Electronically Delivered

August 10, 2022

Administrator
Tristar Home Care, LLC
3000 80th Avenue North
Brooklyn Park, MN 55444

RE: Project Number(s) SL35697015

Dear Administrator:

The Minnesota Department of Health completed an evaluation on July 19, 2022, for the purpose of evaluating and 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, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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 Assisted Living Facilities. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute number and the corresponding text of the state statute out of compliance are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by . . ."

IMPOSITION OF FINES
In accordance with Minn. Stat. § 144G.31, Subd. 4, fines and enforcement actions may be imposed based on the level and scope of the violations and 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 resident(s)/employees that may be affected by the noncompliance.
- Identify what changes to your systems and practices were made to ensure compliance with the specific statute(s).

CORRECTION ORDER RECONSIDERATION PROCESS
In accordance with Minn. Stat. § 144G.32, Subd. 2, you may challenge the correction order 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:
Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place

Free from Maltreatment reconsideration requests should be addressed to:
Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place

St. Paul, MN 55164-0970 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,

Jessie Chenze, RN, BSN
Interim HFE Supervisor 1 | State Evaluations Team
Health Regulation Division
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Office: 218-332-51751 | Mobile: 651-508-2791| Fax: 218-332-5196

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35697	A. BUILDING: _____ B. WING _____	07/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRISTAR HOME CARE LLC	3000 80TH AVENUE NORTH BROOKLYN PARK, MN 55444

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0 000	Initial Comments Initial comments ******ATTENTION****** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL35697015 On July 18, 2022, through July 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 resident, receiving services under the provider's Assisted Living license.	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.	
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements	0 480		

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0 480	Continued From page 1 (13) offer to provide or make available at least the following services to residents: (i) at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The following apply: (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 according to the Minnesota Food Code. This had the potential to affect the one current resident of the facility. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: Please refer to the additional documentation	0 480		

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0 480	Continued From page 2 included in the Food and Beverage Establishment Inspection Reports, dated July 18, 2022. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 480		
0 630 SS=F	144G.42 Subd. 6 (b) Compliance with requirements for reporting ma (b) The facility must develop and implement an individual abuse prevention plan for each vulnerable adult. The plan shall contain an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults; the person's risk of abusing other vulnerable adults; and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. For purposes of the abuse prevention plan, abuse includes self-abuse. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure an individual abuse prevention plan (IAPP) was developed to include statements of the specific measures to be taken to minimize the risk of abuse for one of one resident (R1) with record 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).	0 630		

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0 630	Continued From page 3 The findings include: R1 was admitted to the licensee on July 6, 2020, and started receiving assisted living services on August 1, 2021. R1's diagnoses included cerebrovascular accident (CVA), right hemiparesis (weakness), and diabetes. On July 18, 2022, at approximately 11:00 a.m., R1 smoked on the facility's balcony with unlicensed personnel (ULP)-B's assistance. On July 19, 2022, at approximately 12:30 p.m., R1 again smoked on the facility's balcony with ULP-B's assistance. R1's Safe Smoking assessment dated July 7, 2022, indicated R1 could not smoke safely without assistance to light and extinguish cigarettes. R1's IAPP dated July 7, 2022, indicated R1 had vulnerabilities to include risk to abuse other vulnerable adults, risk to be abused, drug use, difficulty using the phone and difficulty communicating. R1's IAPP lacked identification of smoking as a vulnerability and lacked statements of interventions to minimize the risk of abuse to R1. On July 19, 2022, at approximately 11:20 a.m., licensed assisted living director/registered nurse (LALD/RN)-A acknowledged R1's IAPP lacked smoking as a vulnerability and stated the IAPP will be updated to reflect the new vulnerability. The licensee's Vulnerable Adult policy dated	0 630		

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0 630	Continued From page 4 August 1, 2022, indicated licensee's employees are required to assess residents and determine vulnerability to abuse or neglect and develop a specific plan to minimize the risk of abuse to resident. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 630		
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 allowed to work only when trained staff are also working on site. (c) The facility must meet any additional	0 680		

