Electronically Delivered

November 14, 2022

Administrator
Caringhands Home Health Care, Inc.
6714 92nd Bay
Cottage Grove, MN 55016

RE: Project Number(s) SL37994015

Dear Administrator:

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

The Minnesota Department of Health completed a an initial evaluation on October 19, 2022, for the purpose of assessing compliance with state licensing statutes. At the time of the evaluation, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G.

The enclosed State Form documents the state licensing orders. The Department of Health documents state licensing 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 . . ."

IMPOSITION OF FINES
In accordance with Minn. Stat. § 144G.31, Subd. 4, fines and enforcement actions may be imposed based on the level and scope of the violations and imposed immediately with no opportunity to correct the violation first as follows:

Level 1: no fines or enforcement.
Level 2: a fine of $500 per violation, in addition to any enforcement mechanism authorized in § 144G.20 for widespread violations;
Level 3: a fine of $3,000 per violation per incident, in addition to any enforcement mechanism authorized in § 144G.20.

Level 4: a fine of $5,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20.

In accordance with Minn. Stat. § 144G.20, Subd. 4(a)(5), the Department of Health imposes fine amounts of either $1,000 or $5,000 to licensees who are found to be responsible for maltreatment. The Department of Health imposes a fine of $1,000 for each substantiated maltreatment violation that consists of abuse, neglect, or financial exploitation according to Minn. Stat. § 626.5572. Subds. 2, 9, 17. The Department of Health also may impose a fine of $5,000 for each substantiated maltreatment violation consisting of sexual assault, death, or abuse resulting in serious injury.

In accordance with Minn. Stat. § 144G.31, Subd. 4(a)(5)(b), when a fine is assessed against a facility for substantiated maltreatment, the commissioner shall not also impose an immediate fine under this chapter for the same circumstance.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, no immediate fines are assessed.

DOCUMENTATION OF ACTION TO COMPLY

Per Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document any action taken to comply with the correction order by the correction order date. A copy of the provider's records documenting those actions may be requested for follow-up evaluations. The licensee is not required to submit a plan of correction 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 licensing 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 general reconsideration requests to: **Health.HRD.Appeals@state.mn.us**.

Please address your cover letter for general reconsideration requests to:	Free from Maltreatment reconsideration requests should addressed to:

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

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 this letter and the results of this visit with the President of your organization's Governing Body. If you have any questions, please contact me.

Sincerely,

Paul Spencer, Supervisor
State Rapid Response Team
85 East Seventh Place, Suite 220
P.O. Box 64970
St. Paul, MN 55164-0970
Telephone: 651-201-4222 Fax: 651-281-9796

PMB

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	37994	A. BUILDING: _____ B. WING _____	10/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARINGHANDS HOME HEALTH CARE INC	6714 92ND BAY COTTAGE GROVE, MN 55016

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments Initial comments ******ATTENTION****** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDERS In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL37994015 On October 18 and 19, 2022, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey there was one (1) resident receiving services under the provider's Provisional Assisted Living Facility license.Caringhands Home Heath Care Inc was found to be in substantial compliance with state regulations.	0 000	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators ' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	
0 180 SS=F	144G.16 Subd. 2 Initial survey	0 180		

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0 180	Continued From page 1 (a) During the provisional license period, the commissioner shall survey the provisional licensee after the commissioner is notified or has evidence that the provisional licensee is providing assisted living services to at least one resident. (b) Within two days of beginning to provide assisted living services, the provisional licensee must provide notice to the commissioner that it is providing assisted living services by sending an e-mail to the e-mail address provided by the commissioner. (c) If the provisional licensee does not provide services during the provisional license period, the provisional license shall expire at the end of the period and the applicant must reapply. (d) If the provisional licensee notifies the commissioner that the licensee is providing assisted living services within 45 calendar days prior to expiration of the provisional license, the commissioner may extend the provisional license for up to 60 calendar days in order to allow the commissioner to complete the on-site survey required under this section and follow-up survey visits. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to notify the Minnesota Department of Health (MDH) within two days of starting services. This affected one of one resident (R1) reviewed. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at 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	0 180		

