



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically Delivered

September 6, 2023

Licensee

NG&NG Services Group LLC

8615 Birch Boulevard

Inver Grove Heights, MN 55076

RE: Project Number(s) SL37927015

Dear Licensee:

On July 19, 2023, 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 May 2, 2023. This follow-up survey determined your facility had not corrected all of the state correction orders issued pursuant to the May 2, 2023 survey.

In accordance with Minn. Stat. § 144G.31 Subd. 4 (a), state correction orders issued pursuant to the last survey completed on May 2, 2023, found not corrected at the time of the July 19, 2023, follow-up survey and/or subject to penalty assessment are as follows:

**0470 - Minimum Requirements-144g.41 Subdivision 1**

**0650 - Employee Records-144g.42 Subd. 8 - \$500.00**

**0680 - Disaster Planning And Emergency Preparedness-144g.42 Subd. 10 - \$500.00**

**1500 - Required Annual Training-144g.63 Subd. 5 - \$500.00**

**1650 - Service Plan, Implementation And Revisions To-144g.70 Subd. 4 (f) - \$500.00**

**1970 - Treatment And Therapy Orders-144g.72 Subd. 6 - \$500.00**

The details of the violations noted at the time of this follow-up survey completed on July 19, 2023 (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 \$2,500.00**. 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 within the time period 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 the MDH within 15 calendar days of the correction order receipt date.

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

Please email reconsideration requests to: **Health.HRD.Appeals@state.mn.us**. Please attach this letter as part of your reconsideration request. Please clearly indicate which tag(s) you are contesting and submit information supporting your position(s).

Please address your cover letter for reconsideration requests to:

Reconsideration Unit  
Health Regulation Division  
Minnesota Department of Health  
P.O. Box 64970  
85 East Seventh Place  
St. Paul, MN 55164-0970

## **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 MDH 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. Requests for hearing may be emailed to: **Health.HRD.Appeals@state.mn.us**.

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.



We urge you to review these orders carefully. If you have questions, please contact Rhylee Gilb at [rhylee.gilb@state.mn.us](mailto:rhylee.gilb@state.mn.us).

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

Sincerely,

A handwritten signature in black ink, appearing to read "Rhylee Gilb". The signature is written in a cursive, flowing style.

Rhylee Gilb, Supervisor  
State Rapid Response Team  
Email: [rhylee.gilb@state.mn.us](mailto:rhylee.gilb@state.mn.us)  
Telephone: 218-232-8285 Fax: 651-215-6894

JMD



Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                     |                                                                                                                                                                                                                                                                                         | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>37927</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>07/19/2023</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>NG&amp;NG SERVICES GROUP LLC</b> |                                                                                                                                                                                                                                                                                         |                                                                           | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>8615 BIRCH BOULEVARD<br/>INVER GROVE HEIGHTS, MN 55076</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                    |
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| {0 000}                                                                 | <p>Initial Comments</p> <p>On July 19, 2023, the Minnesota Department of Health conducted a licensing order follow-up related to correction orders issued for survey #SL37927015.</p> <p>The following correction orders are re-issued tags, 0470, 0650, 0680, 1500, 1650 and 1970.</p> | {0 000}                                                                   | <p>Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction.</p> <p>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.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3.</p> |  |                                                                    |
| {0 470}<br>SS=C                                                         | <p>144G.41 Subdivision 1 Minimum requirements</p> <p>(11) develop and implement a staffing plan for determining its staffing level that:</p>                                                                                                                                            | {0 470}                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                    |

Minnesota Department of Health

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

TITLE

(X6) DATE



Minnesota Department of Health

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| {0 470}                                                                 | <p>Continued From page 1</p> <p>(i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility;</p> <p>(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</p> <p>(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;</p> <p>(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:</p> <p>(i) awake;</p> <p>(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;</p> <p>(iii) capable of communicating with residents;</p> <p>(iv) capable of providing or summoning the appropriate assistance; and</p> <p>(v) capable of following directions;</p> <p>This MN Requirement is not met as evidenced by:</p> <p>Based on record review and interview, the licensee failed to develop and implement a staffing plan for determining its staffing level. This deficient practice affected all residents and staff members.</p> <p>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</p> | {0 470}                                                                                                |                                                                                                                          |  |                                                                 |



Minnesota Department of Health

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| {0 470}                                                      | <p>Continued From page 2</p> <p>or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents).</p> <p>The finding's include:</p> <p>On July 19, 2023, at 11:24 a.m., the MDH surveyor emailed the licensee and requested all documentation and records they implemented for the survey licensing order follow up, (LOF) by the end of business day July 24, 2023.</p> <p>On July 25, 2023, at 5:25 p.m., the licensee sent an email to the MDH surveyor that read:<br/>"Attached are what we have completed so far we are still working on other items and will update you as they become available hopefully in the next few days." The attached items were training records for owner (OW)-A.</p> <p>During an interview on July 31, 2023, at 8:30 a.m., OW-A and OW-B said they had a staffing plan in a policy book. OW-A said they posted a plan. The MDH surveyor requested a copy of the policy and a photo of where the plan was posted.</p> <p>On August 1, 2023, at 1:24 p.m. the MDH surveyor received a licensee email with two photo attachments. One photo showed a bulletin board with six paper postings. One appeared to be a schedule but it was too small to read. There was no posted staffing plan or policy on the bulletin board. The second photo showed pharmacy information.</p> <p>There was no staffing plan policy included in the email.</p> | {0 470}                                                         |                                                                                                                          |  |                                                   |



Minnesota Department of Health

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| {0 480}                                                                 | Continued From page 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | {0 480}                                                                                                |                                                                                                                          |  |                                                                    |
| {0 480}<br>SS=F                                                         | <b>144G.41 Subd 1 (13) (i) (B) Minimum requirements</b><br><br>(13) offer to provide or make available at least the following services to residents:<br>(B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and<br><br>This MN Requirement is not met as evidenced by:<br>No further action required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | {0 480}                                                                                                |                                                                                                                          |  |                                                                    |
| {0 650}<br>SS=F                                                         | <b>144G.42 Subd. 8 Employee records</b><br><br>(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:<br>(1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules;<br>(2) records of orientation, required annual training and infection control training, and competency evaluations;<br>(3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision;<br>(4) documentation of annual performance reviews that identify areas of improvement needed and training needs;<br>(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<br>(6) documentation of the background study as required under section 144.057. | {0 650}                                                                                                |                                                                                                                          |  |                                                                    |



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| {0 650}                                                                 | <p>Continued From page 4</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on record review and interview, the licensee failed to ensure employee records included all the required components for three of three employees reviewed, owner (OW)-A, OW-B and registered nurse (RN)-C reviewed.</p> <p>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 clients).</p> <p>The findings include:</p> <p>On July 19, 2023, at 11:24 a.m., the MDH surveyor emailed the licensee and requested all documentation and records they implemented for the survey license order follow up (LOF) by the end of business day July 24, 2023.</p> <p>On July 25, 2023, at 5:25 p.m., the licensee sent an email to the MDH surveyor that read:<br/>"Attached are what we have completed so far we are still working on other items and will update you as they become available hopefully in the next few days." The attached items were training records for owner (OW)-A.</p> <p>On July 27, 2023, at 10:27 a.m., the licensee sent the MDH surveyor an email with attachments for completed online education for an unlicensed employee who was not OW-A, OW-B or registered nurse (RN)-C.</p> | {0 650}                                                                |                                                                                                                          |  |                                                                 |



Minnesota Department of Health

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| {0 650}                                                                 | <p>Continued From page 5</p> <p>On July 31, 2023, at 10:10 a.m. the licensee sent the MDH surveyor an email with attachments for staff core training and orientation for an unlicensed employee was not OW-A, OW-B or RN-C.</p> <p>OW-A's hire date was April 9, 2022.</p> <p>OW-A's employee records lacked:</p> <ul style="list-style-type: none"><li>- required annual training and infection control training,</li><li>- current job description, including qualifications, responsibilities, and identification of staff persons providing supervision;</li><li>- documentation of annual performance reviews that identify areas of improvement needed and training needs;</li></ul> <p>OW-B's hire date was April 9, 2022.</p> <p>OW-B's employee records lacked:</p> <ul style="list-style-type: none"><li>- records of orientation, required annual training and infection control training, and competency evaluations;</li><li>- current job description, including qualifications, responsibilities, and identification of staff persons providing supervision;</li><li>- documentation of annual performance reviews that identify areas of improvement needed and training needs;</li></ul> <p>RN-C's hire date was April 20, 2022.</p> <p>RN-C's employee records lacked:</p> <ul style="list-style-type: none"><li>- records of orientation, required annual training, and competency evaluations;</li><li>- current job description, including qualifications, responsibilities, and identification of staff persons providing supervision;</li><li>- documentation of annual performance reviews</li></ul> | {0 650}                                                                                                |                                                                                                                          |  |                                                                    |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>NG&amp;NG SERVICES GROUP LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>8615 BIRCH BOULEVARD</b><br><b>INVER GROVE HEIGHTS, MN 55076</b> |                                                                                                                          |  |                                                                    |
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| {0 650}                                                                 | Continued From page 6<br><br>that identify areas of improvement needed and training needs.<br><br>During an interview on July 31, 2023, at 8:30 a.m., OW-A said she had her training for mental health first aid, medications and an evaluation. The licensee emailed new hire training records for an unlicensed employee, but no required annual training records were submitted for OW-A, OW-B and RN-C. OW-B said they did not have all the LOF documents ready.<br><br>A policy titled, Staff Training Policy, dated May 2, 2023, indicated all employees will have ongoing training sessions during their employment. All training will be recorded for each employee. New employee training and orientation included CPR, infection control, dementia and Alzheimer's training, tuberculosis, home care laws, vulnerable adults, bill of rights, emergencies, grievances, medications and person centered thinking. | {0 650}                                                                                                      |                                                                                                                          |  |                                                                    |
| {0 680}<br>SS=F                                                         | <b>144G.42 Subd. 10 Disaster planning and emergency preparedness</b><br><br>(a) The facility must meet the following requirements:<br>(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;<br>(2) post an emergency disaster plan prominently;<br>(3) provide building emergency exit diagrams to all residents;<br>(4) post emergency exit diagrams on each floor; and<br>(5) have a written policy and procedure regarding                                                                                                                                                                                                                                                                                                        | {0 680}                                                                                                      |                                                                                                                          |  |                                                                    |



