 930			

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0 930	Continued From page 32 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: R1's Assisted Living Lease/Contract was signed by R1 on August 1, 2021. R2's Assisted Living Lease/Contract was signed by R2 on August 1, 2024. R1 and R2's Assisted Living Lease/Contract failed to include the following: - a description of the facility's complaint resolution process available to residents, including the name and contact information of the person representing the facility who is designated to handle and resolve complaints; - the right under section 144G.54 to appeal the termination of an assisted living contract; - the facility's policy regarding transfer of residents within the facility, under what circumstances a transfer may occur, and the circumstances under which resident consent is required for a transfer; and - contact information for the Office of Ombudsman for Long-Term Care, the Ombudsman for Mental Health and Developmental Disabilities, and the Office of Health Facility Complaints. On September 4, 2024, at 12:24 p.m. licensed assisted living director (LALD)-A stated all the resident contracts were the same. LALD-A further stated she was aware there were concerns with	0 930			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35158	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/05/2024
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0 930	Continued From page 33 the contract and the licensee had hired a lawyer to create a new contract; however, that was in progress and had not been implemented. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 930			
0 940 SS=C	144G.50 Subd. 2 (e; 5-7) Contract information (5) a description of the facility's policies related to medical assistance waivers under chapter 256S and section 256B.49 and the housing support program under chapter 256I, including: (i) whether the facility is enrolled with the commissioner of human services to provide customized living services under medical assistance waivers; (ii) whether the facility has an agreement to provide housing support under section 256I.04, subdivision 2, paragraph (b); (iii) whether there is a limit on the number of people residing at the facility who can receive customized living services or participate in the housing support program at any point in time. If so, the limit must be provided; (iv) whether the facility requires a resident to pay privately for a period of time prior to accepting payment under medical assistance waivers or the housing support program, and if so, the length of time that private payment is required; (v) a statement that medical assistance waivers provide payment for services, but do not cover the cost of rent; (vi) a statement that residents may be eligible for assistance with rent through the housing support program; and (vii) a description of the rent requirements for	0 940			

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0 940	Continued From page 34 people who are eligible for medical assistance waivers but who are not eligible for assistance through the housing support program; (6) the contact information to obtain long-term care consulting services under section 256B.0911; and (7) the toll-free phone number for the Minnesota Adult Abuse Reporting Center. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to execute a written assisted living contract with the required content for the licensee's 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 potential to affect a large portion or all of the residents). The findings include: R1's Assisted Living Lease/Contract was signed by R1 on August 1, 2021. R2's Assisted Living Lease/Contract was signed by R2 on August 1, 2024. R1 and R2's Assisted Living Lease/Contract failed to include the following: - a description of the facility's policies related to medical assistance waivers under chapter 256S and section 256B.49 and the housing support program under chapter 256I, including: - whether the facility is enrolled with the	0 940			

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0 940	Continued From page 35 commissioner of human services to provide customized living services under medical assistance waivers; - whether the facility has an agreement to provide housing support under section 256I.04, subdivision 2, paragraph (b); - whether there is a limit on the number of people residing at the facility who can receive customized living services or participate in the housing support program at any point in time. If so, the limit must be provided; - whether the facility requires a resident to pay privately for a period of time prior to accepting payment under medical assistance waivers or the housing support program, and if so, the length of time that private payment is required; - a statement that medical assistance waivers provide payment for services, but do not cover the cost of rent; - a statement that residents may be eligible for assistance with rent through the housing support program; and - a description of the rent requirements for people who are eligible for medical assistance waivers but who are not eligible for assistance through the housing support program; - the contact information to obtain long-term care consulting services under section 256B.0911; and - the toll-free phone number for the Minnesota Adult Abuse Reporting Center. On September 4, 2024, at 12:24 p.m. licensed assisted living director (LALD)-A stated all the resident contracts were the same. LALD-A further stated she was aware there were concerns with the contract and the licensee had hired a lawyer to create a new contract; however, that was in progress and had not been implemented.	0 940			

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0 940	Continued From page 36 No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 940			
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 licensee failed to ensure the assisted living contract did not include language waiving the licensee's liability for health, safety, or personal property for the licensee's 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 potential to affect a large portion or all of the residents). The findings include: R1's Assisted Living Lease/Contract was signed by R1 on August 1, 2021.	0 970			

