Electronically Delivered

May 16, 2024

Licensee
Genesis Assisted Living LLC
1019 South Madison Street
Shakopee, MN 55379

RE: Project Number(s) SL39771015

Dear Licensee:

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

The Minnesota Department of Health completed an initial survey on April 24, 2024, for the purpose assessing compliance with state licensing statutes. At the time of the survey, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G.

The Department of Health concludes the licensee is in substantial compliance. State law requires the facility must take action to correct the state correction orders and document the actions taken to comply in the facility's records. The Department reserves the right to return to the facility at any time should the Department receive a complaint or deem it necessary to ensure the health, safety, and welfare of residents in your care.

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

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

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

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the resident(s)/employee(s) identified in the correction order.

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

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

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

To submit a reconsideration request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **https://forms.office.com/g/Bm5uQEpHVa**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at susan.winkelmann@state.mn.us or call 651-201-5952.

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

If you have any questions, please contact me.

Sincerely,

Renee L. Anderson

Renee Anderson, Supervisor
State Evaluation Team
Email: renee.anderson@state.mn.us
Telephone: 651-201-5871 Fax: 1-866-890-9290

JMD

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39771	A. BUILDING: _____ B. WING _____	04/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GENESIS ASSISTED LIVING LLC	1019 SOUTH MADISON STREET SHAKOPEE, MN 55379

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments *****ATTENTION****** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER In accordance with Minnesota Statutes, section 144G.08 to 144G.95 this correction order(s) has been issued pursuant to a survey. Determination of whether a violation has been corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL3977015-0 On April 22, 2024, to April 24, 2024, the Minnesota Department of Health conducted an initial survey at the above provider, and the following correction orders are issued. At the time of the survey, there were three (3) residents, all of whom received services under the provider's Provisional Assisted Living license.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3.	
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements (13) offer to provide or make available at least the	0 480		

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0 480	Continued From page 1 following services to residents: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated April 22, 2024, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection. TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		
0 660 SS=F	144G.42 Subd. 9 Tuberculosis prevention and control (a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current	0 660		

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0 660	Continued From page 2 tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to establish and maintain a tuberculosis (TB) prevention program based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) which includes training, history and symptom screening, and baseline testing, for two of two employees (registered nurse (RN)-C and unlicensed personnel (ULP)-D). 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 facility TB risk assessment was completed July 29, 2023, and indicated the facility was at a low risk for TB transmission.	0 660		

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0 660	Continued From page 3 ULP-D was hired July 12, 2023, and provided direct care services to the residents of the facility. ULP-D's employee record included a TB history and symptom screening form completed August 24, 2023, more than 30 days after beginning to care for residents, and documentation of a TB blood test completed August 15, 2023, greater than 17 days after resident care began. On April 23, 2023, at 11:57 a.m., licensed assisted living director (LALD)-A stated licensee realized they had not completed the proper screening or blood test for TB screening and realized it was late and then completed it to come into compliance. LALD-A further stated they did not complete any TB training upon hire as they did not realize that was a requirement. RN-C was hired October 11, 2023, and provided direct care services to the residents of the facility. RN-C's employee record lacked a TB history and symptom screening form and documentation of baseline TB screening. RN-C's employee record further lacked documentation of training related to TB. On April 23, 2023, at 1:35 p.m., LALD-A stated licensee did not have completed TB results in RN-C's file. LALD-A had been told by RN-C that she completed the TB test previously but did not provide documentation. Licensee was not aware of the documentation of TB screening required for the employee file. LALD-A further stated they would be adding TB training to all new employee's orientation. The licensee's Tuberculosis Screening/Prevention policy dated July 1, 2023,	0 660		

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0 660	Continued From page 4 indicated baseline screening would be completed upon hire for all direct care employees. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 660		
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness (a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by:	0 680		

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0 680	Continued From page 5 Based on interview and record review, the licensee failed to have a written emergency preparedness (EP) plan with all the required content. This had the potential to affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: On April 23, 2024, the EP plan was reviewed and was noted to lack the following requirements: - Must identify at risk population needs like maintaining independence, communication, transportation, supervision and medical care; - Must develop/implement EP policies and procedures to address the following whether evacuated or shelter in place for staff/residents: - Food, water, medical supplies, pharmaceutical supplies - Alternate sources of energy to maintain temperatures to protect resident health/safety, and safe/sanitary storage of provisions - Emergency lighting - Fire detection, extinguishing, alarm systems - Sewage and waste disposal; - Policy and procedure to address role of facility under a waiver declared by the Secretary in accordance with section 1135 of the Act; - Communication plan must include all the following names/contact information: staff, entities providing services under agreement,	0 680		