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0 180	Continued From page 2 of the residents). Findings Include: The licensee's Assisted Living Faculty license became effective November 23, 2021. R1 admitted to the licensee March 1, 2022. R1's diagnoses was not included on the notification submission. R1's signed service plan dated and signed March 1, 2022, indicated R1 received services including medication administration. MDH records indicated the licensee signed the notification of services to MDH on May 18, 2022. During an interview on October 18, 2022, at approximately 2:00 p.m., Owner-A stated he overlooked sending an update to MDH after R1's admission and sent it in after he received a reminder from MDH. The licensee lacked a policy related to this requirement in accordance with MN Statutes Chapter 144G. TIME PERIOD FOR CORRECTION: Two (2) Days.	0 180		
0 650 SS=E	144G.42 Subd. 8 Employee records (a) The facility must maintain current records of each paid employee, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following information: (1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules;	0 650		

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0 650	Continued From page 3 (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision; (4) documentation of annual performance reviews that identify areas of improvement needed and training needs; (5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and (6) documentation of the background study as required under section 144.057. (b) Each employee record must be retained for at least three years after a paid employee, volunteer, or contractor ceases to be employed by, provide services at, or be under contract with the facility. If a facility ceases operation, employee records must be maintained for three years after facility operations cease. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure employee records included all required content for two of two employees registered nurse (RN)-B and unlicensed personnel (ULP)-C with employee records reviewed. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large	0 650		

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0 650	Continued From page 4 portion or all of the residents). The findings include: The licensee's Assisted Living Facility license became effective November 23, 2021. During the entrance conference with Owner-A on October 18, 2022, at approximately 10:35 a.m., Owner-A affirmed knowledge of the current assisted living laws and regulations. On October 18, 2022, at approximately 11:00 a.m. RN-B ' s employee record was requested. The employee record lacked evidence of staff orientation to 144G licensure, infection control training that included tuberculosis training and required dementia training for assisted living licensure. RN-B ' s employee record lacked a signed job description. RN-B's infection control training was provided at a later date. RN-B was hired by the facility on March 23, 2022. On October 18, 2022, at approximately 1:35 p.m., ULP-C's employee record was reviewed. The employee record lacked evidence of staff orientation to current 144G licensure, infection control training that included tuberculosis training, a description of the competency evaluation completed by the RN and required dementia training for assisted living licensure. The facility hired ULP-C on December 17, 2021. During the exit call on October 18, 2022, at approximately 2:15 p.m., Owner-A acknowledged that staff had not completed the 144G training on hire. Owner-A stated most of the training is online and 245D training was completed, but now	0 650		

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0 650	Continued From page 5 has corrected that. Review of licensee policy titled Employee Records indicated employee records must include records of orientation, required annual training, infection control training and competency evaluations, current signed job descriptions, including qualifications, responsibilities, and identification of staff persons providing supervision. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	0 650		
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness (a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing tenant residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are	0 680		

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0 680	Continued From page 6 allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure it completed a written emergency disaster plan with all required content outlined in Appendix Z. This had the potential to affect all current residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: The licensee's Assisted Living Facility license became effective November 23, 2021. On October 18, 2022, at approximately 1:10 p.m. a request was made to view the licensee's emergency preparedness plan. The plan contained in a three-ring binder, included a poster of various emergency situations, including how staff should respond in the event of an evacuation, fire, hazardous spill, medical emergency, suspicious package, power outage, active shooter, earthquake, suspicious person, and shelter in place procedure. The	0 680		

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0 680	Continued From page 7 binder also contained a poster with bullet points referring staff to other emergency situations. A policy titled "Emergency Response, Reporting & Review Policy," was also maintained in the binder. The facility's plan lacked the following required Appendix Z content: -all hazards-based emergency preparedness program with a risk assessment considering all hazards that may impact all or a portion of the facility. -an assessment of the at-risk population's needs. -development of all policies and procedures, based on risk assessment, and additional policies individualized to the facility for: how the facility will provide care under an 1135 waiver declared by the Secretary. -transfer agreements and/or contracts with other facilities/providers to receive residents in the event of evacuation or other limitations that would impact the continuity of services. On October 18, 2022, at 9:05 a.m., Owner-A acknowledged the facility had not completed a hazard vulnerability risk assessment. Owner-A stated staff would utilize the binder with emergency information in the event of an emergency. The licensee's "Emergency Management Policy" undated, and referenced MN Statute 144A.4791, Subd 12, was provided. The licensee did not provide a policy with the 144G.42, Subd. 10 Disaster planning and emergency preparedness plan and 4659.0100 Emergency Disaster and Preparedness Plan - Appendix Z. On November 4, 2022, the licensee provided a policy titled Emergency Response, Reporting & Review Policy dated October 15, 2022.	0 680		