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0 970	Continued From page 37 R2's Assisted Living Lease/Contract was signed by R2 on August 1, 2024. R1 and R2's Assisted Living Lease/Contract referred to the Resident Handbook which included the following: - [licensee] is not responsible for the personal belongings of the resident. You are responsible for your own property (renters) and liability insurance, if you wish to purchase it to cover your personal effects. On September 4, 2024, at 12:24 p.m. licensed assisted living director (LALD)-A stated all the resident contracts were the same. LALD-A further stated she was aware there were concerns with the contract and the Resident Handbook, and the licensee had hired a lawyer to create a new contract; however, that was in progress and had not been implemented. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 970			
01610 SS=D	144G.70 Subd. 2 (a-b) Initial reviews, assessments, and monitoring (a) Residents who are not receiving any assisted living services shall not be required to undergo an initial nursing assessment. (b) An assisted living facility shall conduct a nursing assessment by a registered nurse of the physical and cognitive needs of the prospective resident and propose a temporary service plan prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever	01610			

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01610	Continued From page 38 is earlier. If necessitated by either the geographic distance between the prospective resident and the facility, or urgent or unexpected circumstances, the assessment may be conducted using telecommunication methods based on practice standards that meet the resident's needs and reflect person-centered planning and care delivery. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure a registered nurse (RN) conducted an initial nursing assessment of the physical and cognitive needs for one of one resident (R2) prior to, or on the date of admission. 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: On September 4, 2024, at 9:20 a.m. unlicensed personnel (ULP)-B was observed administering medications to R2. R2 was admitted on August 1, 2024, with diagnoses that included bipolar disorder (a mental illness that causes extreme shifts in mood, energy, and activity levels), depression (a mood disorder that causes a persistent feeling of sadness and loss of interest),	01610			

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01610	Continued From page 39 chronic joint pain, Huntington's disease (a chronic, inherited, and incurable neurodegenerative disease that damages nerve cells in the brain), and degenerative joint disease. R2's unsigned, service plan printed September 4, 2024, indicated R2 received assistance with bathing, dressing, grooming, behavior management, medication management and medication administration. R2's record included a Pre-Admission assessment dated September 2, 2024, which was one day after R2 was admitted to the facility. On September 4, 2024, at 2:30 p.m. licensed assisted living director (LALD)-A stated R2 moved into the facility on August 1, 2024. R2's assessment was completed by clinical nurse supervisor (CNS)-C on August 2, 2024. The assessment should have been completed on the day R2 moved in. The licensee's 6.01 Assessments, Reviews & Monitoring policy dated August 1, 2021, identified "[Licensee] will conduct a nursing assessment by a registered nurse of the physical and cognitive needs of the prospective resident and propose a temporary service plan prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days.	01610			

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01620	Continued From page 40	01620			
01620 SS=D	144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring (c) Resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services. Ongoing resident reassessment and monitoring must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the last date of the assessment. (d) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review. (e) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) completed a comprehensive assessment every 90 days as required for one of one resident (R1). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to	01620			

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01620	Continued From page 41 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: On September 4, 2024, at 8:30 a.m. unlicensed personnel (ULP)-B was observed assisting R1 to check her blood sugar. R1 began receiving assisted living services on August 1, 2021, and had diagnoses including fetal alcohol syndrome, depression, memory difficulties, attention deficit hyperactivity disorder, conduct disorder (a mental health condition that involves a consistent pattern of aggressive and disobedient behaviors), diabetes and asthma. R1's service plan dated March 8, 2024, indicated R1 received services including behavior management, medication management and medication administration. R1's record identified the following assessments: - Clinical Update Assessment completed on February 3, 2024; - Clinical Update Assessment completed on May 10, 2024, this was 97 days between assessments; - Monitoring and Reassessment form completed on August 8, 2024, this form failed to include all information required in the uniform assessment tool; and - Clinical Update Assessment completed on August 31, 2024 On September 4, 2024, at 12:44 p.m. licensed assisted living director stated R1's assessments	01620			

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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
01620	Continued From page 42 had not been completed timely and should have been completed every 90 days or less as required. The licensees 6.01 Assessments, Reviews & Monitoring policy dated August 1, 2021, identified the following - "The initial nursing assessment or reassessment must include all the elements of the uniform assessment tool as required" - "Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01620			
01630 SS=D	144G.70 Subd. 3 Temporary service plan When a facility initiates services and the individualized assessment required in subdivision 2 has not been completed, the facility must complete a temporary plan and agreement with the resident for services. A temporary service plan shall not be effective for more than 72 hours. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to initiate a temporary service plan for one of one resident (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	01630			