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| {0 680}                                                                 | <p>Continued From page 7</p> <p>missing residents.</p> <p>(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.</p> <p>(c) The facility must meet any additional requirements adopted in rule.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on record review and interview, the licensee failed to have a written emergency preparedness plan (EPP) with all required components as outlined in Appendix Z, for evacuation, sheltering in place, identified temporary relocation sites and details staff assignments in the event of a disaster or emergency. This deficient practice had the potential to affect all residents, staff and visitors.</p> <p>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).</p> <p>The findings include:</p> <p>On July 19, 2023, at 11:24 a.m., the MDH surveyor emailed the licensee and requested all documentation and records they implemented for the survey licensee order follow up (LOF) by end</p> | {0 680}                                                                |                                                                                                                          |  |                                                                 |



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| {0 680}                                                      | <p>Continued From page 8</p> <p>of business day July 24, 2023.</p> <p>On July 25, 2023, at 5:25 p.m., the licensee sent an email to the MDH surveyor that read:<br/>"Attached are what we have completed so far we are still working on other items and will update you as they become available hopefully in the next few days." The attached items were training records for owner (OW)-A.</p> <p>On July 31, 2023, at 11:05 a.m. the licensee emailed the MDH surveyor their EPP. The EPP lacked the following components:<br/>-at risk patient population identified<br/>-process for collaboration<br/>-subsistence needs for staff and residents<br/>-procedures for tracking staff and patients<br/>-policies and procedures for medical documents<br/>-policies and procedures for volunteers<br/>-arrangements with other facilities<br/>-roles under a waiver<br/>-communication plan<br/>-names and contact information<br/>-emergency officials contacts<br/>-primary and alternate means of communication<br/>-methods for sharing communication, occupancy needs<br/>-LTC family notifications<br/>-emergency prep training and testing<br/>-no integrated health system information</p> <p>During an interview on July 31, 2023, at 8:30 a.m., OW-A and OW-B said the EPP was a lot to copy and send to to the MDH surveyor. OW-B asked for another week to submit LOF records.</p> <p>A document titled "Emergency Preparedness", dated August 1, 2021, indicated the licensee would have in place a compliant and effective EPP that included all the required elements of</p> | {0 680}                                                                                        |                                                                                                                          |  |                                                   |



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| {0 680}                                                                 | Continued From page 9<br><br>Appendix Z.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | {0 680}                                                                                                |                                                                                                                          |  |                                                                    |
| {0 790}<br>SS=E                                                         | <b>144G.45 Subd. 2 (a) (2)-(3) Fire protection and physical environment</b><br><br>(2) install and maintain portable fire extinguishers in accordance with the State Fire Code;<br><br>(3) install portable fire extinguishers having a minimum 2-A:10-B:C rating within Group R-3 occupancies, as defined by the State Fire Code, located so that the travel distance to the nearest fire extinguisher does not exceed 75 feet, and maintained in accordance with the State Fire Code; and<br><br>This MN Requirement is not met as evidenced by:<br>No further action required. | {0 790}                                                                                                |                                                                                                                          |  |                                                                    |
| {0 800}<br>SS=F                                                         | <b>144G.45 Subd. 2 (a) (4) Fire protection and physical environment</b><br><br>(4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program.<br><br>This MN Requirement is not met as evidenced by:<br>No further action required.                                                                                                    | {0 800}                                                                                                |                                                                                                                          |  |                                                                    |



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| {0 810}                                                                 | Continued From page 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | {0 810}                                                                                                      |                                                                                                                          |                                                                    |
| {0 810}<br>SS=F                                                         | <p><b>144G.45 Subd. 2 (b)-(f) Fire protection and physical environment</b></p> <p>(b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to:</p> <p>(1) location and number of resident sleeping rooms;</p> <p>(2) employee actions to be taken in the event of a fire or similar emergency;</p> <p>(3) fire protection procedures necessary for residents; and</p> <p>(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.</p> <p>(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.</p> <p>(d) Fire safety and evacuation plans shall be readily available at all times within the facility.</p> <p>(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.</p> <p>(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.</p> <p><br/>This MN Requirement is not met as evidenced by:</p> | {0 810}                                                                                                      |                                                                                                                          |                                                                    |



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| {0 810}                                                                 | Continued From page 11<br><br>No further action required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | {0 810}                                                                |                                                                                                                          |  |                                                                 |
| {01500}<br>SS=F                                                         | <b>144G.63 Subd. 5 Required annual training</b><br><br>(a) All staff that perform direct services must complete at least eight hours of annual training for each 12 months of employment. The training may be obtained from the facility or another source and must include topics relevant to the provision of assisted living services. The annual training must include:<br>(1) training on reporting of maltreatment of vulnerable adults under section 626.557;<br>(2) review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights;<br>(3) review of infection control techniques used in the home and implementation of infection control standards including a review of hand washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting communicable diseases;<br>(4) effective approaches to use to problem solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders;<br>(5) review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and<br>(6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person.<br>(b) In addition to the topics in paragraph (a), | {01500}                                                                |                                                                                                                          |  |                                                                 |



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| {01500}                                                                 | <p>Continued From page 12</p> <p>annual training may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics:</p> <p>(1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and challenges it poses to communication;</p> <p>(2) the health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or</p> <p>(3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on record review and interview, the licensee failed to ensure direct care staff completed at least eight hours of annual training on required topics for each 12 months of employment for three of three staff, owner (OW)-A, OW-B and registered nurse (RN)-C.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client'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 clients).</p> <p>The findings include:</p> | {01500}                                                                |                                                                                                                          |  |                                                                 |



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| {01500}                                                                 | <p>Continued From page 13</p> <p>On July 19, 2023, at 11:24 a.m., the MDH surveyor emailed the licensee and requested all documentation and records they implemented for the survey license order follow up, (LOF) by the end of business day July 24, 2023.</p> <p>On July 25, 2023, at 5:25 p.m., the licensee sent an email to the MDH surveyor that read:<br/>"Attached are what we have completed so far we are still working on other items and will update you as they become available hopefully in the next few days." The attached items were training records for OW-A.</p> <p>On July 27, 2023, at 9:20 a.m. the licensee sent the MDH surveyor an email with attachments for completed on line education for an unlicensed employee who was not OW-A, OW-B or RN-C.</p> <p>On July 27, 2023, at 10:27 a.m., the licensee sent the MDH surveyor an email with attachments for completed on line education for an unlicensed employee who was not OW-A, OW-B or RN-C.</p> <p>On July 31, 2023, at 10:10 a.m. the licensee sent the MDH surveyor an email with attachments for staff core training and orientation for an unlicensed employee was not OW-A, OW-B or RN-C.</p> <p>OW-A's hire date was April 9, 2022.</p> <p>OW-A's training record lacked eight hours of annual training for each 12 months of employment on:<br/>- training on reporting of maltreatment of vulnerable adults under section 626.557;<br/>review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise</p> | {01500}                                                                                                |                                                                                                                          |  |                                                                    |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>NG&amp;NG SERVICES GROUP LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>8615 BIRCH BOULEVARD</b><br><b>INVER GROVE HEIGHTS, MN 55076</b>             |  |                                                                 |
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| {01500}                                                                 | <p>Continued From page 14</p> <p>and protection of those rights;<br/>- review of infection control techniques used in the home and implementation of infection control standards including a review of hand washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting communicable diseases;<br/>- effective approaches to use to problem solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders;<br/>- review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and<br/>- the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person.</p> <p>OW-B's hire date was April 9, 2022.</p> <p>OW-B's training record lacked eight hours of annual training for each 12 months of employment on:<br/>- training on reporting of maltreatment of vulnerable adults under section 626.557;<br/>review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights;<br/>- review of infection control techniques used in the home and implementation of infection control standards including a review of hand washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such</p> | {01500}                                                                |                                                                                                                          |  |                                                                 |



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| {01500}                                                                 | <p>Continued From page 15</p> <p>as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting communicable diseases;</p> <ul style="list-style-type: none"><li>- effective approaches to use to problem solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders;</li><li>- review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and</li><li>- the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person.</li></ul> <p>RN-C's hire date was April 20, 2022.</p> <p>RN-C's training record lacked eight hours of annual training for each 12 months of employment on:</p> <ul style="list-style-type: none"><li>- training on reporting of maltreatment of vulnerable adults under section 626.557; review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights;</li><li>- review of infection control techniques used in the home and implementation of infection control standards including a review of hand washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting communicable diseases;</li><li>- effective approaches to use to problem solve when working with a resident's challenging behaviors, and how to communicate with</li></ul> | {01500}                                                                |                                                                                                                          |  |                                                                 |