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0 680	Continued From page 5 requirements adopted in rule. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to have a written emergency preparedness (EP) plan with all the required content as defined in Appendix Z. 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 July 19, 2022, at approximately 10:00 a.m., the surveyor requested to review the licensee's EP plan. Licensed assisted living director/registered nurse (LALD/RN)-A gave the surveyor a three ringed binder that contained the licensee's EP plan. The licensee's EP plan lacked the following required content to include: - Develop and maintain EP program - Maintain and annual EP updates - EP program patient population - Process for EP collaboration - Development of EP policies and procedures - Subsistence needs for staff and patients - Procedures for tracking of staff and patients - Policies and procedures for sheltering - Policies and procedures for medical documents - Policies and procedures for volunteers	0 680		

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0 680	Continued From page 6 - Arrangement with other facilities - Roles under a waiver declared by Secretary - Development of communication plan - Names and contact information - Emergency officials contact information - Primary/alternate means for communication - Methods for sharing information - Sharing information on occupancy/needs - LTC family notifications - Emergency prep training and testing - Emergency prep training program - Emergency prep testing requirements - LTC emergency power (typically engineering) - Integrated health systems On July 19, 2022, at 10:30 a.m., LALD/RN-A acknowledged the licensee's EP plan lacked the required content above. LALD/RN-A also stated the licensee's management staff will update the EP plan to include missing content. The licensee's Emergency Preparedness policy dated August 1, 2022, indicated the licensee had a plan in place to assure the safety of residents and staff during periods emergency or disaster that disrupts services. No additional information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 680		
0 950 SS=F	144.50 Subd. 3 Designation of representative (a) Before or at the time of execution of an assisted living contract, an assisted living facility must offer the resident the opportunity to identify a designated representative in writing in the contract and must provide the following verbatim	0 950		

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0 950	Continued From page 7 notice on a document separate from the contract: "RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES. You have the right to name anyone as your "Designated Representative." A Designated Representative can assist you, receive certain information and notices about you, including some information related to your health care, and advocate on your behalf. A Designated Representative does not take the place of your guardian, conservator, power of attorney ("attorney-in-fact"), or health care power of attorney ("health care agent"), if applicable." (b) The contract must contain a page or space for the name and contact information of the designated representative and a box the resident must initial if the resident declines to name a designated representative. Notwithstanding subdivision 1, paragraph (f), the resident has the right at any time to add, remove, or change the name and contact information of the designated representative. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract included the designation of representative statutory language 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 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	0 950		

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0 950	Continued From page 8 potential to affect a large portion or all of the residents). The findings include: R1 was admitted to licensee on July 6, 2020, and started receiving assisted living services on August 1, 2021. R1's Assisted Living Contract signed and dated September 9, 2021, lacked the verbatim "right to designate a representative for certain purposes" notice required at the time of execution of the contract. On July 18, 2022, at approximately 2:00 p.m., licensed assisted living director/registered nurse (LALD/RN)-A acknowledged the required verbatim notice was not included in the resident's contract. LALD/RN-A also stated the same contract was used for all the licensee's residents. The licensee's undated Admission policy indicated the licensee's residents will sign the assisted living contract but lacked the content of the contract. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 950		
0 970 SS=F	144.50 Subd. 5 Waivers of liability prohibited The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or	0 970		

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0 970	Continued From page 9 unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract did not include language waiving the licensee's liability for resident health, safety, or personal property. 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: During the entrance conference on July 18, 2022, at approximately 9:00 a.m., the surveyor requested a copy of the facility's assisted living contract. The licensee's Assisted Living Contract included a section for indemnification that read "the licensee shall not be liable for any damage or injury to the resident, or any other person, or to any property, occurring on the premises, or any part thereof, or in common areas thereof, and the resident agrees to hold licensee harmless from any claims or damages unless caused solely by negligence of licensee." On July 18, 2022, at approximately 11:00 a.m.,	0 970		