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01630	Continued From page 43 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: On September 4, 2024, at 9:20 a.m. unlicensed personnel (ULP)-B was observed administering medications to R2. R2 was admitted on August 1, 2024, with diagnoses that included bipolar disorder (a mental illness that causes extreme shifts in mood, energy, and activity levels), depression, chronic joint pain, Huntington's disease (a chronic, inherited, and incurable neurodegenerative disease that damages nerve cells in the brain), and degenerative joint disease. R2's unsigned, service plan printed September 4, 2024, indicated R2 received assistance with bathing, dressing, grooming, behavior management, medication management and medication administration. R2's record included a Pre-Admission assessment dated August 2, 2024, this was completed one day after R2 was admitted to the facility and began receiving services. As a result, R2's record lacked a temporary service plan prior to providing assisted living services. On September 4, 2024, at 2:30 p.m. licensed assisted living director (LALD)-A stated R2 moved into the facility on August 1, 2024. R2's assessment was completed by clinical nurse supervisor (CNS)-C on August 2, 2024, and the licensee had not completed a temporary service	01630			

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01630	Continued From page 44 plan prior to providing services. The assessment should have been completed on the day R2 moved in. The licensee's 6.01 Assessments, Reviews & Monitoring policy dated August 1, 2021, identified "[Licensee] will conduct a nursing assessment by a registered nurse of the physical and cognitive needs of the prospective resident and propose a temporary service plan prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier." No further information was provided. TIME PERIOD TO CORRECT: Twenty-one (21) days	01630			
01640 SS=F	144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to (a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan. (b) The service plan and any revisions must include a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities. (c) The facility must implement and provide all services required by the current service plan. (d) The service plan and the revised service plan	01640			

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01640	Continued From page 45 must be entered into the resident record, including notice of a change in a resident's fees when applicable. (e) Staff providing services must be informed of the current written service plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the licensee's two residents (R1, R2) had a service plan signed by the resident or resident's designated representative and the facility to document agreement on the services to be provided. 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 the residents). The findings include: R1 On September 4, 2024, at 8:30 a.m. unlicensed personnel (ULP)-B was observed assisting R1 to check her blood sugar. R1 began receiving assisted living services on August 1, 2021, and had diagnoses including fetal alcohol syndrome, depression, memory difficulties, attention deficit hyperactivity disorder, conduct disorder (a mental health condition that involves a consistent pattern of aggressive and disobedient behaviors), diabetes, and asthma.	01640			

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01640	Continued From page 46 R1's service plan dated March 8, 2024, indicated R1 received services including behavior management, blood glucose monitoring, medication management and medication administration. The service plan failed to be authenticated by the facility. On September 4, 2024, at 9:00 a.m. licenses assisted living director (LALD)-A stated she must have forgotten to sign R1's service plan. R2 On September 4, 2024, at 9:20 a.m. unlicensed personnel (ULP)-B was observed administering medications to R2. R2 was admitted on August 1, 2024, with diagnoses that included bipolar disorder (a mental illness that causes extreme shifts in mood, energy, and activity levels), depression, chronic joint pain, Huntington's disease (a chronic, inherited, and incurable neurodegenerative disease that damages nerve cells in the brain), and degenerative joint disease. R2's unsigned, service plan printed September 4, 2024, indicated R2 received assistance with bathing, dressing, grooming, behavior management, medication management and medication administration. R2's record lacked a signed service plan. On September 5, 2024, at 9:15 a.m. LALD-A stated R2 did not have a signed service plan and it must have been an oversight. The licensee's 6.08 Service Plan policy dated August 1, 2024, identified "All residents receiving assisted living services will have a service plan in	01640			

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01640	Continued From page 47 place. Service plans are based on the outcomes of initial and subsequent assessments, reassessments, monitoring, and individual reviews of the resident's needs and preferences. The service plan and any revisions shall include a signature or other authentication by [licensee] and by the resident, or resident's representative, documenting agreement on the services to be provided." No further information was provided TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01640			
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. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were administered as ordered for one of two residents (R1).	01760			

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01760	Continued From page 48 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: On September 4, 2024, at 8:30 a.m. unlicensed personnel (ULP)-B was observed assisting R1 to check her blood sugar. R1 began receiving assisted living services on August 1, 2021, and had diagnoses including fetal alcohol syndrome, depression, memory difficulties, attention deficit hyperactivity disorder, conduct disorder (a mental health condition that involves a consistent pattern of aggressive and disobedient behaviors), diabetes, and asthma. R1's service plan dated March 8, 2024, indicated R1 received services including behavior management, blood glucose monitoring, medication management and medication administration. R1's medication administration record (MAR) dated August 1, 2024, through August 31, 2024, indicated acetaminophen (pain) 500 mg (milligram) one tablet by mouth as needed which was administered one time on August 2, 2024. R1's record included an unsigned, after visit summary (AVS) dated June 20, 2024, which directed to administer acetaminophen 325 mg	01760			