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0 680	Continued From page 6 residents' physicians, other facilities, volunteers; - Method for sharing information and medical documentation for residents under the facility's care, as necessary, with other HCPs to maintain continuity of care; - Means, in event of evacuation, to release resident information as permitted under 45 CFR 164.510(b)(1)(ii); - Means of providing information about general condition/ location of residents under the facility's care as permitted under 45 CFR 164.510(b)(4); - Communication plan must include all of the following: means to providing information about the facility's occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee; - Must conduct exercises to test the EP at least twice per year, including unannounced staff drills using the EP; - Must participate in an annual full-scale exercise that is community based, or conduct an annual, individual, facility-based functional exercise, or if the facility experiences an actual emergency requiring activation of plan, facility is exempt from engaging in its next required full-scale exercise; - Conduct an additional annual exercise that may include: a second full-scale exercise that is community-based or an individual, facility based functional exercise, or mock disaster drill, or table-top exercise; and - Analyze the facility's response to and maintain documentation of all drills, tabletop exercises and emergency events and revise plan as needed. On April 23, 2024, at 10:45 a.m., LALD-A stated the licensee worked with a consultant to set up the EPP binder and thought the consultant would include all of the required content. After LALD-A reviewed the appendix-Z requirements in current	0 680		

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0 680	Continued From page 7 statutes, she did state they were missing all of the above requirements and would be working on including all required content. The licensee's Emergency Preparedness policy, dated January 1, 2023, indicated, "[Licensee] would have an identified plan in place to assure the safety and well-being of residents and staff during periods of an emergency or disaster that disrupts services." The policy further indicated the plan would, "consider the organization's commitment to provide services while ensuring the safety of its employees and residents, and the plan would be implemented as soon as the licensee was aware of the existence of an emergency." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 680		
01330 SS=F	144G.60 Subd. 4 (b) Unlicensed personnel (b) Unlicensed personnel performing delegated nursing tasks in an assisted living facility must: (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; (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	01330		

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01330	Continued From page 8 484.36; or (3) have, before April 19, 1993, completed a training course for nursing assistants that was approved by the commissioner. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure employee training and competency was completed, to include all required content, for one of one employee (unlicensed personnel (ULP)-D). 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: ULP-D was hired July 12, 2023, and provided direct care services to the residents of the facility. ULP-D's employee record lacked documentation of completed training and competency evaluation. On April 23, 2024, at 11:45 a.m., licensed assisted living director (LALD)-A stated licensee was unclear on all the requirements for training and competency of unlicensed staff. LALD-A further stated licensee will become familiar with the requirements and complete training. LALD-A felt the consultant that was hired was not aware of all the requirements under the new regulations and licensee was relying heavily on that	01330		

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01330	Continued From page 9 guidance. The licensee's Staff Competency policy dated August 1, 2021, indicated all residents would receive quality service delivered by staff who were educated and competent in the delivery of assisted living services, as evidenced by the successful completion of the written and demonstrated competency evaluation in the following areas: -documentation requirements for all services provided; - reports of changes in the resident's condition to the supervisor designated by the facility; - basic infection control, including blood-borne pathogens; -maintenance of a clean and safe environment; -appropriate and safe techniques in personal hygiene and grooming, including: - hair care and bathing; -care of teeth, gums, and oral prosthetic devices; -care and use of hearing aids; and -dressing and assisting with toileting; -training on the prevention of falls; -standby assistance techniques and how to perform them; - medication, exercise, and treatment reminders; - basic nutrition, meal preparation, food safety, and assistance with eating; - preparation of modified diets as ordered by a licensed health professional; -communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family; -awareness of confidentiality and privacy; - understanding appropriate boundaries between staff and residents and the resident's family; - procedures to use in handling various emergency situations; and	01330		

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01330	Continued From page 10 -awareness of commonly used health technology equipment and assistive devices. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01330		
01440 SS=F	144G.62 Subd. 4 Supervision of staff providing delegated nurs (a) Staff who perform delegated nursing or therapy tasks must be supervised by an appropriate licensed health professional or a registered nurse according to the assisted living facility's policy where the services are being provided to verify that the work is being performed competently and to identify problems and solutions related to the staff person's ability to perform the tasks. Supervision of staff performing medication or treatment administration shall be provided by a registered nurse or appropriate licensed health professional and must include observation of the staff administering the medication or treatment and the interaction with the resident. (b) The direct supervision of staff performing delegated tasks must be provided within 30 calendar days after the date on which the individual begins working for the facility and first performs the delegated tasks for residents and thereafter as needed based on performance. This requirement also applies to staff who have not performed delegated tasks for one year or longer. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a registered nurse (RN)	01440		