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| {01500}                                                                 | Continued From page 16<br><br>residents who have dementia, Alzheimer's disease, or related disorders;<br>- review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and<br>- the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person.<br><br>During an interview on July 31, 2023 at 8:30 a.m., OW-A said she completed training for mental health first aid, medications and had an evaluation. OW-B said they did not have all the LOF documents ready.<br><br>No required annual training records were provided for OW-A, OW-B and RN-C.<br><br>A policy titled, Staff Training Policy, dated May 2, 2023, indicated all employees will have ongoing training sessions during their employment. All training will be recorded for each employee and employees must have a minimum of 12 hours per year. | {01500}                                                                |                                                                                                                          |  |                                                                 |
| {01650}<br>SS=F                                                         | 144G.70 Subd. 4 (f) Service plan, implementation and revisions to<br><br>(f) The service plan must include:<br>(1) a description of the services to be provided, the fees for services, and the frequency of each service, according to the resident's current assessment and resident preferences;<br>(2) the identification of staff or categories of staff who will provide the services;<br>(3) the schedule and methods of monitoring assessments of the resident;<br>(4) the schedule and methods of monitoring staff                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | {01650}                                                                |                                                                                                                          |  |                                                                 |



Minnesota Department of Health

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| {01650}                                                                 | <p>Continued From page 17</p> <p>providing services; and<br/>(5) a contingency plan that includes:<br/>(i) the action to be taken if the scheduled service cannot be provided;<br/>(ii) information and a method to contact the facility;<br/>(iii) the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency; and<br/>(iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on record review and interview, the licensee failed to ensure the service plan included all required components for one of one resident (R1) reviewed for services. R1 was the only resident receiving services.</p> <p>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).</p> <p>The findings include:</p> <p>On July 19, 2023, at 11:24 a.m., the MDH</p> | {01650}                                                                |                                                                                                                          |  |                                                                 |



Minnesota Department of Health

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| {01650}                                                                 | <p>Continued From page 18</p> <p>surveyor emailed the licensee and requested all documentation and records they implemented for the survey license order follow up (LOF) by the end of business day July 24, 2023.</p> <p>On August 1, 2023, at 1:25 p.m., the licensee emailed the MDH surveyor a document titled 24 Hour Customized Living Services - Daily, for R1. The start and end services date were expired: 7/15/2022 - 01/31/2023, but listed fees for services and a narrative on what staff members performed the services.</p> <p>R1 admitted to the licensee on April 9, 2022.</p> <p>R1's service plan dated April 9, 2022, lacked the following required components:<br/>-current fee schedule for services<br/>- the names and contact information of persons R1 wished to have notified in case of an emergency, or if there is a significant adverse change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency</p> <p>During an interview on July 31, 2023, at 8:30 a.m., OW-B said R1 refused to provide any contact names in case of an emergency. The licensee did not provide a copy of R1's service plan agreement or a policy/procedure on service plan agreements as part of the LOF records.</p> | {01650}                                                                |                                                                                                                          |  |                                                                 |
| {01970}<br>SS=F                                                         | <p><b>144G.72 Subd. 6 Treatment and therapy orders</b></p> <p>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</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | {01970}                                                                |                                                                                                                          |  |                                                                 |



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| {01970}                                                                 | <p>Continued From page 19</p> <p>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.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on record review and interview, the licensee failed to ensure there was an order from an authorized prescriber for foam boots for one of one resident (R1) reviewed for treatments. R1 was the only resident receiving services.</p> <p>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).</p> <p>The findings include:</p> <p>On July 19, 2023, at 11:24 a.m., the MDH surveyor emailed the licensee and requested all documentation and records they implemented for the survey license order follow up (LOF) by the end of business day July 24, 2023.</p> <p>On August 1, 2023, at 9:55 a.m., the licensee emailed the MDH surveyor a document titled Assessment and Med Management for R1. The document did not include information about a primary care provider order for foam boots R1 wore daily.</p> <p>On August 1, 2023, at 1:25 p.m., the licensee emailed the MDH surveyor a document titled 24</p> | {01970}                                                                                                |                                                                                                                          |  |                                                                 |



Minnesota Department of Health

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| {01970}                                                                 | <p>Continued From page 20</p> <p>Hour Customized Living Services - Daily, for R1. The start and end services date were expired: 7/15/2022 - 01/31/2023, but listed fees for services and a narrative on what staff members performed the services.</p> <p>R1 admitted to the licensee April 9, 2022. R1's diagnoses included multiple sclerosis and rheumatoid arthritis.</p> <p>R1's service plan dated April 9, 2022, indicated R1 was non ambulatory and used an electric wheelchair. R1 required staff assistance with all activities of daily living (ADLs). R1 could make her needs known and preferred to sleep in her wheelchair instead of her bed.</p> <p>R1's assessment dated July 31, 2023, indicated R1 required assistance with dressing her lower extremities, putting on socks and shoes. R1 had no special dressing needs and had a leg brace but no longer used it. There was no documentation in the assessment on the foam boots the MDH surveyor observed R1 wearing on May 1, 2023.</p> <p>During an interview on July 31, 2023, at 8:30 a.m., OW-A and OW-B said there was an order for R1's foam boots. OW-A said they did not have everything yet, and wanted another week to prepare and send LOF records.</p> | {01970}                                                                |                                                                                                                          |  |                                                                 |





*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically Delivered

June 21, 2023

Licensee

NG&NG Services Group LLC

8615 Birch Boulevard

Inver Grove Heights, MN 55076

RE: Project Number(s) SL37927015

Dear Licensee:

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

The Minnesota Department of Health completed an initial survey on May 2, 2023, for the purpose assessing compliance with state licensing statutes. At the time of the survey, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G.

#### **STATE CORRECTION ORDERS**

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

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

#### **DOCUMENTATION OF ACTION TO COMPLY**

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

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the resident(s)/employee(s) identified in the correction order.
- Identify how the area(s) of noncompliance was corrected for all of the provider's residents/employees that may be affected by the noncompliance.



- Identify what changes to your systems and practices were made to ensure compliance with the specific statute(s).

### **CORRECTION ORDER RECONSIDERATION PROCESS**

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

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

Please email reconsideration requests to: **Health.HRD.Appeals@state.mn.us**. Please attach this letter as part of your reconsideration request. Please clearly indicate which tag(s) you are contesting and submit information supporting your position(s).

Please address your cover letter for reconsideration requests to:

Reconsideration Unit  
Health Regulation Division  
Minnesota Department of Health  
P.O. Box 64970  
85 East Seventh Place  
St. Paul, MN 55164-0970

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

If you have any questions, please contact me.

Sincerely,



Rhylee Gilb, Supervisor  
State Rapid Response Team  
Email: rhylee.gilb@state.mn.us  
Telephone: 218-232-8285 Fax: 651-215-6894  
JMD



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>NG&amp;NG SERVICES GROUP LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>8615 BIRCH BOULEVARD<br/>INVER GROVE HEIGHTS, MN 55076</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                        |
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| 0 000                                                                   | <p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING<br/>CORRECTION ORDER(S)</p> <p>In accordance with Minnesota Statutes, section<br/>144G.08 to 144G.95, these correction orders are<br/>issued pursuant to a survey.</p> <p>Determination of whether violations are corrected<br/>requires compliance with all requirements<br/>provided at the Statute number indicated below.<br/>When Minnesota Statute contains several items,<br/>failure to comply with any of the items will be<br/>considered lack of compliance.</p> <p>INITIAL COMMENTS:<br/>SL37927015</p> <p>On May 1 through May 2, 2023, the Minnesota<br/>Department of Health conducted a survey at the<br/>above provider, and the following correction<br/>orders are issued. At the time of the survey and<br/>investigation, there was one resident receiving<br/>services under the provider's Provisional Assisted<br/>Living Facility license.</p> | 0 000                                                                                                  | <p>Minnesota Department of Health is<br/>documenting the State Correction Orders<br/>using federal software. Tag numbers have<br/>been assigned to Minnesota State<br/>Statutes for Assisted Living Facilities. The<br/>assigned tag number appears in the far<br/>left column entitled "ID Prefix Tag." The<br/>state Statute number and the<br/>corresponding text of the state Statute out<br/>of compliance is listed in the "Summary<br/>Statement of Deficiencies" column. This<br/>column also includes the findings which<br/>are in violation of the state requirement<br/>after the statement, "This Minnesota<br/>requirement is not met as evidenced by."<br/>Following the evaluators' findings is the<br/>Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF<br/>THE FOURTH COLUMN WHICH<br/>STATES,"PROVIDER'S PLAN OF<br/>CORRECTION." THIS APPLIES TO<br/>FEDERAL DEFICIENCIES ONLY. THIS<br/>WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO<br/>SUBMIT A PLAN OF CORRECTION FOR<br/>VIOLATIONS OF MINNESOTA STATE<br/>STATUTES.</p> <p>THE LETTER IN THE LEFT COLUMN IS<br/>USED FOR TRACKING PURPOSES AND<br/>REFLECTS THE SCOPE AND LEVEL<br/>ISSUED PURSUANT TO 144G.31<br/>SUBDIVISION 1-3.</p> |  |                                                        |
| 0 470<br>SS=F                                                           | <p>144G.41 Subdivision 1 Minimum requirements</p> <p>(11) develop and implement a staffing plan for</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 0 470                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                        |