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01760	Continued From page 49 two tablets by mouth every four to six hours as needed for pain. On September 4, 2024, at 10:05 a.m. the surveyor observed R1's prescription bottle for acetaminophen instructed 325 mg tablets take one to two tablets as needed. On September 4, 2024, at 10:05 a.m. clinical nurse supervisor (CNS)-C stated the MAR was incorrect and should have been the same as the AVS and prescription bottle. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760			
01820 SS=F	144G.71 Subd. 13 Prescriptions There must be a current written or electronically recorded prescription as defined in section 151.01, subdivision 16a, for all prescribed medications that the assisted living facility is managing for the resident. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure a written or electronically recorded order from an authorized prescriber was obtained for one of one resident (R2) receiving medication administration. 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	01820			

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01820	Continued From page 50 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 September 4, 2024, at 9:20 a.m. unlicensed personnel (ULP)-B was observed administering medications to R2. R2 was admitted on August 1, 2024, with diagnoses that included bipolar disorder (a mental illness that causes extreme shifts in mood, energy, and activity levels), depression, chronic joint pain, Huntington's disease (a chronic, inherited, and incurable neurodegenerative disease that damages nerve cells in the brain), and degenerative joint disease. R2's unsigned, service plan printed September 4, 2024, indicated R2 received assistance with medication management and medication administration. R2's medication administration record dated September 1, 2024, through September 4, 2024, included the following medications: - aripiprazole (antipsychotic) - Bictegravir/emtricitabine/tenofovir/alafenamide (human immunodeficiency virus) - clonazapam (antianxiety) - pregabalin (seizure medication also used for mood stabilizer and chronic pain) - quetiapine (antipsychotic) - suboxone (used to treat opioid addiction) - mirtazapine (antidepressant) - ibuprofen (pain) - naloxone (used for opioid overdose) R2's record included unsigned, after visit	01820			

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01820	Continued From page 51 summaries (AVS) dated August 9, 2024, August 19, 2024, and August 26, 2024. R1's record lacked signed physician orders. On September 4, 2024, at 9:33 a.m. licensed assisted living director (LALD)-A stated R1's record only contained the unsigned, AVS and there were no signed physician orders for R1 in the last year. On September 4, 2024, at 10:05 a.m. clinical nurse supervisor (CNS)-C stated all orders were the after visit summaries, which were not electronically signed. The licensee's 7.20 Medication & Treatment Orders policy dated August 1, 2021, indicated a current, written prescriber's order must be obtained for any treatment or medication administration provided to a resident. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days.	01820			
01830 SS=F	144G.71 Subd. 14 Renewal of prescriptions Prescriptions must be renewed at least every 12 months or more frequently as indicated by the assessment in subdivision 2. Prescriptions for controlled substances must comply with chapter 152. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure a written or	01830			

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01830	Continued From page 52 electronically recorded order from an authorized prescriber was obtained for one of one resident (R1) receiving medication administration. 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 September 4, 2024, at 8:30 a.m. unlicensed personnel (ULP)-B was observed assisting R1 to check her blood sugar. R1 began receiving assisted living services on August 1, 2021, and had diagnoses including fetal alcohol syndrome, depression, memory difficulties, attention deficit hyperactivity disorder, conduct disorder (a mental health condition that involves a consistent pattern of aggressive and disobedient behaviors), diabetes, and asthma. R1's service plan dated March 8, 2024, indicated R1 received services including medication management and medication administration. R1's medication administration record dated August 1, 2024, through August 31, 2024, indicated R1 received medication administered by the facility staff. R1's record included unsigned, after visit summaries dated January 16, 2024, February 20, 2024, June 10, 2024, June 19, 2024, and June 20, 2024. R1's record lacked evidence signed	01830			