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0 680	Continued From page 8 TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	0 680		
0 810 SS=F	144G.45 Subd. 2 (b)-(f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) employee actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill.	0 810		

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0 810	Continued From page 9 This MN Requirement is not met as evidenced by: Based on observation, record review, and interview, the licensee failed to provide all required content on the fire safety and evacuation plan and the minimum number of evacuation drills. This has the potential to directly affect the safety of resident(s) receiving care, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: On October 19, 2022, approximately from 10:30 a.m. to 11:10 a.m. survey staff toured the home with the unlicensed personnel (ULP)-C. On October 19, 2022, at approximately 11:15 a.m., document review and interview with ULP-C on the home's fire safety and evacuation documentation, the evacuation drill, and the training documentation indicated the following: FIRE SAFETY AND EVACUATION PLAN 1) The garage door was incorrectly posted with a sign to be used as an exit. 2)The plan documentation lacked fire protection procedures for residents. 3) The plan documentation did not include the identification of unique or unusual resident needs for movement or evacuation under procedures for	0 810		

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0 810	Continued From page 10 resident movement, evacuation, or relocation during a fire or similar emergency. DRILLS Documentation review indicated there was a lack of employee evacuation drills since licensure in November of 2021. Evacuation drill records provided for review were dated June 7, 2022 (7:00 p.m.) and September 6, 2022 (10:20 a.m.). In addition, records were based on a "DHS" form noting quarterly frequency rather than every other month for compliance with assisted living facility statutes. Survey staff explained to ULP-C that the minimum required number of fire safety and evacuation drills is twice per year per shift, with at least one evacuation drill every other month. On October 19, 2022, at approximately 11:40 a.m., the ULP-C acknowledged the above findings during the exit interview. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810		
0 910 SS=C	144G.50 Subd. 2 (a-b) Contract information (a) The contract must include in a conspicuous place and manner on the contract the legal name and the license number of the facility. (b) The contract must include the name, telephone number, and physical mailing address, which may not be a public or private post office box, of: (1) the facility and contracted service provider when applicable; (2) the licensee of the facility; (3) the managing agent of the facility, if	0 910		

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0 910	Continued From page 11 applicable; and (4) the authorized agent for the facility. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to execute a written contract with the required content for one of one resident (R1) with record reviewed. This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: The licensee's Assisted Living Facility license became effective November 23, 2021. R1's Resident Agreement/Contract for Assisted Living was unsigned. R1's Service agreement was unsigned by R1 but signed by a previous registered nurse. The licensee's policy and procedure was signed by R1 and Owner-A. R1's contract lacked the following required content: - The licensee 's license number. - The licensee 's telephone number and physical mailing address. - Billing information was left blank. On October 18, 2022, at 2:15 p.m., Owner-A confirmed the licensee's contract for R1 lacked	0 910		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	37994	A. BUILDING: _____ B. WING _____	10/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARINGHANDS HOME HEALTH CARE INC	6714 92ND BAY COTTAGE GROVE, MN 55016

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 910	Continued From page 12 the above required information. The licensee lacked a policy for resident contracts. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	0 910		
0 920 SS=C	144G.50 Subd. 2 (c) Contract information (c) The contract must include: (1) a disclosure of the category of assisted living facility license held by the facility and, if the facility is not an assisted living facility with dementia care, a disclosure that it does not hold an assisted living facility with dementia care license; (2) a description of all the terms and conditions of the contract, including a description of and any limitations to the housing or assisted living services to be provided for the contracted amount; (3) a delineation of the cost and nature of any other services to be provided for an additional fee; (4) a delineation and description of any additional fees the resident may be required to pay if the resident's condition changes during the term of the contract; (5) a delineation of the grounds under which the resident may be discharged, evicted, or transferred or have services terminated; (6) billing and payment procedures and requirements; and (7) disclosure of the facility's ability to provide specialized diets. This MN Requirement is not met as evidenced by: Based on interview and record review, the	0 920		