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01440	Continued From page 11 conducted direct supervision of staff performing a delegated task within 30 days of providing services for one of one employee (unlicensed personnel (ULP)-D). 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: ULP-D was hired July 12, 2023, and provided direct care services to the residents of the facility. ULP-D's employee record lacked documentation of an RN supervision completed within 30 days of performing a delegated task. On April 23, 2024, at 11:57 a.m., licensed assisted living director (LALD)-A stated the licensee had not been tracking the 30-day RN supervision for unlicensed staff. Licensee was not aware they needed to document the 30-day supervision. LALD-A stated if we looked at all ULP staff records we would not find a form of tracking 30-day supervision. LALD-A further stated RNs had been making sure staff were competent but had not been documenting it. LALD-A stated licensee would begin to track this going forward. The licensee's Supervision of Unlicensed Staff dated January 1, 2023, indicated unlicensed personnel providing services to assisted living	01440		

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GENESIS ASSISTED LIVING LLC	1019 SOUTH MADISON STREET SHAKOPEE, MN 55379

(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
01440	Continued From page 12 residents would be supervised by a RN to assure that the work is being performed competently and to identify problems and solutions to address issues relating to the employee's ability to provide the services to residents of Genesis Assisted Living Services. Furthermore, direct supervision of unlicensed personnel performing delegated tasks would be provided by the RN within 30 days after the individual begins working for the assisted living provider, and thereafter as needed, based on performance. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01440		
01470 SS=D	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 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	01470		

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01470	Continued From page 13 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 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 employees received orientation to include all required content for one	01470		

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01470	Continued From page 14 of two employees (registered nurse (RN)-C). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: RN-C was hired October 11, 2023, and provided direct care services to the residents of the facility. RN-C's employee record lacked documentation the required orientation topics were completed upon hire. On April 23, 2024, at 1:30 p.m., licensed assisted living director (LALD)-A stated after reviewing the completed online training modules for RN-C, they had not completed all the required new hire orientation education. LALD-A further stated she would make sure to get everyone up to date and include the required orientation in new hire training going forward. The licensee's Staff Orientation and Education policy dated January 1, 2023, indicated, "all staff providing assisted living through [licensee] will be prepared to provide safe, effective services to all residents through a thorough orientation and education program pertinent to the needs of the residents. Furthermore, orientation would be provided by the clinical nurse supervisor (CNS) and all required content/topics would be addressed by the RN or other appropriately licensed health care professional including:	01470		

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01470	Continued From page 15 - overview of Minnesota Assisted Living Statute 144G and Minnesota Rules Chapter 4659; - review of the employee's job description and responsibilities; - introduction to and review of the organization's policies and procedures related to the provision of assisted living services by the individual person; - handling of emergencies and the use of emergency services; - compliance with Minnesota's Vulnerable Adult (Sections 626.556 and 5572), including requirements based on organizational policy, identification of incidents of maltreatment (abuse, financial exploitation and neglect) and any act that constitutes maltreatment is prohibited; - Assisted Living Bill of Rights and the employee's responsibilities to ensure the exercise and protection of those rights; - principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff; - Grievance Policy/Process, including reports to the Office of Health Facility Complaints; - consumer advocacy services, including, 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, and other advocacy services; - types of assisted living services the employee would be providing based on the Uniform Checklist Disclosure of Services and the organization's category of licensure; and - organizational chart and roles of staff within the facility." In addition, an Orientation Checklist would be used to document and verify completion of orientation for each employee, and the signed/dated Orientation Checklist would be	01470		

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01470	Continued From page 16 retained in the employee record. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01470		
01880 SS=D	144G.71 Subd. 19 Storage of medications An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review the facility failed to store all prescription medications according to the manufacturer's directions for one of one resident (R1). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) 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: R1 had diagnoses to include type 2 diabetes mellitus with hyperglycemia, with long-term current use of insulin and chronic obstructive pulmonary disease. R1's service plan, dated November 13, 2023,	01880		