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01830	Continued From page 53 physician orders had been obtained by the licensee in the last year. On September 4, 2024, at 9:33 a.m. licensed assisted living director (LALD)-A stated R1's record only contained the unsigned, AVS and there were no signed physician orders for R1 in the last year. On September 4, 2024, at 10:05 a.m. clinical nurse supervisor (CNS)-C stated all orders were the AVS, which were not electronically signed. The licensee's 7.20 Medication & Treatment Orders policy dated August 1, 2021, indicated a current, written prescriber's order must be obtained for any treatment or medication administration provided to a resident. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days.	01830			
01910 SS=F	144G.71 Subd. 22 Disposition of medications (a) Any current medications being managed by the assisted living facility must be provided to the resident when the resident's service plan ends or medication management services are no longer part of the service plan. Medications for a resident who is deceased or that have been discontinued or have expired may be provided for disposal. (b) The facility shall dispose of any medications remaining with the facility that are discontinued or expired or upon the termination of the service contract or the resident's death according to state and federal regulations for disposition of	01910			

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01910	Continued From page 54 medications and controlled substances. (c) Upon disposition, the facility must document in the resident's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to document all required information in the resident's record upon disposition of medications for one of one discharged resident (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) 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: R3's record included a discharge care plan that indicated R3 discharged from the facility on May 13, 2024. R3 received medication administration while residing at the facility. The document included a medication disposition summary which identified the medication, the dose, the quantity and that the medications were given to the receiving facility. The medication disposition summary failed to include the prescription numbers of the medications. On September 4, 2024, at 9:33 a.m. licensed	01910			

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01910	Continued From page 55 assisted living director (LALD)-A stated she was unaware the disposition of medications needed to include prescription numbers. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01910			
01970 SS=F	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 ensure a written or electronically recorded order from an authorized prescriber was obtained for treatments provided to the licensee's one resident (R1) receiving treatments. 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).	01970			