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0 970	Continued From page 10 licensed assisted living director/registered nurse (LALD/RN)-A confirmed the licensee's assisted living contract included the above content, and stated the same contract was utilized for all residents at the facility. The licensee's undated Admission policy indicated licensee's residents will sign the assisted living contract but lacked the content of the contract. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 970		
01370 SS=D	144G.61 Subd. 2 (a) Training and evaluation of unlicensed personn (a) Training and competency evaluations for all unlicensed personnel must include the following: (1) documentation requirements for all services provided; (2) reports of changes in the resident's condition to the supervisor designated by the facility; (3) basic infection control, including blood-borne pathogens; (4) maintenance of a clean and safe environment; (5) appropriate and safe techniques in personal hygiene and grooming, including: (i) hair care and bathing; (ii) care of teeth, gums, and oral prosthetic devices; (iii) care and use of hearing aids; and (iv) dressing and assisting with toileting; (6) training on the prevention of falls; (7) standby assistance techniques and how to	01370		

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01370	Continued From page 11 perform them; (8) medication, exercise, and treatment reminders; (9) basic nutrition, meal preparation, food safety, and assistance with eating; (10) preparation of modified diets as ordered by a licensed health professional; (11) 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; (12) awareness of confidentiality and privacy; (13) understanding appropriate boundaries between staff and residents and the resident's family; (14) procedures to use in handling various emergency situations; and (15) awareness of commonly used health technology equipment and assistive devices. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure training and competency was completed for one of one employee (unlicensed personnel (ULP)-B) to include all required content with record 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 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:	01370		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01370	Continued From page 12 ULP-B was hired on March 1, 2021, under the comprehensive home care license and began providing assisted living services on August 1, 2021. On July 19, 2022, at approximately 10:20 a.m., ULP-B transferred R1 from bed to wheelchair using a standing mechanical lift. ULP-B's employee file lacked documentation of training and competency evaluations for the following topics: - documentation requirements for all services provided - reports of changes in the client's condition to the supervisor designated by the home care provider - maintenance of a clean and safe environment - care and use of hearing aids - medication, exercise, and treatment reminders - 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) - basic nutrition, meal preparation, food safety, and assistance with eating - preparation of modified diets as ordered by a licensed health professional On July 19, 2022, at approximately 11:30 a.m., licensed assistance living director/registered nurse (LALD/RN)-A acknowledged ULP-B's employee record lacked documentation of training and competency evaluation for the above topics as required. The licensee's Staff Competency policy dated August 1, 2021, indicated licensee will educate and train competent staff committed to exceeding current practice standards.	01370		

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	35697	A. BUILDING: _____ B. WING _____	07/19/2022

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01370	Continued From page 13 No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) day	01370		
01380 SS=D	144G.61 Subd. 2 (b) Training and evaluation of unlicensed personn (b) In addition to paragraph (a), training and competency evaluation for unlicensed personnel providing assisted living services must include: (1) observing, reporting, and documenting resident status; (2) basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel; (3) reading and recording temperature, pulse, and respirations of the resident; (4) recognizing physical, emotional, cognitive, and developmental needs of the resident; (5) safe transfer techniques and ambulation; (6) range of motioning and positioning; and (7) administering medications or treatments as required. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure training and competency was completed for one of one employee (unlicensed personnel (ULP)-B) to include all required content 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	01380		

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01380	Continued From page 14	01380		

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:

ULP-B was hired on March 1, 2021, under the comprehensive home care license and began providing assisted living services on August 1, 2021.

On July 19, 2022, at approximately 10:20 a.m., ULP-B transferred R1 from bed to wheelchair using a standing mechanical lift.

ULP-B's employee file lacked documentation of training and competency evaluations for the following topics:
- observation, reporting, and documenting of client status
- basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel
- recognizing physical, emotional, cognitive, and developmental needs of the client
- range of motioning and positioning

On July 19, 2022, at approximately 11:30 a.m., licensed assistance living director/registered nurse (LALD/RN)-A acknowledged ULP-B's employee record lacked documentation of training and competency evaluation for the above topics as required.

