STATE LICENSING COMPLIANCE REPORT

Report #: HL37150001C **Date Concluded: January 24, 2022**

Name, Address, and County of Facility Investigated:
Delight Home Healthcare
4909 Kings Crossing
Brooklyn Park, MN 55443
Hennepin County

Facility Type: Assisted Living Facility (ALF) **Evaluator's Name:** Lissa Lin, RN

Special Investigator

The Minnesota Department of Health conducted a complaint investigation to determine compliance with state laws and rules governing the provision of care under Minnesota Statutes, Chapter 144G. The purpose of this complaint investigation was to review if facility policies and practices comply with applicable laws and rules. No maltreatment under Minnesota Statutes, Chapter 626 was alleged.

To view a copy of the correction orders, if any, please visit: https://www.health.state.mn.us/facilities/regulation/directory/provcompselect.html, or call 651-201-4201 to be provided a copy via mail or email. If you are viewing this report on the MDH website, please see the attached state form.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	37150	A. BUILDING: _____ B. WING _____	C 01/18/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DELIGHT HOME HEALTHCARE LLC	4909 KINGS CROSSING BROOKLYN CENTER, MN 55443

(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 Initial comments ******ATTENTION****** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a complaint investigation. Determination of whether a violation is corrected requires compliance with all requirements provided at the statute number indicated below. When a Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: #HL37150001C On January 18, 2022, the Minnesota Department of Health conducted a complaint investigation at the above provider, and the following correction orders are issued. At the time of the complaint investigation, there were 5 residents receiving services under the provider's Assisted Living license. The following correction orders are issued for #HL37150001C, tag identification 0485, 0510 and 0650.	0 000	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. The letter in the left colunn is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3.	
0 485 SS=C	144G.41 Subd 1. (13) (i) (A) and (C) Minimum Requirements	0 485		

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0 485	Continued From page 1 (13) offer to provide or make available at least the following services to residents: (i) at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The following apply: (A) menus must be prepared at least one week in advance, and made available to all residents. The facility must encourage residents' involvement in menu planning. Meal substitutions must be of similar nutritional value if a resident refuses a food that is served. Residents must be informed in advance of menu changes; (C) the facility cannot require a resident to include and pay for meals in their contract; This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to ensure menus were prepared a week in advance and available to all residents. This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the client and does not affect health or safety), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the clients). Findings include: During an observation on January 18, 2022 at	0 485		

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0 485	Continued From page 2 9:55 a.m., no menu was posted in the kitchen or dining areas. During an interview on January 18, 2022 at 10:15 a.m., unlicensed personnel (ULP)-A stated breakfast was cooked at the licensee but lunch and supper were prepared by the chef at another licensee site and brought over. The residents can request anything they want for meals. ULP-A stated there were menus. No menu provided to the Minnesota Department of Health (MDH) surveyor. During an interview on January 18, 2022 at 3:00 p.m., licensed assisted living director (LALD)-C stated she had menus but had not posted them yet. TIME PERIOD TO CORRECT: Twenty-one (21) Days	0 485		
0 510 SS=F	144G.41 Subd. 3 Infection control program (a) All assisted living facilities must establish and maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control. (b)The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities. (c) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by:	0 510		

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0 510	Continued From page 3 Based on observation and interview, the licensee failed to establish and maintain an infection control program that complies with accepted health care, medical and nursing standards for infection control. The deficient practice has the potential to affect all 5 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 widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect all staff, residents and visitors.) Findings include: The licensee failed to ensure staff wore personal protective equipment (PPE) eye protection while screening Minnesota Department of Health (MDH) surveyors for COVID-19 with temperature checks and screening questions. Staff members failed to wear eye PPE while seated with unmasked residents (R1 and R2) less than 6 feet apart. An MDH document dated December 7, 2021, titled COVID-19 PPE and Source Control Grid for Congregate Care Settings by Community Transmission Level reads: "PPE grid for health care workers, direct service care providers (i.e. includes employees, contractors, volunteers, etc); when community transmission levels are high or substantial, those working with residents without suspected or confirmed SARS-CoV-2 infection should wear a face mask (source control) and eye protection. The Centers for Disease Control (CDC)	0 510		