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01880	Continued From page 17 indicated R1 received services including blood glucose monitoring, medication set-up and medication administration. R1's medication and treatment administration record dated April 2024, indicated R1 would self-administer 35 units of insulin via Humulin N KwikPen 100 unit/ml (used to assist in controlling blood sugar levels), subcutaneous (under the skin), twice daily, before meals, and 2 units of insulin via Novolin R FlexPen 100 unit/ml (used to assist in controlling blood sugar levels), subcutaneous, per carbohydrate count, at breakfast and supper. On April 23, 2024, at 8:27 a.m., surveyor observed ULP-D hand R1 a Humulin N KwikPen 100 unit/ml. R1 dialed the pen to the desired dosage, showed the dosage to ULP-D, and self-administered the medication. On April 23, 2024, at approximately 8:30 a.m., the surveyor observed ULP-D hand R1 a Novolin R FlexPen 100 unit/ml.R1 dialed the pen to the desired dosage, showed the dosage to ULP-D, and self-administered the medication. On April 23, 2024, at 8:40 a.m., the medication refrigerator was observed with licensed assisted living director (LALD)-A. Inside refrigerator were one box of Humulin N KwikPen's 100 unit/ml, which contained 5 pens, and one box of Novolin R FlexPen's 100 unit/ml, which contained 3 pens. No thermometer was observed in the refrigerator. LALD-A stated she could not locate the thermometer. LALD-A further stated licensee had overlooked placing a thermometer in the refrigerator. On April 23, 2024, at 8:55 a.m., RN-C stated the	01880		

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01880	Continued From page 18 licensee's refrigerator temperatures had been documented in Rtask (electronic documentation record system), however, the documentation was not provided. The HUMULIN® N manufacture prescribing information dated June 2022, indicated, "Unused HUMULIN® N pens should be stored in a refrigerator between 36°F to 46°F (2°C to 8°C). Do not freeze HUMULIN® N and do not use HUMULIN® N if it has been frozen." The Novolin® R manufacture prescribing information dated November 2022, indicated, "Unused Novolin® R pens should be stored in a refrigerator between 36°F to 46°F (2°C to 8°C). Do not freeze Novolin® R and do not use Novolin® R if it has been frozen." The licensee's "Storage/Control of Medications" policy dated January 1, 2023, indicated licensee would store prescription medications according to manufacturer's directions. Furthermore, medications requiring refrigeration would be clearly labeled and stored in an enclosed container or area separated from foods, at a temperature maintained at 35-40 degrees. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01880		
01890 SS=D	144G.71 Subd. 20 Prescription drugs A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription	01890		

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01890	Continued From page 19 label with legible information including the expiration or beyond-use date of a time-dated drug. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure opened insulin pens and an opened meter dosed inhaler had been labeled with resident's name, date medication issued/opened, and, expiration date for time-dated drugs for one of one resident (R1). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: R1 had diagnoses to include type 2 diabetes mellitus with hyperglycemia, with long-term current use of insulin and chronic obstructive pulmonary disease. R1's service plan, dated November 13, 2023, indicated R1 received services to include medication set-up and medication administration. On April 23, 2024, at approximately 8:30 a.m., unlicensed personnel (ULP)-D assisted R1 to self-administer Humulin N KwikPen 100 unit/ml insulin (used to assist in controlling blood sugar levels) and Novolin R FlexPen 100 unit/ml insulin, after ULP-D verified the dose. R1's insulin pens	01890		

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01890	Continued From page 20 both lacked an opened date or discard by date on the pens. ULP-D stated they were trained by the registered nurse (RN) on how to administer R1's insulin and an opened date should have been written on the insulin pens on the date they were first used. On April 23, 2024, at approximately 8:35 a.m., ULP-D assisted R1 to self-administer Trelegy Ellipta 200-62.5-25 microgram (mcg) inhaler (used to make breathing easier). R1's inhaler lacked documentation of an opened date or discard by date on the inhaler. ULP-D stated they were trained by the RN on how to administer R1's inhaler and an opened date should have been written on the inhaler when it was first used. Manufacturer recommendations for the Humulin N KwikPen 100 unit/ml insulin, dated June 2022, indicated, "Do not use your Pen past the expiration date printed on the Label or for more than 14 days after you first start using the Pen." Manufacturer instructions for Novolin R FlexPen 100 unit/ml insulin, revised November 2022, indicated, "Store the Novolin® R FlexPen® you are currently using out of the refrigerator at room temperature up to 86°F (30°C) for up to 28 days." Manufacturer instructions for Trelegy Ellipta 200-62.5-25 microgram (mcg) inhaler, revised December 2022, indicated, "Write the "Tray opened" and "Discard" dates on the inhaler label. The "Discard" date is 6 weeks from the date you open the tray." On April 23, 2024, at 8:53 a.m., registered nurse (RN)-C stated when medications had been delivered, by the pharmacy, to the licensee's	01890		