The licensee's Staff Competency policy dated August 1, 2021, indicated the licensee will

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01380	Continued From page 15 educate and train competent staff committed to exceeding current practice standards. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) day	01380		
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 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	01470		

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01470	Continued From page 16 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 observation, interview and record review, the licensee failed to ensure employees received orientation to assisted living licensing requirements and regulations for one of one employee (unlicensed personnel (ULP)-B) with employee record 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	01470		

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01470	Continued From page 17 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: ULP-B was hired on March 1, 2021, under the comprehensive home care license and began providing assisted living services on August 1, 2021. On July 19, 2022, at approximately 10:20 a.m., ULP-B transferred R1 from bed to wheelchair using a standing mechanical lift. ULP-B's employee file lacked orientation to assisted living facility licensing requirements and regulations before providing assisted living services to residents to include the following topics: - Overview of assisted living statutes - Review of provider's policies and procedures - Assisted Living bill of rights - Handling of resident/clients' complaints, reporting of complaints, where to report - Consumer advocacy services - Review of types of assisted living services the employee will provide and provider's scope of license On July 19, 2022, at approximately 11:35 a.m., licensed assistance living director/registered nurse (LALD/RN)-A acknowledged ULP-B's employee record lacked complete orientation content to assisted living licensing requirements and regulations as required. The licensee's Staff Orientation and Education	01470		

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01470	Continued From page 18 policy dated August 1, 2021, indicated all staff providing assisted living services will be prepared to provide safe and effective services to all residents through orientation and education program pertinent to the needs of the residents. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) day	01470		
01530 SS=F	144G.64 TRAINING IN DEMENTIA CARE REQUIRED (a) All assisted living facilities must meet the following training requirements: (1) supervisors of direct-care staff must have at least eight hours of initial training on topics specified under paragraph (b) within 120 working hours of the employment start date, and must have at least two hours of training on topics related to dementia care for each 12 months of employment thereafter; (2) direct-care employees must have completed at least eight hours of initial training on topics specified under paragraph (b) within 160 working hours of the employment start date. Until this initial training is complete, an employee must not provide direct care unless there is another employee on site who has completed the initial eight hours of training on topics related to dementia care and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for consultation with the new employee until the training requirement is complete. Direct-care employees must have at least two hours of training on topics related to dementia for	01530		

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01530	Continued From page 19 each 12 months of employment thereafter; This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure direct care staff received the required amount of dementia care training in the required time frame for two of two employees (unlicensed personnel (ULP)-B, 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, 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-B ULP-B was hired March 1, 2021, under the comprehensive home care license and began providing assisted living services on August 1, 2021. ULP-B's employee record included a transcript dated March 1, 2021, which indicated ULP-B completed the following courses: dementia introduction and overview, dementia behaviors verses symptoms, and dementia the journey. All courses completed for a total of 2.75 contact hours. ULP-B's record lacked documentation of the required eight (8) hours of dementia training within 160 working hours of employment start	01530		

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01530	Continued From page 20 date. ULP-C ULP-C started employment with licensee on March 18, 2022. ULP-C's employee record included a transcript dated March 23, 2022, which indicated ULP-C completed the following courses: dementia introduction and overview, dementia behaviors verses symptoms, and dementia the journey. All courses completed for a total of 4.75 contact hours. ULP-C's record lacked documentation of the required eight (8) hours of dementia training within 160 working hours of the employment start date. On July 19, 2022, at approximately 10:45 a.m., licensed assisted living director/registered nurse (LALD/RN)-A acknowledged ULP-B and ULP-C's records lacked the required eight hours of dementia training within 160 working hours of the employment start date. LALD/RN-A also stated licensee was not aware of the eight hours dementia training requirement, and so will update all employee records to reflect the statute requirement. The licensee's Dementia Education policy dated August 1, 2021, indicated the licensee's staff will be knowledgeable to provide safe, and effective services related to dementia but lacked the verbiage to include the content and contact hours required. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one	01530		

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01530	Continued From page 21 (21) day	01530		
01620 SS=F	144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring (c) Resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services. Ongoing resident reassessment and monitoring must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the last date of the assessment. (d) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review. (e) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure the registered nurse (RN) conduct ongoing resident monitoring and reassessment, not to exceed 90 calendar days from the last date of the assessment for one of one resident (R1) with record reviewed.	01620		