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NAME OF PROVIDER OR SUPPLIER HEALTHGUARD PARTNERS INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1113 25TH AVE N MINNEAPOLIS, MN 55411			
(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
01970	Continued From page 56 The findings include: On September 4, 2024, at 8:30 a.m. unlicensed personnel (ULP)-B was observed assisting R1 to check her blood sugar. R1 began receiving assisted living services on August 1, 2021, and had diagnoses including fetal alcohol syndrome, depression, memory difficulties, attention deficit hyperactivity disorder, conduct disorder (a mental health condition that involves a consistent pattern of aggressive and disobedient behaviors), diabetes, and asthma. R1's service plan dated March 8, 2024, indicated R1 received services including blood glucose monitoring. R1's Blood Glucose log dated August 1, 2024, through August 31, 2024, indicated R1 received blood glucose monitoring twice daily. R1's record included unsigned, after visit summaries (AVS) dated January 16, 2024, June 10, 2024, June 19, 2024, and June 20, 2024, all of which included the following - Accu-Check Smartview test strip once daily - Accu-Check Guide test strip twice daily. R1's record lacked evidence of signed physician orders for blood glucose monitoring. On September 4, 2024, at 9:33 a.m. licensed assisted living director (LALD)-A stated R1's record only contained the unsigned, AVS, and there were no signed physician orders for R1 in the last year. On September 4, 2024, at 10:05 a.m. clinical nurse supervisor (CNS)-C stated all orders were	01970			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35158	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/05/2024
NAME OF PROVIDER OR SUPPLIER HEALTHGUARD PARTNERS INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1113 25TH AVE N MINNEAPOLIS, MN 55411			
(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
01970	Continued From page 57 the AVS, which were not electronically signed. The licensee's 7.20 Medication & Treatment Orders policy dated August 1, 2021, indicated a current, written prescriber's order must be obtained for any treatment or medication administration provided to a resident. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days.	01970			
02290 SS=F	144G.91 Subd. 2 Legislative intent The rights established under this section for the benefit of residents do not limit any other rights available under law. No facility may request or require that any resident waive any of these rights at any time for any reason, including as a condition of admission to the facility. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee limited the rights of the licensee's two residents (R1, R2) when the licensee required residents to follow house rules. 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:	02290			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35158	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/05/2024
NAME OF PROVIDER OR SUPPLIER HEALTHGUARD PARTNERS INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1113 25TH AVE N MINNEAPOLIS, MN 55411			
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02290	Continued From page 58 R1's Assisted Living Lease/Contract was signed by R1 on August 1, 2021. R1's Resident Handbook was signed August 1, 2021. R1's Rules and Expectations was signed on August 1, 2021. R2's Assisted Living Lease/Contract was signed by R2 on August 1, 2024. R2's Resident Handbook was signed on August 1, 2024. R2's Rules and Expectations was signed on August 1, 2024. R1 and R2's Assisted Living Lease/Contract included the following statements: "You are required to meet certain expectations in order to continue residency at [licensee]; if you do not meet those expectations, [licensee] may terminate your contract and ask you to move. The expectations you are asked to meet are listed in the Resident Handbook. Among those expectations are the full and prompt payment of rent and other charges, behavior by you and your guests which does not cause a risk of harm to others or damage to the building, behavior by you and your guests which does not infringe on other residents' rights to quiet enjoyment of their apartment and [licensee], and behavior by you and your guests which does not interfere with [licensee] staff." - "The resident has the right to choose who, when, where, she/he will have guests within reason." - "[licensee] retains the right to perform random and for cause room/house searches. These searches will be carried out by the [licensee] management staff." R1 and R2's Resident Handbook included the following statements:	02290			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35158	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/05/2024
NAME OF PROVIDER OR SUPPLIER HEALTHGUARD PARTNERS INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1113 25TH AVE N MINNEAPOLIS, MN 55411		
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02290	Continued From page 59 - "Residents may have visitors during the hours of 10 am-10 pm, provided the visit does not infringe upon the rights of other Residents (e.g. Excessive noise during sleeping hours, etc.), and the visit does not pose health and/or safety concerns for the Resident, staff, or visitors." - "[licensee] maintains a "zero tolerance" illegal drug and substance use policy. This policy includes Medical Marijuana, since the use of any type of Marijuana is considered illegal under federal law and the use of it by residents may impact the federal funds received by [licensee]. 1. If a resident is found to be using, selling, manufacturing, or storing any form of illegal drug or substance, it is grounds for the contract set forth with the resident to be immediately terminated, including the resident's rental agreement. 2. If a resident is found to be using, selling, or storing illegal drugs, the local police will be notified, as well as the resident's social worker and designated family contact, if appropriate. 3. [Licensee] retains the right to perform random and for-cause room/apartment searches. These searches will be carried out by the [licensee] Management Team. 4. Any resident found to be abusing and/or selling prescription drugs will also be subject to the policies above." - "[Licensee] houses are locked between the hours of 10 pm and 6 am. If you expect to return to your house during these times, contact the Assisted Director, to arrange access to the house." R1 and R2's Rules and Expectations document included the following statements: - "Clients [residents] may not have visitors in their rooms." - "The television will be turned off at 11 pm	02290			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35158	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/05/2024
NAME OF PROVIDER OR SUPPLIER HEALTHGUARD PARTNERS INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1113 25TH AVE N MINNEAPOLIS, MN 55411			
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02290	Continued From page 60 Monday-Friday and Saturday and Sunday at 12 am. On weekdays All client [residents] must be in their room at 10 pm and weekend at 12 am" - "Visitation Clients [residents] are permitted to have visitors on Saturday and Sunday from 9 am to 6 pm. Visitors must remain on living room not in room's - two visitors per resident - must have a valid ID (photo ID) - Residents must give staff a 48 hours notice" - "SMOKING Smoking is permitted outside in designated smoking areas. Cigarette butts must be disposed of in the proper receptacles. If it becomes a problem, smoking will be prohibited. LAST CALL FOR CIGARETTES AT NIGHT IS 10 PM!" "I have read, understand, and agree to the above-mentioned House Rules and Expectations" On September 4, 2024, at 12:24 p.m. licensed assisted living director (LALD)-A stated all the resident contracts, Resident Handbook, and Rules and Expectations were the same. LALD-A further stated she was aware there were concerns with them and the licensee had hired a lawyer to create a new contract and Resident Handbook; however, that was in progress and had not been implemented. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	02290			



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

Type: Full
Date: 09/03/24
Time: 14:00:00
Report: 1025241172

Food and Beverage Establishment Inspection Report

Page 1

Location:

Healthguard Partners
1113 25th Ave N
Minneapolis, MN 55411
Hennepin County, 27

Establishment Info:

ID #: 0037848
Risk:
Announced Inspection: Yes

License Categories:

Expires on: / /

Operator:

Phone #: 6123154343
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.

Food and Equipment Temperatures

Process/Item: Deli meat, pkg
Temperature: 41 Degrees Fahrenheit - Location: Refrigerator
Violation Issued: No

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

FACILITY

TMD available

Recommend replacing cabinet hardware and removing extra kitchen utensils (Reported brought by new resident) that aren't used, and separating sharps from not

Appliances are residential

Facility does not have a 3 compartment sink or a dishwasher

Until such time a dishwasher is installed, continue to use the substitute basin for chemically sanitizing, using bleach as reported and the available test kit

Because the unit is older and a duplex, pest control may be an issue in the future. Monitor under sink for signs of rodent activity.