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0 920	Continued From page 13 licensee failed to execute a written contract with the required content for one of one resident (R1) with record reviewed. 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 an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: The licensee's Assisted Living Facility license became effective November 23, 2021. R1's Resident Agreement/Contract for Assisted Living was signed by R1 on March 1, 2022. R1's contract lacked the following required content: - Disclosure of the facility ' s ability to provide specialized diets. On October 18, 2022, at 2:15 p.m., Owner-A confirmed the licensee's contract for R1 lacked the above. The licensee lacked a policy for resident contracts. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	0 920		
01460 SS=F	144G.63 Subdivision 1 Orientation of staff and supervisors	01460		

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	37994	A. BUILDING: _____ B. WING _____	10/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARINGHANDS HOME HEALTH CARE INC	6714 92ND BAY COTTAGE GROVE, MN 55016

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01460	Continued From page 14 All staff providing and supervising direct services must complete an orientation to assisted living facility licensing requirements and regulations before providing assisted living services to residents. The orientation may be incorporated into the training required under subdivision 5. The orientation need only be completed once for each staff person and is not transferable to another facility. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure employees received orientation training to the assisted living licensing requirements and regulations for two of two employees, registered nurse (RN)-B and unlicensed person (ULP)-C with records reviewed. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: The licensee's Assisted Living Facility license became effective November 23, 2021. RN-B was hired on March 23, 2022. RN-B's employee file did not contain orientation to the assisted living facility licensing requirements and regulations before providing assisted living services to residents.	01460		

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	37994	A. BUILDING: _____ B. WING _____	10/19/2022

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01460	Continued From page 15 ULP-C was hired on December 17, 2021. ULP-C's employee file did not contain orientation to the assisted living facility licensing requirements and regulations before providing assisted living services to residents. On October 18, 2022, at approximately 10:35 a.m., ULP-C was observed provided direct care to a resident. During interview on October 19, 2022, at 3:55 p.m., RN-B acknowledged that she provided assessment and medication set up for R1. On October 18, 2021, at approximately 2:15 p.m., Owner-A confirmed RN-B and ULP-C did not complete orientation to the assisted living facility licensing requirements and regulations as required. The licensee ' s policy titled Personnel Records was provided and referenced MN Statute 144A.479, Subd. 7. The policy indicated required orientation to home care laws. The licensee did not provide a policy referencing orientation to the licensee ' s current licensure MN Statute 144G. TIME PERIOD FOR CORRECTION: Twenty-One (21) days.	01460		
01470 SS=F	144G.63 Subd. 2 Content of required orientation (a) The orientation must contain the following topics: (1) an overview of this chapter; (2) an introduction and review of the facility's	01470		

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	37994	A. BUILDING: _____ B. WING _____	10/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARINGHANDS HOME HEALTH CARE INC	6714 92ND BAY COTTAGE GROVE, MN 55016

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01470	Continued From page 16 policies and procedures related to the provision of assisted living services by the individual staff person; (3) handling of emergencies and use of emergency services; (4) compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC); (5) the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; (6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person; (7) handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints; (8) consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services; and (9) a review of the types of assisted living services the employee will be providing and the facility's category of licensure. (b) In addition to the topics in paragraph (a), orientation 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: (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and	01470		

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01470	Continued From page 17 the challenges it poses to communication; (2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or (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. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure for two of two employees, registered nurse (RN)-B and unlicensed person (ULP)-C employees received orientation to assisted living facility licensing requirements and regulations with records reviewed. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: The licensee's Assisted Living Facility license became effective November 23, 2021. RN-B had a hire date of March 23, 2022. ULP-C had a hire date of December 17, 2021.	01470		