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01620	Continued From page 22 This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: R1 was admitted to licensee on July 6, 2020, and started receiving assisted living services on August 1, 2021. R1's diagnoses included cerebrovascular accident (CVA), right hemiparesis (weakness), and diabetes. R1's service plan dated September 9, 2021, indicated R1 was receiving the following services: activity assistance, appointment assistance, bathing, behavior management, dressing, mobility assistance, grooming, exercise, housekeeping, incontinence care, meal assistance, medication administration, blood glucose, oxygen saturation, smoking safety, toileting, and transfer assistance. R1's record included documentation of comprehensive nursing assessments completed on October 7, 2021, January 9, 2022, and April 8, 2022, respectively. The first and second ongoing resident monitoring and reassessments exceeded 90 calendar days from the date of the last review by three (3) days. On July 19, 2022, at approximately 12:20 p.m., licensed assisted living director/registered nurse (LALD/RN)-A acknowledged R1's monitoring and	01620		

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01620	Continued From page 23 reassessment exceeded 90 calendar days from the date of the last review. LALD/RN also stated the assessment was completed in time, but the RN did not sign it off to stamp the exact date of completion. The licensee's Assessment and Reassessment policy dated August 1, 2021, indicated ongoing resident reassessments must be conducted by an RN and cannot exceed 90 days form the last date of assessment. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01620		
01940 SS=F	144G.72 Subd. 3 Individualized treatment or therapy managemen For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following: (1) a statement of the type of services that will be provided; (2) documentation of specific resident instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a	01940		

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01940	Continued From page 24 problem arises with treatments or therapy services; and (5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the registered nurse (RN) included in the service plan a written statement of the treatment or therapy service provided for one of one resident (R1) with record 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: R1 was admitted to licensee on July 6, 2020, and started receiving assisted living services on August 1, 2021. R1's diagnoses included cerebrovascular accident (CVA), right hemiparesis (weakness), and diabetes.	01940		

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01940	Continued From page 25 R1's treatment and therapy provider orders dated March 21, 2022, included blood glucose daily check, and hand splint to right hand applied on in the night and off in the morning. R1's service plan dated September 9, 2021, lacked the hand splint as a service R1 received. On July 19, 2022, at approximately 11:05 a.m., licensed assisted living director/registered nurse (LALD/RN)-A acknowledged the treatment and therapy service was missing in R1's current service plan. LALD/RN-A also stated the licensee will update the service plan to reflect the most current services R1 received. The licensee's Treatment and Therapy Management policy dated August 1, 2021, indicated the registered nurse was responsible for assessing and developing the treatment and/or therapy service plan for resident. No further information is available. TIME PERIOD FOR CORRECTION: Seven (7) days	01940		

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

Type: Full
Date: *07/18/22*
Time: 11:00:00
Report: 1025221144

Food and Beverage Establishment Inspection Report

Location:
Tristar Home Care Llc
3000 80th Avenue North
Brooklyn Park, MN55444
Hennepin County, 27

Establishment Info:
ID #: 0038642
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 7634155471
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.

4-700 Sanitizing Equipment and Utensils

4-703.11C ** Priority 1 **

MN Rule 4626.0905C Sanitize food contact surfaces of equipment and utensils after cleaning by using an approved chemical sanitizer in manual or mechanical operations for at least 7 or 10 seconds for chlorine depending on temperature, concentration, and pH; and 30 seconds for all other chemical sanitizers or a contact time used in relation with a combination of temperature, concentration, and pH.

Provide a means of sanitizing dishes, utensils, and other food contact surfaces; see additional comments (4626.0680 C)

Comply By: 07/18/22

4-300 Equipment Numbers and Capacities

4-302.12B ** Priority 2 **

MN Rule 4626.0705B Provide a readily accessible food temperature measuring device with a small diameter probe to measure the temperature in thin foods such as meat patties and fish fillets.

Provide a food thermometer with a "thin" probe tip (as opposed to a bimetal/dial thermometer).

Comply By: 08/01/22

4-300 Equipment Numbers and Capacities

4-302.14 ** Priority 2 **

MN Rule 4626.0715 Provide an appropriate test kit to accurately measure sanitizing solutions.