SINK USAGE

Facility has a two (2) compartment sink

Facility does not have a 3 compartment sink

Facility does not have a dedicated food preparation sink

COUNTERTOPS AND FOOD CONTACT SURFACES

Provide a smooth, non-porous food contact surface (e.g. cutting boards) that can be easily washed, rinsed, and sanitized (e.g. run through the dishwasher). Soap and water can be used to clean non-food contact surfaces. By provided a cutting board or other non-porous food contact surface, the countertops can be

Type: Full
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Healthguard Partners

Food and Beverage Establishment Inspection Report

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kept clean without the use of substances which may damage the finish. Do not use wood as a food contact surface.

DISHWASHING – NO DISHWASHER PRESENT

No dishwashing or 3 compartment sink present.

As a temporary measure, until a dishwasher meeting the requirements of NSF Standard 184 or a 3 compartment sink is installed:

Provide 3 containers/bus tub/other basin for a chemical sanitizing (e.g. chlorine bleach 50-100 PPM or other chemical per label for sanitizing "food contact surfaces", submerge utensils for 1-2 minutes and air dry). Sanitize clean dishes and utensils in a container large enough to submerge the largest utensil. Provide an appropriate sanitizer for "food-contact surfaces" (label will include it as a heading) and an appropriate test kit. Wash, rinse, and sanitize utensils in these containers.

4626.0680 Alternative manual warewashing equipment that meets the requirements in parts 4626.0875 and 4626.0880 may be used when there are special cleaning needs or constraints and its use is approved by the regulatory authority. Alternative manual warewashing equipment may include:

[...] (5) receptacles that substitute for the compartments of a multicompartment sink.

<https://www.nsf.org/consumer-resources/articles/dishwasher-certification>

EQUIPMENT

MN 4626.0506 includes alternate equipment and finish requirements for adult care facilities which serve TCS foods for same-day service only:

MN 4626.0506 G. A food establishment that is an adult care center, child care center, or boarding establishment does not need to comply with item A [certified or classified for sanitation by an American National Standards Institute (ANSI) accredited certification program for food service equipment] if approved by the regulatory authority and the food establishment:

- (1) serves only non-TCS food; or
- (2) prepares TCS foods only for same-day service.

GENERAL COMMENTS

CFPM (Certified Food Protection Manager)

For information, please search "MDH CFPM"

Discussed employee health and hygiene, exclusion for individuals from the kitchen with vomiting and/or diarrheal illness, sore throat with fever, or reportable illness; food cooking and holding temperatures, cross-contamination, allergens, food storage order in refrigerator, separating resident food from medication or staff food, avoiding bare hand contact with foods which will not be cooked (cut fruit, deli sandwiches), chemical label, use, and storage, pest control, quarantine meals

Date marking TCS foods (when packages are opened or food is prepared, date mark and discard after 7 days, except for certain cultured dairy products)

Discussed food source, recalls, and refusing food which has signs of tampering or temperature abuse

Information on food recalls available "MDA Food Recall"

<https://www.mda.state.mn.us/food-feed/food-recalls-consumer-advisories-minnesota>

FACT SHEETS

Type: Full
Date: 09/03/24
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Report: 1025241172
Healthguard Partners

Food and Beverage Establishment Inspection Report

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Please search "MDH Fact Sheets" for the Food Business fact sheets page
"Cleaning and Sanitizing" <https://www.health.state.mn.us/communities/environment/food/docs/fs/cleansanfs.pdf>
"Food Cooking Temperatures"
<https://www.health.state.mn.us/communities/environment/food/docs/fs/timetempfs.pdf>
"Date Marking TCS foods"
<https://www.health.state.mn.us/communities/environment/food/docs/fs/datemarkingfs.pdf>
"Highly Susceptible Populations" - no service or raw or undercooked animal food, use Pasteurized eggs when preparing eggs raw or undercooked or batching scrambled eggs
<https://www.health.state.mn.us/communities/environment/food/docs/fs/highsuspopfs.pdf>