Minnesota Department of Health

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

TITLE

(X6) DATE



Minnesota Department of Health

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| 0 470                                                                   | <p>Continued From page 1</p> <p>determining its staffing level that:</p> <p>(i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility;</p> <p>(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</p> <p>(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;</p> <p>(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:</p> <p>(i) awake;</p> <p>(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;</p> <p>(iii) capable of communicating with residents;</p> <p>(iv) capable of providing or summoning the appropriate assistance; and</p> <p>(v) capable of following directions;</p> <p>This MN Requirement is not met as evidenced by:</p> <p>Based on record review, observation and interview, the licensee failed to develop and implement a staffing plan for determining its staffing level. This deficient practice affected all residents and staff.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety), and was issued at a</p> | 0 470                                                                                                  |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| 0 470                                                                   | <p>Continued From page 2</p> <p>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).</p> <p>Finding's include:</p> <p>The licensee was issued a Provisional Assisted Living Facility license (PALF) effective March 28, 2022 to May 23, 2023.</p> <p>During the entrance conference on May 1, 2023, at 10:15 a.m., owner (OW)-A and (OW)-B said they were familiar with the current assisted living laws and regulations. OW-A and OW-B said they did not have a staffing plan or schedule and no staffing policies. Then OW-A said they had a staffing schedule book stored in the kitchen area but it was not posted. OW-A said she would bring the MDH surveyor the schedule book. She produced a red plastic binder which contained a document titled Employee Time Record. Staff members signed in and out of work with this form.</p> <p>The licensee lacked a staffing plan and a staff schedule posted in a conspicuous space.</p> <p>During the licensee tour on May 1, 2023, at 11:30 a.m., the Minnesota Department of Health (MDH) surveyor observed a white eraser board in the main dining area. OW-A's name was written on the board and the initials "IGH" and R1's first name.</p> <p>Time Period to Correct: Twenty-one (21) Days</p> | 0 470                                                                                                  |                                                                                                                          |  |                                                        |
| 0 480<br>SS=F                                                           | <p>144G.41 Subd 1 (13) (i) (B) Minimum requirements</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0 480                                                                                                  |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| 0 480                                                                   | Continued From page 3<br><br>(13) offer to provide or make available at least the following services to residents:<br>(B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and<br><br>This MN Requirement is not met as evidenced by:<br>Based on record review, observation and interview, the licensee failed to ensure food was prepared according to the Minnesota Food Code.<br><br>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client'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 clients).<br><br>Findings include:<br><br>Please refer to the Minnesota Food and Beverage Establishment Inspection Report, dated May 2, 2023.<br><br>Time Period to Correct: Twenty-one (21) Days | 0 480                                                                                                  |                                                                                                                          |  |                                                     |
| 0 550<br>SS=F                                                           | 144G.41 Subd. 7 Resident grievances; reporting maltreatment<br><br>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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 0 550                                                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 550                                                                   | <p>Continued From page 4</p> <p>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 Health.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on record review, observation and interview, the licensee failed to post, in a conspicuous place, information about the licensee's grievance procedure, the name, telephone number and email contact information for the individuals responsible for handling resident grievances. This deficient practice affected all residents and staff.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client'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 clients).</p> <p>Findings include:</p> <p>The licensee was issued a Provisional Assisted Living Facility license (PALF) effective March 28, 2022 to May 23, 2023.</p> <p>During the entrance conference on May 1, 2023, at 10:15 a.m., owner (OW)-A and (OW)-B said</p> | 0 550                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 550                                                                   | Continued From page 5<br><br>they were familiar with current assisted living laws and regulations. OW-A said anyone with a complaint would call her first, then they could also write out a complaint and give it to her. OW-A would review concerns and attempt t resolve them. OW-A said persons could also call a case manager, Ombudsman, or the county with concerns.<br><br>During the licensee tour on May 1, 2023 at 11:30 a.m., the MDH surveyor did not observe any grievance information posted on either floor of the licensee.<br><br>The licensee did not have a grievance policy and procedure.<br><br>Time Period to Correct: Twenty-one (21) Days                                                                                                                                                                  | 0 550                                                                  |                                                                                                                          |  |                                                     |
| 0 580<br>SS=F                                                           | 144G.42 Subd. 2 Quality management<br><br>The facility shall engage in quality management appropriate to the size of the facility and relevant to the type of services provided. "Quality management activity" means evaluating the quality of care by periodically reviewing resident services, complaints made, and other issues that have occurred and determining whether changes in services, staffing, or other procedures need to be made in order to ensure safe and competent services to residents. Documentation about quality management activity must be available for two years. Information about quality management must be available to the commissioner at the time of the survey, investigation, or renewal.<br><br>This MN Requirement is not met as evidenced by:<br>Based on record review and interview, the | 0 580                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>NG&amp;NG SERVICES GROUP LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>8615 BIRCH BOULEVARD<br/>INVER GROVE HEIGHTS, MN 55076</b> |                                                                                                                          |  |                                                     |
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| 0 580                                                                   | <p>Continued From page 6</p> <p>licensee failed to engage in quality management (QM) activities and failed to produce any quality management documentation. This deficient practice affected all residents.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client'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 clients).</p> <p>Findings include:</p> <p>The licensee was issued a Provisional Assisted Living Facility license (PALF) effective March 28, 2022 to May 23, 2023.</p> <p>During the entrance conference on May 1, 2023, at 10:15 a.m., owner (OW)-A and (OW)-B said they were familiar with current assisted living laws and regulations. OW-B said they did some QM meetings in 2022 when they started the business, but had not done any meetings recently. OW-B said there were some QM meeting notes but could not provide them when the MDH surveyor requested them.</p> <p>During an interview on May 2, 2023, at 11:30 a.m., registered nurse (RN)-C said she sat in on one QM meeting when the licensee started.</p> <p>Review of a document titled Quality Management Policy, dated October 1, 2020, indicated the licensee would engage in QM activities for implementing, changing and improving the organization. Monthly meetings would take place to review staffing, scheduling and complaints as</p> | 0 580                                                                                                  |                                                                                                                          |  |                                                     |



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| NAME OF PROVIDER OR SUPPLIER<br><br><b>NG&amp;NG SERVICES GROUP LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>8615 BIRCH BOULEVARD<br/>INVER GROVE HEIGHTS, MN 55076</b> |                                                                                                                          |  |                                                        |
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| 0 580                                                                   | Continued From page 7<br><br>well as other topics. There would be monthly meetings with the lead RN and periodic staff meetings to review performance.<br><br>Quality management records for the past 12 months were requested but not provided.<br><br>Time Period to Correct: Twenty-one (21) Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 0 580                                                                                                  |                                                                                                                          |  |                                                        |
| 0 640<br>SS=F                                                           | <b>144G.42 Subd. 7</b> Posting information for reporting suspected c<br><br>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:<br>(1) posting the 911 emergency number in common areas and near telephones provided by the assisted living facility;<br>(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<br>(3) providing reasonable accommodations with information and notices in plain language.<br><br>This MN Requirement is not met as evidenced by:<br>Based on record review, observation and interview, the licensee failed to post the 911 emergency number in common areas and near telephones and failed to post information and the reporting phone number for the Minnesota Adult Abuse Reporting Center (MAARC). This deficient practice affected all residents, staff and visitors.<br><br>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a | 0 640                                                                                                  |                                                                                                                          |  |                                                        |



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| 0 640                                                                   | <p>Continued From page 8</p> <p>client'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 clients).</p> <p>Findings include:</p> <p>The licensee was issued a Provisional Assisted Living Facility license (PALF) effective March 28, 2022 to May 23, 2023.</p> <p>During the entrance conference on May 1, 2023, at 10:15 a.m., owner (OW)-A and (OW)-B said they were familiar with current assisted living laws and regulations.</p> <p>During the licensee tour on May 1, 2023, at 11:30 a.m., the MDH surveyor did not observe any posted 911 or MAARC reporting information.</p> <p>During the exit interview on May 2, 2023, at 2:50 a.m., OW-B said he was not aware they needed the postings.</p> <p>Review of a document titled Emergency Report and Internal Review, dated October 1, 2020, indicated emergencies needed to be reported within 24 hours. The licensee did not have a policy and procedure for calling 911.</p> <p>Time Period to Correct: Seven (7) Days</p> | 0 640                                                                  |                                                                                                                          |  |                                                     |
| 0 650<br>SS=F                                                           | <p>144G.42 Subd. 8 Employee records</p> <p>(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</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 0 650                                                                  |                                                                                                                          |  |                                                     |



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| 0 650                                                                   | <p>Continued From page 9</p> <p>include the following information:</p> <p>(1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules;</p> <p>(2) records of orientation, required annual training and infection control training, and competency evaluations;</p> <p>(3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision;</p> <p>(4) documentation of annual performance reviews that identify areas of improvement needed and training needs;</p> <p>(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</p> <p>(6) documentation of the background study as required under section 144.057.</p> <p>This MN Requirement is not met as evidenced by:</p> <p>Based on record review and interview, the licensee failed to ensure employee records included all the required components for three of three employees, owner (OW)-A, OW-B and registered nurse (RN)-C reviewed.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client'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 clients).</p> <p>Findings include:</p> | 0 650                                                                  |                                                                                                                          |  |                                                     |