Provide a test kit/test strips for the sanitizer to be used (e.g. chlorine strips for bleach)

Comply By: 07/25/22

2-100 Supervision

2-102.12AMN

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

Employ a CFPM for th establishment; post certificate or copy at the establishment. (Est in process of completing course and exam)

Comply By: 08/01/22

Food and Equipment Temperatures

Process/Item: Ambient
Temperature: 41 Degrees Fahrenheit - Location: Refrigerator
Violation Issued: No

Process/Item: Milk
Temperature: 44 Degrees Fahrenheit - Location: Cooling from ambient, refrigerator
Violation Issued: No

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

Discussed employee health/hygiene, pest control, illness reporting and exclusion, handwashing, handling ready-to-eat foods (do not handle directly with hands foods which will be eaten without being cooked), pest control, food source and recalls, menu, food cooking temperatures, monitoring refrigerator temperatures for cold TCS foods.

4626.0680 C. Alternative manual warewashing equipment; (5) receptacles that substitute for the compartments of a multicompartment sink
Discussed warewashing. Establishment has a dishwasher (residential), and a 2 compartment sink. Provide a 3rd compartment (e.g. bus tub) to sanitize dishes which are washed/rinsed in the dishwasher. Use a sanitizing solution, suggested was a bleach solution at 50-100 PPM (provide and use a test kit to check), though there are other sanitizers available for food contact surfaces, household bleach is likely the easiest and most widely available.

1 compartment dedicated with signage for handwashing only.

Countertops are a residential solid surface material. Suggest using a non-porous cutting board which can be placed in the sanitizing solution to protect countertops and provide an appropriate and sanitary food contact surface.

Discussed not cooling TCS foods (preparing TCS foods for same-day service) for 4626.0506:
G. A food establishment that is an adult care center, child care center, or boarding establishment does not need to comply with item A if approved by the regulatory authority and the food establishment (2) prepares TCS foods only for same-day service. Kitchen has residential finishes.

For MN Certified Food Protection Manager information please search "MDH CFPM" or visit https://www.health.state.mn.us/communities/environment/food/cfpm/index.html

TCS foods, search "MDH TCS Foods" or visit https://www.health.state.mn.us/communities/environment/food/docs/fs/tcsfoodfs.pdf

Food and Beverage Establishment Inspection Report

Search "MDH Highly susceptible population" or visit
https://www.health.state.mn.us/communities/environment/food/docs/fs/highsuspopfs.pdf

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

I acknowledge receipt of the Minnesota Department of Health inspection report number 1025221144 of 07/18/22.

Certified Food Protection Manager:_____

Certification Number: TBD Expires: / /

Inspection report reviewed with person in charge and emailed.

Signed:_____
Josefa

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

Report #: 1025221144

Food Establishment Inspection Report

DEPARTMENT OF HEALTH

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

No. of RF/PHI Categories Out	2
No. of Repeat RF/PHI Categories Out	0
Legal Authority MN Rules Chapter 4626	

Date 07/18/22
Time In 11:00:00
Time Out

Tristar Home Care Llc	Address: 3000 80th Avenue North	City/State: Brooklyn Park, MN	Zip Code: 55444	Telephone: 7634155471
License/Permit #: 0038642	Permit Holder	Purpose of Inspection: Full	Est Type	Risk Category

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R

IN= in compliance **OUT=** not in compliance **N/O=** not observed **N/A=** not applicable **COS=** corrected on-site during inspection **R=** repeat violation