NOTE: Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

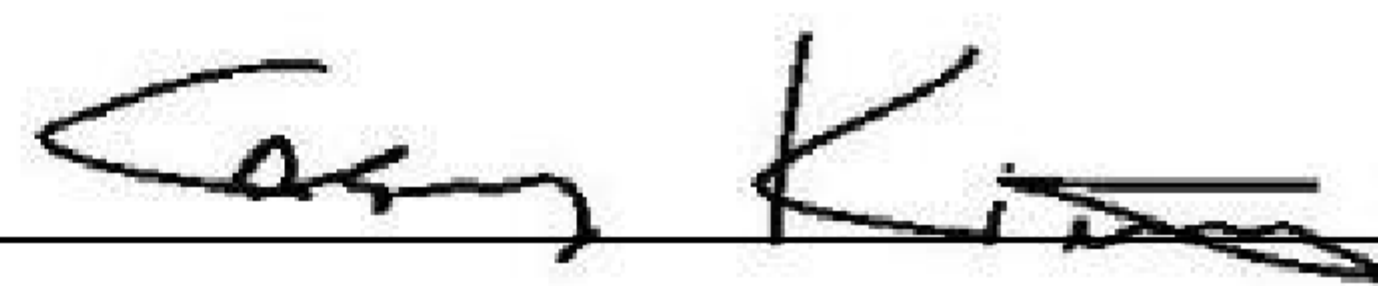
I acknowledge receipt of the Minnesota Department of Health inspection report number 1025241172 of 09/03/24.

Certified Food Protection Manager Nebiha Mohammed

Certification Number: FM113597 Expires: 11/05/25

Inspection report reviewed with person in charge and emailed.

Signed: _____
Establishment Representative

Signed: 
Casey Kipping
Public Health Sanitarian III
Freeman Building St Paul
651-201-4513
casey.kipping@state.mn.us

Report #: 1025241172		Food Establishment Inspection Report							
 Minnesota Department of Health Division of Environmental Health, FPLS P.O. Box 64975 St. Paul, MN 55164-0975		No. of RF/PHI Categories Out		0		Date 09/03/24			
		No. of Repeat RF/PHI Categories Out		0		Time In 14:00:00			
		Legal Authority MN Rules Chapter 4626				Time Out			
Healthguard Partners		Address 1113 25th Ave N		City/State Minneapolis, MN		Zip Code 55411		Telephone 6123154343	
License/Permit # 0037848		Permit Holder		Purpose of Inspection Full		Est Type		Risk Category	
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS									
Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item									
Mark "X" in appropriate box for COS and/or R									
IN= in compliance OUT= not in compliance N/O= not observed N/A= not applicable COS=corrected on-site during inspection R= repeat violation									
Compliance Status				COS		R			
Supervision									
1	IN	OUT	PIC knowledgeable; duties & oversight						
2	IN	OUT N/A	Certified food protection manager, duties						
Employee Health									
3	IN	OUT	Mgmt/Staff;knowledge,responsibilities&reporting						
4	IN	OUT	Proper use of reporting, restriction & exclusion						
5	IN	OUT	Procedures for responding to vomiting & diarrheal events						
Good Hygienic Practices									
6	IN	OUT N/O	Proper eating, tasting, drinking, or tobacco use						
7	IN	OUT N/O	No discharge from eyes, nose, & mouth						
Preventing Contamination by Hands									
8	IN	OUT N/O	Hands clean & properly washed						
9	IN	OUT N/A N/O	No bare hand contact with RTE foods or pre-approved alternate pprocedure properly followed						
10	IN	OUT	Adequate handwashing sinks supplied/accessible						
Approved Source									
11	IN	OUT	Food obtained from approved source						
12	IN	OUT N/A N/O	Food received at proper temperature						
13	IN	OUT	Food in good condition, safe, & unadulterated						
14	IN	OUT N/A N/O	Required records available; shellstock tags, parasite destruction						
Protection from Contamination									
15	IN	OUT N/A N/O	Food separated and protected						
16	IN	OUT N/A	Food contact surfaces: cleaned & sanitized						
17	IN	OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food						
GOOD RETAIL PRACTICES									
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.									
Mark "X" in box if numbered item is not in compliance Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection R= repeat violation									
				COS		R			
Safe Food and Water									
30	IN	OUT N/A	Pasteurized eggs used where required						
31			Water & ice obtained from an approved source						
32	IN	OUT N/A	Variance obtained for specialized processing methods						
Food Temperature Control									
33			Proper cooling methods used; adequate equipment for temperature control						
34	IN	OUT N/A N/O	Plant food properly cooked for hot holding						
35	IN	OUT N/A N/O	Approved thawing methods used						
36			Thermometers provided & accurate						
Food Identification									
37			Food properly labeled; original container						
Prevention of Food Contamination									
38			Insects, rodents, & animals not present						
39			Contamination prevented during food prep, storage & display						
40			Personal cleanliness						
41			Wiping cloths: properly used & stored						
42			Washing fruits & vegetables						
Food Recalls:									
Person in Charge (Signature)									
Date: 09/04/24									
Inspector (Signature)									