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| 0 650                                                                   | <p>Continued From page 10</p> <p>The licensee was issued a Provisional Assisted Living Facility license (PALF) effective March 28, 2022 to May 23, 2023.</p> <p>During the entrance conference on May 1, 2023, at 10:15 a.m., owner (OW)-A and (OW)-B said they were familiar with current assisted living laws and regulations.</p> <p>OW-A's hire date was April 9, 2022.</p> <p>OW-A's employee records lacked:</p> <ul style="list-style-type: none"><li>- records of orientation, required annual training and infection control training, and competency evaluations;</li><li>- current job description, including qualifications, responsibilities, and identification of staff persons providing supervision;</li><li>- documentation of annual performance reviews that identify areas of improvement needed and training needs;</li></ul> <p>OW-B's hire date was April 9, 2022.</p> <p>OW-B's employee records lacked:</p> <ul style="list-style-type: none"><li>- records of orientation, required annual training and infection control training, and competency evaluations;</li><li>- current job description, including qualifications, responsibilities, and identification of staff persons providing supervision;</li><li>- documentation of annual performance reviews that identify areas of improvement needed and training needs;</li></ul> <p>RN-C's hire date was April 20, 2022.</p> <p>RN-C's employee records lacked:</p> <ul style="list-style-type: none"><li>- records of orientation, required annual training, and competency evaluations;</li></ul> | 0 650                                                                  |                                                                                                                          |  |                                                     |



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| 0 650                                                                   | <p>Continued From page 11</p> <ul style="list-style-type: none"><li>- current job description, including qualifications, responsibilities, and identification of staff persons providing supervision;</li><li>- documentation of annual performance reviews that identify areas of improvement needed and training needs.</li></ul> <p>During an interview on May 2, 2023, at 1:00 p.m., OW-A said when she bought the licensee, access to the electronic records account ended and she could not access her training records or any other staff training records. OW-A said she worked for the former owner and had completed required training. OW-A said she had paper copies of staff resumes and some of RN-C's certificates of training.</p> <p>A policy titled, Staff Training Policy, dated May 2, 2023, indicated all employees will have ongoing training sessions during their employment. All training will be recorded for each employee. New employee training and orientation included CPR, infection control, dementia and Alzheimer's training, tuberculosis, home care laws, vulnerable adults, bill of rights, emergencies, grievances, medications and person centered thinking.</p> <p>Time Period to Correct: Twenty-One (21) Days</p> | 0 650                                                                  |                                                                                                                          |  |                                                     |
| 0 680<br>SS=F                                                           | <p><b>144G.42 Subd. 10</b> Disaster planning and emergency preparedness</p> <p>(a) The facility must meet the following requirements:<br/>(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</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 0 680                                                                  |                                                                                                                          |  |                                                     |



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| 0 680                                                                   | <p>Continued From page 12</p> <p>assignments in the event of a disaster or an emergency;<br/>(2) post an emergency disaster plan prominently;<br/>(3) provide building emergency exit diagrams to all residents;<br/>(4) post emergency exit diagrams on each floor;<br/>and<br/>(5) have a written policy and procedure regarding missing residents.<br/>(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.<br/>(c) The facility must meet any additional requirements adopted in rule.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on Record review and interview, the licensee failed to have a written emergency preparedness plan (EPP) with all required components as outlined in Appendix Z, for evacuation, sheltering in place, identified temporary relocation sites and details staff assignments in the event of a disaster or emergency. This deficient practice had the potential to affect all residents, staff and visitors.</p> <p>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</p> | 0 680                                                                                                  |                                                                                                                          |                                                     |



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| NAME OF PROVIDER OR SUPPLIER<br><br><b>NG&amp;NG SERVICES GROUP LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>8615 BIRCH BOULEVARD<br/>INVER GROVE HEIGHTS, MN 55076</b>                   |  |                                                     |
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| 0 680                                                                   | <p>Continued From page 13</p> <p>a large portion or all of the residents).</p> <p>The findings include:</p> <p>The licensee was issued a Provisional Assisted Living Facility license (PALF) effective March 28, 2022 to May 23, 2023.</p> <p>During the entrance conference on May 1, 2023, at 10:15 a.m., owner (OW)-A and (OW)-B said they were familiar with current assisted living laws and regulations.</p> <p>On May 2, 2023, at 10:05 a.m, the MDH survyor asked OW-A to provide their EPP. OW-A said they had some policies about fire safety and what to do during a fire emergency, but said they did not have a specific written plan for all types of emergencies. If there was an a need to evacuate the home, OW-A said they would go to the Veteran's Administration (VA) Center of Inver Grove Heights; she had called them about taking residents in an emergency but had no written agreement with them. OW-A said she could verbally explain what the staff should do in emergencies but had nothing documented.</p> <p>The licesee EPP lacked:</p> <ul style="list-style-type: none"><li>-establishment of an EPP</li><li>-development of an EPP</li><li>-maintainance and annual EPP updates</li><li>-at risk patient population identified</li><li>-process for collaboration</li><li>-developemnt of EP policies and procedures</li><li>-subsistence needs for staff and residents</li><li>-procedures for tracking staff and patients</li><li>-policies and procedures including evacuation, sheltering and medical documents</li><li>-policies and procedures for volunteers</li><li>-arrangements wth other facilities</li></ul> | 0 680                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 680                                                                   | Continued From page 14<br><br>-roles under a waiver<br>-communication plan<br>-names and contact information<br>-emergency officials contacts<br>-primary and altenate means of communication<br>-methods for sharing communication, occupancy needs<br>-LTC family notifications<br>-emergency prep training and testing<br>-emergency prep training program, testing requirements<br>-no integrated health system information<br><br>A document titled "Emergency Repsonse, Reporting and Review Policy, dated 10/01/20, indicated staff should refer to websites for information on fires, severe weather, power failures,emergency shelter and emergency evacuation, temporary closure or relocation.<br><br>Time Period to Correct: Seven (7) Days | 0 680                                                                  |                                                                                                                          |  |                                                     |
| 0 790<br>SS=E                                                           | 144G.45 Subd. 2 (a) (2)-(3) Fire protection and physical environment<br><br>(2) install and maintain portable fire extinguishers in accordance with the State Fire Code;<br><br>(3) install portable fire extinguishers having a minimum 2-A:10-B:C rating within Group R-3 occupancies, as defined by the State Fire Code, located so that the travel distance to the nearest fire extinguisher does not exceed 75 feet, and maintained in accordance with the State Fire Code; and                                                                                                                                                                                                                                                                    | 0 790                                                                  |                                                                                                                          |  |                                                     |



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| 0 790                                                                   | <p>Continued From page 15</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, record review, and interview, the licensee failed to maintain portable fire extinguishers in accordance with the State Fire Code as required by MN Statute 144G.45 Subd(a)(2). This had the potential to directly affect one resident receiving care and staff.</p> <p>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 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).</p> <p>The findings include:</p> <p>On May 1, 2023, approximately from 1:10 p.m. to 2:00 p.m., survey staff toured the home with the owner (OW)-A. Survey staff observed the mounted portable extinguishers located on the lower- and main-level floors with the annual service date, November 2023, on the attached tags but all lacked the required records on the monthly "quick" inspections. The OW-A verified the findings.</p> <p>On May 1, 2023, at approximately 2:30 p.m., at the exit interview, OW-A acknowledged the findings.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Fourteen (14) days</p> | 0 790                                                                  |                                                                                                                          |  |                                                     |



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| 0 800<br>SS=F                                                           | <p><b>144G.45 Subd. 2 (a) (4) Fire protection and physical environment</b></p> <p>(4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation and interview, the licensee failed to maintain the physical environment of the facility in a continuous state of good repair and operation. This has the potential to directly affect the health, safety, and well-being of visitor(s), one resident receiving care, and staff.</p> <p>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).<br/>The findings include:</p> <p>On May 1, 2023, approximately from 1:10 p.m. to 2:00 p.m., survey staff toured the home with the owner (OW)-A. Survey staff observed and the OW-A visually and/or verbally verified the following findings during the tour:<br/>1) The bathrooms on the main level and lower-level floor did not have privacy locks for use by staff, residents, and visitors. The OW-A agreed that privacy lock provisions are necessary</p> | 0 800                                                                                                  |                                                                                                                          |  |                                                     |



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| 0 800                                                                   | Continued From page 17<br><br>for privacy.<br>2) The main entrance door failed to allow for quick operation for egress from the inside to exit the home immediately for safe egress during a fire or an emergency when the top security chain is utilized. The door had security guard hardware with a sliding lock and was located at a height of approximately 72 inches above the floor. Survey staff explained to the OW-A that the main entrance door is an exit door and if the sliding security guard was used at 72 inches above the floor, it restricts egress from inside the home. All egress doors and windows must be readily openable from the inside without special knowledge or effort. The OW-A stated they currently have one resident and do not use the top security chain as it was there when they bought the home. The OW-A agreed to remove the top security guard hardware.<br><br>On May 1, 2023, at approximately 2:30 p.m., at the exit interview, the OW-A acknowledged the above finding.<br><br>No Further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Fourteen (14) days | 0 800                                                                                                  |                                                                                                                          |  |                                                        |
| 0 810<br>SS=F                                                           | 144G.45 Subd. 2 (b)-(f) Fire protection and physical environment<br><br>(b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to:<br>(1) location and number of resident sleeping rooms;<br>(2) employee actions to be taken in the event of a fire or similar emergency;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0 810                                                                                                  |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| 0 810                                                                   | <p>Continued From page 18</p> <p>(3) fire protection procedures necessary for residents; and</p> <p>(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.</p> <p>(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.</p> <p>(d) Fire safety and evacuation plans shall be readily available at all times within the facility.</p> <p>(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.</p> <p>(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.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, record review, and interview, the licensee failed to provide all required content on the fire safety and evacuation plan, the required training on the fire safety and evacuation plan, and the minimum number of evacuation drills. This has the potential to directly affect the safety of the one resident receiving care, staff, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or</p> | 0 810                                                                                                  |                                                                                                                          |  |                                                        |