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01470	Continued From page 18 RN-B and ULP-C ' s records lacked evidence to indicate the employees had received orientation to include the following topics: - an overview of this chapter; - a review of the types of assisted living services the employee will be providing and the facility's category of licensure On October 18, 2022, at approximately 1:35 p.m., Owner-A confirmed acknowledgement of the required training for the 144G licensure but was unable to provide evidence staff had received the required training for the employees listed above. The licensee's Facility Employee Orientation policy, undated, indicated all employees shall complete an orientation on topics required by Minnesota statutes and rules for assisted living. TIME PERIOD FOR CORRECTION: Twenty-One (21) days.	01470		
01490 SS=F	144G.63 Subd. 4 Training required relating to dementia All direct care staff and supervisors providing direct services must demonstrate an understanding of the training specified in section 144G.64. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure staff received dementia training in the required areas for two of two employees unlicensed personnel (ULP)-C) and registered nurse (RN)-B) with employee records reviewed.	01490		

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01490	Continued From page 19 This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: The licensee's Assisted Living Facility license became effective November 23, 2021. ULP-C was hired by the facility on December 17, 2021. ULP-C's employee file lacked documentation that ULP-C completed dementia care training as required. RN-B was hired by the facility on March 23, 2022. RN-A's employee file lacked documentation RN-A completed dementia care training as required. On October 18, 2022, at approximately 1:35 p.m., Owner-A confirmed acknowledgement of the required training and specific topics for dementia but was unable to provide evidence staff had received the required training for the employees listed above. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	01490		

Minnesota Department of Health
Food, Pools, & Lodging Services
P.O. Box 64975
Saint Paul, MN 55164-0975
651-201-4500

Type: Full
Date: *10/18/22*
Time: 13:30:00
Report: 1005221186

Food and Beverage Establishment Inspection Report

Location:
Caringhands Home Health Care I
6714 92nd Bay
Cottage Grove, MN55016
Washington County, 82

Establishment Info:
ID #: 0040794
Risk:
Announced Inspection: Yes

License Categories:

Expires on: 12/31/22

Operator:

Phone #:
ID #:

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

No NEW orders were issued during this inspection.

Food and Equipment Temperatures

Process/Item: Cold Hold/CHEESE
Temperature: 38 Degrees Fahrenheit - Location: FRIGIDAIRE REFRIGERATOR
Violation Issued: No

Process/Item: Cold Hold/RICE
Temperature: 38 Degrees Fahrenheit - Location: FRIGIDAIRE REFRIGERATOR
Violation Issued: No

Process/Item: Cold Hold/
Temperature: Degrees Fahrenheit - Location: FRIGIDAIRE FREEZER - ALL ITEMS FROZEN SOLID
Violation Issued: No

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

INSPECTION COMPLETED WITH FOOD MANAGER AND REVIEWED WITH HRD NURSE EVALUATOR, CHRISTINE BLUHM.

DISCUSSED:
-BARE HAND CONTACT AND GLOVE USE
-DATE MARKING
-COOK TEMPERATURES
-SANITIZATION
-EMPLOYEE ILLNESS

KITCHEN IS RESIDENTIAL AND FOOD IS PREPARED FOR SAME DAY SERVICE. KITCHEN HAS WOOD LAMINATE FLOORING AND WOOD CABINETS WITH HOLLOW BASE. ALL ARE FOUND TO BE IN GOOD CONDITION AND WILL BE MONITORED AT FUTURE INSPECTIONS. IF AT

SUCH A TIME THEY ARE FOUND TO BE A CONCERN OR RISK OF CONTAMINATION, THEY WILL BE ORDERED TO BE REPLACED AND BROUGHT UP TO CODE.

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

I acknowledge receipt of the Minnesota Department of Health inspection report number 1005221186 of 10/18/22.

Certified Food Protection Manager: JOHNNYTA A. AWUKU

Certification Number: FM108598 Expires: 11/12/24

Signed: _____

JOHNNYTA AWUKU
KITCHEN MANAGER

Signed: _____

Jessica Davis
Public Health Sanitarian III
651-201-3961
jessica.davis@state.mn.us