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01890	Continued From page 21 facility, medications would include labels that had resident identification information on them. Furthermore, once a new medication had been opened, the clinical nurse supervisor (CNS)-B or RN-C would be responsible for placing a medication label on the individual medication which would include residents name, date opened, and discard by date. On April 23, 2024, at 3:14 p.m., during a phone conversation, CNS-B stated the pharmacy would label boxed medication prior to facility delivery, and ULPs had been trained and would be responsible for dating and initialing individual medication once opened. Furthermore, ULP's would be responsible for discarding unused insulin after 28-days. The licensee's Storage/Control of Medications policy dated January 1, 2023, indicated as specified in the resident's medication management program, a licensed nurse would regularly set up medications in a clearly labeled container based on resident's medication regimen, and the medication label would contain the following: -resident's name; -date medication issued; and -expiration date for time-dated drugs. Moreover, the licensed nurse would be responsible for dating time-sensitive medications when opened. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890		

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

Type: Full
Date: *04/22/24*
Time: 11:30:00
Report: 8041241065

Food and Beverage Establishment Inspection Report

Location:
Genesis Assisted Living LLC
1019 S Madison Street
Shakopee, MN55379
Scott County, 70

Establishment Info:
ID #: 0042370
Risk:
Announced Inspection: No

License Categories:

Expires on: 12/31/24

Operator:

Phone #:
ID #:

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

The following orders were issued during this inspection.

3-300B Protection from Contamination: cross-contamination, eggs

3-302.11A(1) ***** Priority 1 *****

MN Rule 4626.0235A(1) Separate raw animal foods during storage, preparation, holding, and display from ready-to-eat foods to prevent cross-contamination.

UNPASTAURIZED SHELL EGGS STORED ABOVE READY-TO-EAT FOODS IN THE UPSTAIRS GE REFRIGERATOR. CORRECTED ON SITE. EGGS MOVED TO BOTTOM DRAWER DURING INSPECTION.

Comply By: 04/22/24

3-500D Microbial Control: disposition of food

3-501.18A ***** Priority 1 *****

MN Rule 4626.0405A Discard all TCS food prepared in the establishment or opened commercially packaged food when the time exceeds 7 days from the preparation or opening date or if the container or package is not marked.

PACKAGE OF TURKEY OPENED AND DATE MARKED BY ESTABLISHMENT MORE THAN 7 DAYS AGO (4/2). DISCARDED DURING INSPECTION.

Comply By: 04/22/24

Food and Equipment Temperatures

Process/Item: Cold Holding
Temperature: 39 Degrees Fahrenheit - Location: whirlpool/basement cooler: yogurt
Violation Issued: No

Process/Item: Cold Holding
Temperature: 38 Degrees Fahrenheit - Location: GE kitchen cooler: cottage cheese
Violation Issued: No

Type: Full
Date: *04/22/24*
Time: 11:30:00
Report: 8041241065
Genesis Assisted Living LLC

Food and Beverage Establishment Inspection Report

Process/Item: Cold Holding
Temperature: 37 Degrees Fahrenheit - Location: GE kitchen cooler: turkey
Violation Issued: No

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

Inspection was completed with the Food Service Manager, Joan Misoi. Rhonda Makela was the lead Health Regulation Division Nurse Evaluator. Facility had three residents on site at time of inspection.

This establishment has a residential kitchen. Food must be prepared for same day service only. The kitchen has wood cabinets with a hollow base, a laminate countertop and vinyl flooring. All found to be in good condition.

A two basin sink is located in the kitchen with one basin designated for handwashing. Establishment has a Maytag under counter dish machine that was recently tested and had a utensil surface temperature of at least 160F.

Discussed the following:
-Employee illness policy and logging requirements
-Handwashing
-Glove-use and bare hand contact
-Food storage and preventing cross contamination
-Date marking
-Restrictions concerning serving a highly susceptible population
-Vomit clean up process

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 8041241065 of 04/22/24.

Certified Food Protection Manager: Joan C. Misoi

Certification Number: fm62183 Expires: 02/01/25

Inspection report reviewed with person in charge and emailed.

Signed: _____
Joan Misoi

Signed: Sarah Conboy

Sarah Conboy
Public Health San. Supervisor
651-201-3984
sarah.conboy@state.mn.us