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| 0 810                                                                   | <p>Continued From page 19</p> <p>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).</p> <p>The findings include:</p> <p>On May 1, 2023, at approximately 2:00 p.m., survey staff requested the home ' s fire safety and evacuation documentation, the evacuation drill, and related training documentation for review. At approximately, 2:15 p.m., documentation review and interview with the owner (OW)-A on the fire safety and evacuation plan and related documentation indicated the following:</p> <ol style="list-style-type: none"><li>1. The plan lacked fire protection procedures for residents.</li><li>2. The plan lacked complete content on employee fire safety procedures.</li><li>3. The plan lacked documentation that included the identification of unique or unusual resident needs for movement or evacuation under procedures for resident movement, evacuation, or relocation during a fire or similar emergency.</li><li>4. Documentation review showed the licensee lacked a training policy or record of one resident that can self-assist in their evacuation on the proper actions to be taken in the event of a fire including movement, evacuation, or relocation, required annually</li><li>5. Record reveiw showed the licensee lacked a record of employee training on the fire safety and evacuation plan for the home. The records were requested for review but no records were provided or available. Survey staff explained to the OW-A that the minimum required employee</li></ol> | 0 810                                                                  |                                                                                                                          |  |                                                     |



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| 0 810                                                                   | Continued From page 20<br><br>training is upon hire and twice a year.<br>6. Record review showed the employee fire evacuation drill records were performed monthly but failed to show drills performed for the 2nd shift (7:00 p.m. to 7 a.m.). The OW-A explained that the 2nd shift employee(s) were asked to join the drills with the 1st shift employee(s) during the day. The OW-A verified the finding. Survey staff explained to the OW-A that all evacuation drills must be performed within the hours of the scheduled work shift.<br><br>On May 1, 2023, at approximately 2:40 p.m., at the exit interview, OW-A acknowledged the findings.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days                  | 0 810                                                                  |                                                                                                                          |  |                                                     |
| 01330<br>SS=D                                                           | 144G.60 Subd. 4 (b) Unlicensed personnel<br><br>(b) Unlicensed personnel performing delegated nursing tasks in an assisted living facility must:<br>(1) have successfully completed training and demonstrated competency by successfully completing a written or oral test of the topics in section 144G.61, subdivision 2, paragraphs (a) and (b), and a practical skills test on tasks listed in section 144G.61, subdivision 2, paragraphs (a), clauses (5) and (7), and (b), clauses (3), (5), (6), and (7), and all the delegated tasks they will perform;<br>(2) satisfy the current requirements of Medicare for training or competency of home health aides or nursing assistants, as provided by Code of Federal Regulations, title 42, section 483 or 484.36; or | 01330                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>NG&amp;NG SERVICES GROUP LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>8615 BIRCH BOULEVARD<br/>INVER GROVE HEIGHTS, MN 55076</b>                   |  |                                                     |
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| 01330                                                                   | <p>Continued From page 21</p> <p>(3) have, before April 19, 1993, completed a training course for nursing assistants that was approved by the commissioner.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on record review, observation, and interview, the licensee failed to ensure one of three staff reviewed, owner (OW)-A, who also worked as an unlicensed personnel (ULP), completed training and demonstrated competency by completing a written or oral test of delegated tasks. OW-A administered medications, provided catheter cares and other direct cares for R1, but had no documented training or demonstrated competency in her record.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety) and was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>Findings include:</p> <p>The licensee was issued a Provisional Assisted Living Facility license (PALF) effective March 28, 2022 to May 23, 2023.</p> <p>During the entrance conference on May 1, 2023, at 10:15 a.m., owner (OW)-A and (OW)-B said they were familiar with current assisted living laws and regulations.</p> <p>R1 admitted to the licensee April 9, 2022.</p> | 01330                                                                  |                                                                                                                          |  |                                                     |



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| 01330                                                                   | <p>Continued From page 22</p> <p>R1's diagnoses included multiple sclerosis and rheumatoid arthritis.</p> <p>R1's service plan dated April 9, 2022, indicated R1 was non ambulatory and used an electric wheelchair. R1 required staff assistance with all activities of daily living (ADLs). R1 received medication administration and catheter cares.</p> <p>During an observation on May 2, 2023, at 8:45 a.m., OW-A administered R1's prescribed morning medications and repositioned R1's feet. Catheter cares were not observed; R1 declined letting the MDH surveyor observe any other cares.</p> <p>During an interview on May 2, 2023, at 11:30 a.m., registered nurse (RN)-C said she trained OW-A on catheter cares for R1 and "she did great." RN-C said she did not have anything documented on OW-A's catheter training and "we've all been here awhile back under the old company."</p> <p>During an interview on May 2, 2023, at 1:00 p.m., OW-A said when she purchased the licensee and the ownership changed, the electronic records, including training and orientation records, were no longer available. OW-A said she had all her training done when she worked for the former owner and this was also true for RN-C. OW-A said she did not have paper copies of staff trainings.</p> <p>A policy titled "Requirements for Instructors, Training Content and Competency Evaluations", dated July 31, 2021, indicated training and competency evaluations of ULPs providing comprehensive home care will be performed by the RN or another instructor in conjunction with</p> | 01330                                                                                                  |                                                                                                                          |  |                                                        |



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| 01330                                                                   | Continued From page 23<br><br>an RN.<br><br>Time Period to Correct: Seven (7) Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 01330                                                                  |                                                                                                                          |  |                                                     |
| 01450<br>SS=D                                                           | <b>144G.62 Subd. 5 Documentation</b><br><br>A facility must retain documentation of supervision activities in the personnel records.<br><br>This MN Requirement is not met as evidenced by:<br>Based on record review and interview, the licensee failed to retain documentation of supervision activities in personnel records for one of three staff, owner (OW)-A, reviewed. OW-A worked as an unlicensed personnel (ULP) and provided direct cares to R1.<br><br>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety) and was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).<br><br>Findings include:<br><br>The licensee was issued a Provisional Assisted Living Facility license (PALF) effective March 28, 2022 to May 23, 2023.<br><br>During the entrance conference on May 1, 2023, at 10:15 a.m., OW-A and OW-B said they were familiar with current assisted living laws and regulations.<br><br>OW-A's hire date was April 9, 2022. | 01450                                                                  |                                                                                                                          |  |                                                     |



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| 01450                                                                   | Continued From page 24<br><br>OW-A's personnel record lacked documentation of supervisory activities by the registered nurse (RN).<br><br>During an interview on May 2, 2023, at 11:30 a.m., RN-C said she was responsible for training and skills competency. RN-C said she did not recall when she documented any supervision of staff.<br><br>The licensee did not have a policy and procedure on supervision documentation.<br><br>Time Period to Correct: Twenty-one (21) Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 01450                                                                                                  |                                                                                                                          |  |                                                        |
| 01500<br>SS=F                                                           | 144G.63 Subd. 5 Required annual training<br><br>(a) All staff that perform direct services must complete at least eight hours of annual training for each 12 months of employment. The training may be obtained from the facility or another source and must include topics relevant to the provision of assisted living services. The annual training must include:<br>(1) training on reporting of maltreatment of vulnerable adults under section 626.557;<br>(2) review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights;<br>(3) review of infection control techniques used in the home and implementation of infection control standards including a review of hand washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; | 01500                                                                                                  |                                                                                                                          |  |                                                        |



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| 01500                                                                   | <p>Continued From page 25</p> <p>disinfecting environmental surfaces; and reporting communicable diseases;</p> <p>(4) effective approaches to use to problem solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders;</p> <p>(5) review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and</p> <p>(6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person.</p> <p>(b) In addition to the topics in paragraph (a), annual training may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics:</p> <p>(1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and challenges it poses to communication;</p> <p>(2) the health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or</p> <p>(3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on record review and interview, the licensee failed to ensure direct care staff</p> | 01500                                                                  |                                                                                                                          |  |                                                     |



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| 01500                                                                   | <p>Continued From page 26</p> <p>completed at least eight hours of annual training on required topics for each 12 months of employment for three of three staff, owner (OW)-A, OW-B and registered nurse (RN)-C.</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client'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 clients).</p> <p>Findings include:</p> <p>The licensee was issued a Provisional Assisted Living Facility license (PALF) effective March 28, 2022 to May 23, 2023.</p> <p>During the entrance conference on May 1, 2023, at 10:15 a.m., OW-A and OW-B said they were familiar with current assisted living laws and regulations.</p> <p>OW-A's hire date was April 9, 2022.</p> <p>OW-A's training record lacked eight hours of annual training for each 12 months of employment on:</p> <ul style="list-style-type: none"> <li>- training on reporting of maltreatment of vulnerable adults under section 626.557;</li> <li>review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights;</li> <li>- review of infection control techniques used in the home and implementation of infection control standards including a review of hand washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal</li> </ul> | 01500                                                                                                  |                                                                                                                          |                                                        |