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0 510	Continued From page 4 Integrated County View Data Tracker for COVID-19 listed the seven day metrics for COVID-19 positivity rate "high" at 24.75% for Hennepin County at the time of the survey. During an observation on on January 18, 2022 at 9:00 a.m., unlicensed personnel (ULP)-A met MDH surveyors at the front door wearing a surgical face mask but no eye PPE. ULP-B was upstairs in the living area mopping the floor. She wore a surgical face mask but no eye PPE. During an observation on January 18, 2022 at 9:30 a.m., licensed assisted living director (LALD)-C wore a surgical face mask but no eye PPE. During an observation on January 18, 2022, at 9:55 a.m., ULP-A and ULP-B sat at a small dining room table with R1 and R2 who worked on beading crafts. R1 and R2 were unmasked and sat close enough to ULP-A and ULP-B that their elbows touched. During an interview on January 18, 2022 at 10:15 a.m., ULP-A stated there was eye PPE and gowns available if needed, if she had to shower someone or they had COVID-19. ULP-A said she did not wear eye PPE while sitting with the residents because they want it to feel like a home. ULP-A stated she was not concerned about anyone coughing or sneezing on her while seated right next to or across from the resdients during activities or meals. During an observation on January 18, 2022 at 11:00 a.m., ULP-A, ULP-B, R1 and R2 were seated the the dining table. R1 and R2 were unmasked and talking. ULP-A and ULP-B documented on electronic tablets. ULP-A and	0 510		

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0 510	Continued From page 5 ULP-B did not wear eye PPE. On January 18, 2022, at approximately 12:00 p.m., MDH surveyors heard someone upstairs coughing and someone else said "Spit it out, are you ok?" An MDH surveyor went upstairs and observed ULP-A and ULP-B seated at the dining table with R1 and R2. ULP-A and ULP-B did not wear eye PPE. R1 said she "choked" on French fries because she put too many in her mouth and ULP-A slapped her back so she coughed them out. During an interview on January 18, 2022 at 3:00 p.m., LALD-C stated she thought wearing eye PPE was over. LALD-C stated she tried to keep up with all the changes, but she would have to go back and check PPE requirements. A policy titled Infection Control Policy, dated August 1, 2021, read: the licensee will identify areas where infection control practices are necessary based on exposure and risk; the licensee infection control program will be consistent with current guidelines from the CDC for prevention control. The licensee had no policy for eye protection. TIME PERIOD TO CORRECT: Two (2) Days	0 510		
0 650 SS=D	144G.42 Subd. 8 Employee records (a) The facility must maintain current records of each paid employee, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following information: (1) evidence of current professional licensure,	0 650		

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0 650	Continued From page 6 registration, or certification if licensure, registration, or certification is required by this chapter or rules; (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision; (4) documentation of annual performance reviews that identify areas of improvement needed and training needs; (5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and (6) documentation of the background study as required under section 144.057. (b) Each employee record must be retained for at least three years after a paid employee, volunteer, or contractor ceases to be employed by, provide services at, or be under contract with the facility. If a facility ceases operation, employee records must be maintained for three years after facility operations cease. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure employee records contained all the required components for one of three employees (ULP-A) with records reviewed. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred	0 650		

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0 650	Continued From page 7 only occasionally). Findings include: Unlicensed personnel (ULP)-A's personnel record indicated her hire date was June 11, 2020. ULP-A's employee record lacked: -annual training and infection control training -documentation of annual perfomance review that identify areas of improvement needed and training needs Review of a document titled Employee Performance Review Annual, dated January 17, 2022, was completed by LALD-C. She evaluated ULP-A as "Competent, fully meets standards". There were no additional annual employee performance records for ULP-A indicating areas of improvement needed or training needs or how competency was assessed. During an interview on January 18, 2022 at 11:15 a.m., LALD-C stated ULP-A had not completed all of her annual training because she had been away for maternity leave. ULP-A still had web-based annual training to complete. A policy titled "Perfomance Evaluations," undated, read: A competency-based performance evaluation will be conducted for all employees after the probation period (90 days) and one year face-to-face of employment and at least annually thereafter. TIME PERIOD TO CORRECT: Twenty-one (21) Days	0 650		