Compliance Status					COS	R
Supervision						
1	(IN)	OUT		PIC knowledgeable; duties & oversight		
2	IN	(OUT)	N/A	Certified food protection manager, duties		
Employee Health						
3	(IN)	OUT		Mgmt/Staff;knowledge,responsibilities&reporting		
4	(IN)	OUT		Proper use of reporting, restriction & exclusion		
5	(IN)	OUT		Procedures for responding to vomiting & diarrheal events		
Good Hygenic Practices						
6	(IN)	OUT	N/O	Proper eating, tasting, drinking, or tobacco use		
7	(IN)	OUT	N/O	No discharge from eyes, nose, & mouth		
Preventing Contamination by Hands						
8	(IN)	OUT	N/O	Hands clean & properly washed		
9	(IN)	OUT	N/A N/O	No bare hand contact with RTE foods or pre-approved alternate pprocedure properly followed		
10	(IN)	OUT		Adequate handwashing sinks supplied/accessible		
Approved Source						
11	(IN)	OUT		Food obtained from approved source		
12	IN	OUT	N/A (N/O)	Food received at proper temperature		
13	(IN)	OUT		Food in good condition, safe, & unadulterated		
14	IN	OUT	(N/A) N/O	Required records available; shellstock tags, parasite destruction		
Protection from Contamination						
15	(IN)	OUT	N/A N/O	Food separated and protected		
16	IN	(OUT)	N/A	Food contact surfaces: cleaned & sanitized		
17	(IN)	OUT		Proper disposition of returned, previously served, reconditioned, & unsafe food		

Compliance Status					COS	R
Time/Temperature Control for Safety						
18	IN	OUT	N/A	(N/O) Proper cooking time & temperature		
19	IN	OUT	(N/A)	N/O Proper reheating procedures for hot holding		
20	(IN)	OUT	N/A	N/O Proper cooling time & temperature		
21	IN	OUT	N/A	(N/O) Proper hot holding temperatures		
22	(IN)	OUT	N/A	Proper cold holding temperatures		
23	(IN)	OUT	N/A	N/O Proper date marking & disposition		
24	IN	OUT	(N/A)	N/O Time as a public health control: procedures & records		
Consumer Advisory						
25	IN	OUT	(N/A)	Consumer advisory provided for raw/undercooked food		
Highly Susceptible Populations						
26	IN	OUT	(N/A)	Pasteurized foods used; prohibited foods not offered		
Food and Color Additives and Toxic Substances						
27	IN	OUT	(N/A)	Food additives: approved & properly used		
28	(IN)	OUT		Toxic substances properly identified, stored, & used		
Conformance with Approved Procedures						
29	IN	OUT	(N/A)	Compliance with variance/specialized process/HACCP		

Risk factors (RF) are improper practices or proceedures identified as the most prevalent contributing factors of foodborne illness or injury. **Public Health Interventions** (PHI) are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is **not** in compliance. Mark "X" in appropriate box for COS and/or R. **COS=** corrected on-site during inspection **R=** repeat violation

				COS	R
Safe Food and Water					
30	IN	OUT	(N/A) Pasteurized eggs used where required		
31			Water & ice obtained from an approved source		
32	IN	OUT	(N/A) Variance obtained for specialized processing methods		
Food Temperature Control					
33			Proper cooling methods used; adequate equipment for temperature control		
34	IN	OUT	N/A (N/O) Plant food properly cooked for hot holding		
35	IN	OUT	N/A (N/O) Approved thawing methods used		
36	X		Thermometers provided & accurate		
Food Identification					
37			Food properly labled; original container		
Prevention of Food Contamination					
38			Insects, rodents, & animals not present		
39			Contamination prevented during food prep, storage & display		
40			Personal cleanliness		
41			Wiping cloths: properly used & stored		
42			Washing fruits & vegetables		

			COS	R
Proper Use of Utensils				
43		In-use utensils: properly stored		
44		Utensils, equipment & linens: properly stored, dried, & handled		
45		Single-use/single service articles: properly stored & used		
46		Gloves used properly		
Utensil Equipment and Vending				
47		Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
48	X	Warewashing facilities: installed, maintained, & used; test strips		
49		Non-food contact surfaces clean		
Physical Facilities				
50		Hot & cold water available; adequate pressure		
51		Plumbing installed; proper backflow devices		
52		Sewage & waste water properly disposed		
53		Toilet facilities: properly constructed, supplied, & cleaned		
54		Garbage & refuse properly disposed; facilities maintained		
55		Physical facilities installed, maintained, & clean		
56		Adequate ventilation & lighting; designated areas used		
57		Compliance with MCIAA		
58		Compliance with licensing & plan review		

Food Recalls:

Person in Charge (Signature) **Date:** 07/20/22

Inspector (Signature) Cory Kline