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| 01500                                                                   | <p>Continued From page 27</p> <p>of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting communicable diseases;</p> <ul style="list-style-type: none"> <li>- effective approaches to use to problem solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders;</li> <li>- review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and</li> <li>- the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person.</li> </ul> <p>OW-B's hire date was April 9, 2022.</p> <p>OW-B's training record lacked eight hours of annual training for each 12 months of employment on:</p> <ul style="list-style-type: none"> <li>- training on reporting of maltreatment of vulnerable adults under section 626.557;</li> <li>review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights;</li> <li>- review of infection control techniques used in the home and implementation of infection control standards including a review of hand washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting communicable diseases;</li> <li>- effective approaches to use to problem solve when working with a resident's challenging</li> </ul> | 01500                                                                                                  |                                                                                                                          |  |                                                        |



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| (X4) ID<br>PREFIX<br>TAG                                                | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ID<br>PREFIX<br>TAG                                                    | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                            |
| 01500                                                                   | <p>Continued From page 28</p> <p>behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders;</p> <ul style="list-style-type: none"><li>- review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and</li><li>- the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person.</li></ul> <p>RN-C's hire date was April 20, 2022.</p> <p>RN-C's training record lacked eight hours of annual training for each 12 months of employment on:</p> <ul style="list-style-type: none"><li>- training on reporting of maltreatment of vulnerable adults under section 626.557; review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights;</li><li>- review of infection control techniques used in the home and implementation of infection control standards including a review of hand washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting communicable diseases;</li><li>- effective approaches to use to problem solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders;</li><li>- review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and</li></ul> | 01500                                                                  |                                                                                                                          |  |                                                     |



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| 01500                                                                   | <p>Continued From page 29</p> <p>- the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person.</p> <p>During an interview on May 2, 2023, at 1:00 p.m., OW-A said when she bought the licensee, access to the EMR account ended and she could not access her training records or any other staff training records. OW-A said she worked for the former owner and had completed required training. OW-A said she had paper copies of staff resumes and some of RN-C's certificates of training.</p> <p>During an interview on May 2, 2023, at 2:00 p.m., the MDH surveyor requested OW-B's personal file and training records. OW-A said she could "put it together and send it tomorrow." The MDH surveyor requested OW-B's personnel file a second time and OW-A said she had emailed the MDH surveyor his records the day before. The MDH surveyor had not requested or received any of OW-B's training records the day before.</p> <p>During an interview on May 2, 2023, at 2:40 p.m., OW-B said he looked for his personnel file and cannot find it, it may be at their home. OW-B said he would email his training records the next day.</p> <p>On May 3, 2023, at 2:26 p.m., the MDH surveyor received an email from OW-B. The email had one attachment. The attachment contained OW-B's 2022 W-4 form, a Minnesota New Hire Form, a Department of Homeland Security I-9 form, OW-B's resume, and a certificate for completion of a Department of Human Services training, "Waiver and AC Resources and MN-Its Training, dated April 11-12, 2023.</p> <p>A policy titled, Staff Training Policy, dated May 2,</p> | 01500                                                                                                  |                                                                                                                          |  |                                                     |



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| 01500                                                                   | Continued From page 30<br><br>2023, indicated all employees will have ongoing training sessions during their employment. All training will be recorded for each employee and employees must have a minimum of 12 hours per year.<br><br>Time Period to Correct: Twenty-One (21) Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 01500                                                                  |                                                                                                                          |  |                                                     |
| 01650<br>SS=F                                                           | 144G.70 Subd. 4 (f) Service plan, implementation and revisions to<br><br>(f) The service plan must include:<br>(1) a description of the services to be provided, the fees for services, and the frequency of each service, according to the resident's current assessment and resident preferences;<br>(2) the identification of staff or categories of staff who will provide the services;<br>(3) the schedule and methods of monitoring assessments of the resident;<br>(4) the schedule and methods of monitoring staff providing services; and<br>(5) a contingency plan that includes:<br>(i) the action to be taken if the scheduled service cannot be provided;<br>(ii) information and a method to contact the facility;<br>(iii) the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency; and<br>(iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters. | 01650                                                                  |                                                                                                                          |  |                                                     |



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| 01650                                                                   | <p>Continued From page 31</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on record review and interview, the licensee failed to ensure the service plan included all required components for one of one resident, (R1) reviewed for services.</p> <p>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).</p> <p>The findings include:</p> <p>The licensee was issued a Provisional Assisted Living Facility license (PALF) effective March 28, 2022 to May 23, 2023.</p> <p>During the entrance conference on May 1, 2023, at 10:15 a.m., owner (OW)-A and OW-B said they were familiar with current assisted living laws and regulations.</p> <p>R1 admitted to the licensee on April 9, 2022.</p> <p>R1's service plan dated April 9, 2022, lacked the following required components:</p> <ul style="list-style-type: none"><li>- the fee for services</li><li>- the frequency of each service</li><li>- the names and contact information of persons R1 wished to have notified in case of an emergency, or if there is a significant adverse change in the resident's condition, including identification of and information as to who has</li></ul> | 01650                                                                  |                                                                                                                          |  |                                                     |



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| 01650                                                                   | Continued From page 32<br><br>authority to sign for the resident in an emergency<br><br>R1's service plan dated April 9, 2022, also lacked<br>signatures from R1 or her representative, and<br>from OW-A and/or OW-B, listed below the<br>signature line as the licensee representatives.<br><br>During an interview on May 1, 2023, at 12:30<br>p.m., OW-A said R1's fees were on a separate<br>customized living rate sheet from the county and<br>arrived after R1 admitted to the licensee. OW-A<br>said R1 signed the service plan with no fee<br>information and they did not update R1's service<br>plan or review with her what the fees were when<br>they arrived.<br><br>An email to the MDH surveyor, dated May 1,<br>2023 at 4:20 p.m. included an attachment with a<br>policy titled Resident Admission Policy, dated May<br>17, 2023. The policy indicated during the<br>interview process for county placement a room<br>would be held when the county guaranteed<br>payment.<br><br>Time Period to Correct: Seven (7) Days | 01650                                                                                                  |                                                                                                                          |  |                                                        |
| 01730<br>SS=F                                                           | <b>144G.71 Subd. 5 Individualized medication<br/>management plan</b><br><br>(a) For each resident receiving medication<br>management services, the assisted living facility<br>must prepare and include in the service plan a<br>written statement of the medication management<br>services that will be provided to the resident. The<br>facility must develop and maintain a current<br>individualized medication management record for<br>each resident based on the resident's<br>assessment that must contain the following:<br>(1) a statement describing the medication                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 01730                                                                                                  |                                                                                                                          |  |                                                        |



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| 01730                                                                   | <p>Continued From page 33</p> <p>management services that will be provided;<br/>(2) a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions;<br/>(3) documentation of specific resident instructions relating to the administration of medications;<br/>(4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis;<br/>(5) identification of medication management tasks that may be delegated to unlicensed personnel;<br/>(6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and<br/>(7) any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions.<br/>(b) The medication management record must be current and updated when there are any changes.<br/>(c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on record review and interview, the licensee failed to develop and maintain a current individualized medication management plan for one of one resident (R1) reviewed for medication.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or</p> | 01730                                                                  |                                                                                                                          |  |                                                     |



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| 01730                                                                   | <p>Continued From page 34</p> <p>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).</p> <p>The findings include:</p> <p>R1 admitted to the licensee April 9, 2022.</p> <p>R1's service plan dated April 9, 2022, indicated unlicensed staff (ULPs) would administer R1's medications daily per the medication administration record (MAR) and document administration. The registered nurse (RN) would set up and check R1's medications monthly.</p> <p>R1's medication management plan dated February 1, 2023, lacked:</p> <ul style="list-style-type: none"><li>- a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions</li><li>- documentation of specific resident instructions relating to the administration of medications</li><li>- identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis</li><li>- identification of medication management tasks that may be delegated to unlicensed personnel</li><li>- procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and</li><li>- any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use</li></ul> | 01730                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01730                                                                   | Continued From page 35<br><br>to prevent possible complications or adverse reactions.<br><br>During an interview on May 2, 2023, at 11:30 a.m., RN-C said she does R1's medication set-up every two weeks and trains ULPs to administer medications. RN-C said the staff know to call her with medication questions and everything is documented in the electronic medication administration record.<br><br>A policy titled Medication Management, dated October 1, 2020, indicated the RN conducted medication assessments, reviews and changes and orientated staff to administer medications.<br><br>Time Period to Correct: Seven (7) Days                                                                                                                                                           | 01730                                                                  |                                                                                                                          |  |                                                     |
| 01970<br>SS=F                                                           | 144G.72 Subd. 6 Treatment and therapy orders<br><br>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.<br><br>This MN Requirement is not met as evidenced by:<br>Based on record review, observation, and interview, the licensee failed to ensure there was an order from an authorized prescriber for foam boots for one of one resident (R1) reviewed for treatments.<br><br>This practice resulted in a level two violation (a | 01970                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>NG&amp;NG SERVICES GROUP LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>8615 BIRCH BOULEVARD<br/>INVER GROVE HEIGHTS, MN 55076</b> |                                                                                                                          |  |                                                     |
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| 01970                                                                   | <p>Continued From page 36</p> <p>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).</p> <p>The findings include:</p> <p>R1 admitted to the licensee April 9, 2022.</p> <p>R1's diagnoses included multiple sclerosis and rheumatoid arthritis.</p> <p>R1's service plan dated April 9, 2022, indicated R1 was non ambulatory and used an electric wheelchair. R1 required staff assistance with all activities of daily living (ADLs). R1 could make her needs known and prefered to sleep in her wheelchair instead of her bed.</p> <p>R1's master care plan updated on February 1, 2023, by registered nurse (RN)-C, indicated R1 required assistance with dressing her lower extremeties, putting on socks and shoes. R1 had no special dressing needs and had a leg brace but no longer used it.</p> <p>During the licensee tour on May 1, 2023, at 11:30 a.m., the MDH surveyor introduced herself to R1 who was in her room watching television. The MDH surveyor observed R1 wore ankle-high foam boots with bootlace-type ties on both feet.</p> <p>R1's record lacked documentation on her foam boots.</p> <p>During an interview with R1 on May 1, 2023, at</p> | 01970                                                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01970                                                                   | <p>Continued From page 37</p> <p>11:55 a.m., R1 said she got her slippers from her doctor about 1 year ago and wears them to protect her feet since she is in her wheelchair all the time. She did not think they were prescribed by the physician. When she needed them off or readjusted she asked staff members to help her.</p> <p>During an interview on May 2, 2023, at 9:38 a.m., OW-A said R1 received the foam boots when she was hospitalized several months ago, then said R1 got them during a visit to her primary physician when R1 went for a pre-admission physical before she moved to the licensee. OW-A said there was no prescription for them and she did not have instructions on what to do with them. OW-A said the nurse probably had a note about R1's foam boots.</p> <p>During an interview on May 2, 2023, at 11:30 a.m., RN-C said she does R1's assessments, catheter cares, vital signs, skin checks and medication set-ups. RN-C said R1 has had the foam boots for over 1 year and any nursing documentation she did on the foam boots would be in Rtasks, the electronic medical record (EMR). RN-C said she was unsure if she needed to call the PCP and get an order for them.</p> <p>A policy, titled RTasks Policy, dated October 1, 2020, indicated the following information was captured in the EMR system for all residents: care plans maintained the the RN, and service plans, include all services provided by care givers.</p> <p>Time Period to Correct: Seven (7) Days</p> | 01970                                                                  |                                                                                                                          |  |                                                     |
| 03090<br>SS=C                                                           | 144.6502, Subd. 8 Notice to Visitors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 03090                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 03090                                                                   | <p>Continued From page 38</p> <p>(a) A facility must post a sign at each facility entrance accessible to visitors that states:<br/>"Electronic monitoring devices, including security cameras and audio devices, may be present to record persons and activities."<br/>(b) The facility is responsible for installing and maintaining the signage required in this subdivision.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation and interview the licensee failed to post a sign at the licensee entrance accessible to visitors that stated: "Electronic monitoring devices, including security cameras and audio devices, may be present to record persons and activities." This deficient practice affected all residents, staff and visitors.</p> <p>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).</p> <p>Findings include:</p> <p>The licensee was issued a Provisional Assisted Living Facility license (PALF) effective March 28, 2022 to May 23, 2023.</p> <p>During the entrance conference on May 1, 2023, at 10:15 a.m., owner (OW)-A and (OW)-B said they were familiar with current assisted living laws and regulations.</p> <p>During the licensee tour on May 1, 2023, at 11:30</p> | 03090                                                                                                  |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>NG&amp;NG SERVICES GROUP LLC</b> |                                                                                                                                                                                                                                                                                                                       | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>8615 BIRCH BOULEVARD<br/>INVER GROVE HEIGHTS, MN 55076</b> |                                                                                                                          |  |                                                        |
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| 03090                                                                   | <p>Continued From page 39</p> <p>a.m., the MDH surveyor did not observe any electronic monitoring signage posted at the licensee entrance.</p> <p>During the exit interview on May 2, 2023, at 2:50 a.m., OW-B said he was not aware they needed the posting.</p> <p>Time Period to Correct: Twenty-one (21) Days</p> | 03090                                                                                                  |                                                                                                                          |  |                                                        |



Type: Full  
Date: 05/02/23  
Time: 19:00:00  
Report: 1036231114

## Food and Beverage Establishment Inspection Report

Page 1

**Location:**

NG&NG Services Group LLC  
8615 Birch Boulevard  
Inver Grove Heights, MN55076  
Dakota County, 19

**Establishment Info:**

ID #: 0036197  
Risk:  
Announced Inspection: Yes

**License Categories:**

Expires on: / /

**Operator:**

Phone #: 6516665091  
ID #:

The violations listed in this report include any previously issued orders and deficiencies identified during this inspection. Compliance dates are shown for each item.

The following orders were issued during this inspection.

### 2-200 Employee Health

#### 2-201.11C

**\*\* Priority 1 \*\***

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

NO EMPLOYEE ILLNESS LOG ON SITE. EXAMPLE MDH ILLNESS LOG PROVIDED AND EXPLAINED DURING INSPECTION.

*Comply By: 05/01/23*

### 2-100 Supervision

#### 2-102.12AMN

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

NO CFPM EMPLOYED. HAVE AT LEAST ONE STAFF MEMBER TAKE 8 HOUR CLASS, PASS THE TEST, AND REGISTER WITH MDH.

*Comply By: 08/01/23*

### 4-200 Equipment Design and Construction

#### 4-201.11GMN

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

OBSERVED CONTAINERS OF LEFTOVERS FOODS PREPARED THE PREVIOUS DAY BEING COLD HELD IN FRIDGE. DISCONTINUE SAVING AND SERVING LEFTOVERS. ITEMS DISCARDED ON SITE.



Type: Full  
Date: 05/02/23  
Time: 19:00:00  
Report: 1036231114  
NG&NG Services Group LLC

# Food and Beverage Establishment Inspection Report

Page 2

Comply By: 05/01/23

## Surface and Equipment Sanitizers

Hot Water: = at >180 Degrees Fahrenheit  
Location: DISH MACHINE  
Violation Issued: No

## Food and Equipment Temperatures

Process/Item: Ambient Temp  
Temperature: 40 Degrees Fahrenheit - Location: KITCHEN FRIDGE  
Violation Issued: No

Process/Item: Ambient Temp  
Temperature: 2 Degrees Fahrenheit - Location: KITCHEN FREEZER  
Violation Issued: No

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

THIS INSPECTION WAS CONDUCTED IN CONJUNCTION WITH MDH HEALTH REGULATORY DIVISION (HRD) SURVEY. SURVEYOR FROM HRD WAS LISSA LIN. INSPECTION CONDUCTED IN PRESENCE OF SAKINA NGANDU , THE PERSON IN CHARGE. ALL VIOLATIONS WERE DISCUSSED WITH PERSON IN CHARGE AND HRD EVALUATOR DURING INSPECTION.

FOOD SERVICE AREA FLOORS, WALLS, CEILINGS, COUNTERTOPS, AND FINISH MATERIALS MUST BE NON-ABSORBANT, SMOOTH, DURABLE, AND EASILY CLEANABLE. CEILINGS CANNOT HAVE POPCORN TEXTURE. CABINETS CANNOT HAVE HOLLOW BASES. EXPOSED WOOD IS NOT APPROVED FOR FOOD SERVICE AREAS. ANYWHERE FOOD IS STORED OR PREPARED IS A FOOD SERVICE AREA.

THIS FACILITY DOES NOT HAVE COMMERCIAL GRADE ANSI EQUIPMENT. ALL FOOD MUST BE SERVED THE SAME DAY IT IS PREPARED, AND LEFTOVERS CAN NEVER BE SAVED.

THESE ADDITIONAL TOPICS WERE DISCUSSED WITH THE PERSON IN CHARGE:

- EMPLOYEE ILLNESS EXCLUSION
- HAND WASHING PROCEDURE
- NO BARE HAND CONTACT WITH RTE FOOD
- VOMIT CLEAN UP PROCEDURE
- FULLY COOKING FOOD FOR HIGH RISK POPULATIONS
- ANSI 184 STANDARD FOR RESIDENTIAL DISH WASHER

FOR CORRECT BY DATES REFER TO COMPLETE REPORT ISSUED BY HRD.

**\*\*IF ANY RESIDENTS OR STAFF COMPLAIN OF ILLNESS, CONTACT THE MINNESOTA DEPARTMENT OF HEALTH AND PROVIDE THE FOODBORNE ILLNESS HOTLINE PHONE NUMBER TO THE CUSTOMER. THE FOODBORNE ILLNESS HOTLINE PHONE NUMBER IS 1-877-366-3455.**



Type: Full  
Date: 05/02/23  
Time: 19:00:00  
Report: 1036231114  
NG&NG Services Group LLC

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# Food and Beverage Establishment Inspection Report

Page 3

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

I acknowledge receipt of the inspection report number 1036231114 of 05/02/23.

Certified Food Protection Manager: \_\_\_\_\_

Certification Number: \_\_\_\_\_ Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Inspection report reviewed with person in charge and emailed.**

Signed: \_\_\_\_\_

Sakina Ngandu  
Kitchen Manager

Signed: \_\_\_\_\_

Jeff Johanson