



Protecting, Maintaining and Improving the Health of All Minnesotans

AMENDED

Electronically Delivered

May 29, 2025

Licensee

Beautiful Hearts LLC

8617 Portland Avenue South

Bloomington, MN 55420

RE: Project Number(s) SL34396015

Dear Licensee:

Please note: This Notice amends the letter dated March 12, 2025. The fine related to order 0820, totaling \$500.00, is rescinded. You will not be invoiced for this fine. The orders outlined in the State Form sent to you on March 12, 2025, remain in effect as of that date. In accordance with Minn. Stat. § 144G.32, Subd. 2, you may challenge the correction order(s) issued, including the level and scope through the correction order reconsideration process.

The request for reconsideration must be in writing and received by MDH within 15 calendar days of the date of this notice.

To submit a reconsideration request, please visit:

<https://forms.web.health.state.mn.us/form/HRDAppealsForm>

The Notice issued on April 23, 2025, indicated the facility is in substantial compliance. No further corrections are required at this time.

On December 10, 2024, the Minnesota Department of Health (MDH) completed a follow-up survey of your facility to determine correction of orders found on the survey completed on July 25, 2024. This follow-up survey determined your facility had corrected all of the state correction orders issued pursuant to the July 25, 2024, survey.

In accordance with Minn. Stat. § 144G.31 Subd. 4 (a), state correction orders issued pursuant to the last survey, completed on July 25, 2024, found not corrected at the time of the December 10, 2024, follow-up survey and/or subject to penalty assessment are as follows:

0820-Fire Protection And Physical Environment-144g.45 Subd. 2 (g)

The details of the violations noted at the time of this follow-up survey completed on December 10, 2024 (listed above), are on the attached State Form. Brackets around the ID Prefix Tag in the left hand column, e.g., {2 ----} will identify the uncorrected tags.

Also, at the time of this follow-up survey completed on December 10, 2024, we identified the following violation(s):

0830-Local Laws Apply-144g.45 Subd. 3

The details of the violation(s) noted at the time of this follow-up survey are delineated on the attached State Form. Only the ID Prefix Tag in the left hand column without brackets will identify these state correction orders. It is not necessary to develop a plan of correction.

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 follow-up survey of your facility.**

DOCUMENTATION OF ACTION TO COMPLY

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

CORRECTION ORDER RECONSIDERATION PROCESS

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

To submit a reconsideration request, please visit:

<https://forms.web.health.state.mn.us/form/HRDAppealsForm>

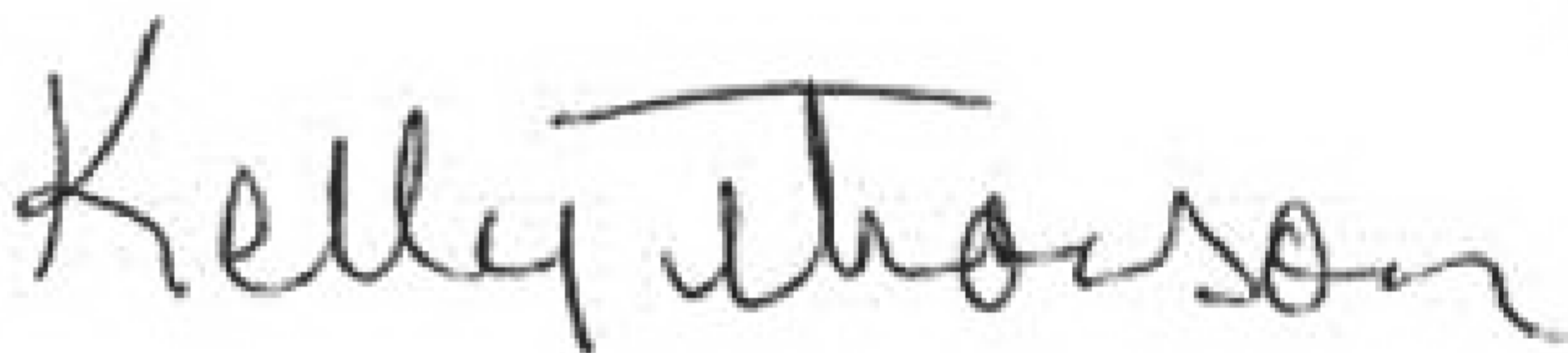
INFORMAL CONFERENCE

In accordance with Minn. Stat. § 144A.475, Subd. 8 OR Minn. Stat. § 144G.20, Subd. 20, the Commissioner of Health is authorized to hold a conference to exchange information, clarify issues, or resolve issues. The Department of Health staff would like to schedule a conference call with Beautiful Hearts LLC. Please contact Bob Dehler at 651-201-3710 on or before **Monday, March 17, 2025**, to schedule the conference call.

We urge you to review these orders carefully. If you have questions, please contact Kelly Thorson at 320-223-7336.

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

Sincerely,

A handwritten signature in black ink that reads "Kelly Thorson". The signature is written in a cursive, flowing style.

Kelly Thorson, Supervisor
State Evaluation Team
Email: Kelly.Thorson@state.mn.us
Telephone: 320-223-7336 Fax: 1-866-890-9290

HHH



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

April 23, 2025

Licensee

Beautiful Hearts LLC

8617 Portland Avenue South

Bloomington, MN 55420

RE: Project Number(s) SL34396015

Dear Licensee:

On April 2, 2025, the Minnesota Department of Health completed a follow-up survey of your facility to determine correction of orders from the survey completed on July 25, 2024. This follow-up survey verified that the facility is in substantial compliance.

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

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink that reads 'Benjamin J. Zwart'.

Benjamin J. Zwart, Supervisor

State Engineering Services Section

Email: Benjamin.Zwart@state.mn.us

Telephone: 651-201-3715 Fax: 1-800-337-9238 / 1-866-890-9290

HHH



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

March 12, 2025

Licensee

Beautiful Hearts LLC

8617 Portland Avenue South

Bloomington, MN 55420

RE: Project Number(s) SL34396015

Dear Licensee:

On December 10, 2024, the Minnesota Department of Health (MDH) completed a follow-up survey of your facility to determine correction of orders found on the survey completed on July 25, 2024. This follow-up survey determined your facility had corrected all of the state correction orders issued pursuant to the July 25, 2024, survey.

In accordance with Minn. Stat. § 144G.31 Subd. 4 (a), state correction orders issued pursuant to the last survey, completed on July 25, 2024, found not corrected at the time of the December 10, 2024, follow-up survey and/or subject to penalty assessment are as follows:

0820-Fire Protection And Physical Environment-144g.45 Subd. 2 (g) - \$500.00

The details of the violations noted at the time of this follow-up survey completed on December 10, 2024 (listed above), are on the attached State Form. Brackets around the ID Prefix Tag in the left hand column, e.g., {2 ----} will identify the uncorrected tags.

Also, at the time of this follow-up survey completed on December 10, 2024, we identified the following violation(s):

0830-Local Laws Apply-144g.45 Subd. 3

The details of the violation(s) noted at the time of this follow-up survey are delineated on the attached State Form. Only the ID Prefix Tag in the left hand column without brackets will identify these state correction orders. It is not necessary to develop a plan of correction.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$500.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

DOCUMENTATION OF ACTION TO COMPLY

In accordance with Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document actions taken to comply with the correction orders outlined on the state form; however, plans of correction are not

required to be submitted for approval.

IMPOSITION OF FINES:

Level 1: no fines or enforcement.

Level 2: a fine of \$500 per violation, in addition to any enforcement mechanism authorized in §144G.20 for widespread violations;

Level 3: a fine of \$3,000 per violation per incident, in addition to any enforcement mechanism authorized in §144G.20.

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

CORRECTION ORDER RECONSIDERATION PROCESS

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

To submit a reconsideration request, please visit:

<https://forms.web.health.state.mn.us/form/HRDAppealsForm>

REQUESTING A HEARING

Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the Department of Health within 15 business days of the correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor.

To submit a hearing request, please visit:

<https://forms.web.health.state.mn.us/form/HRDAppealsForm>

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration **or** a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

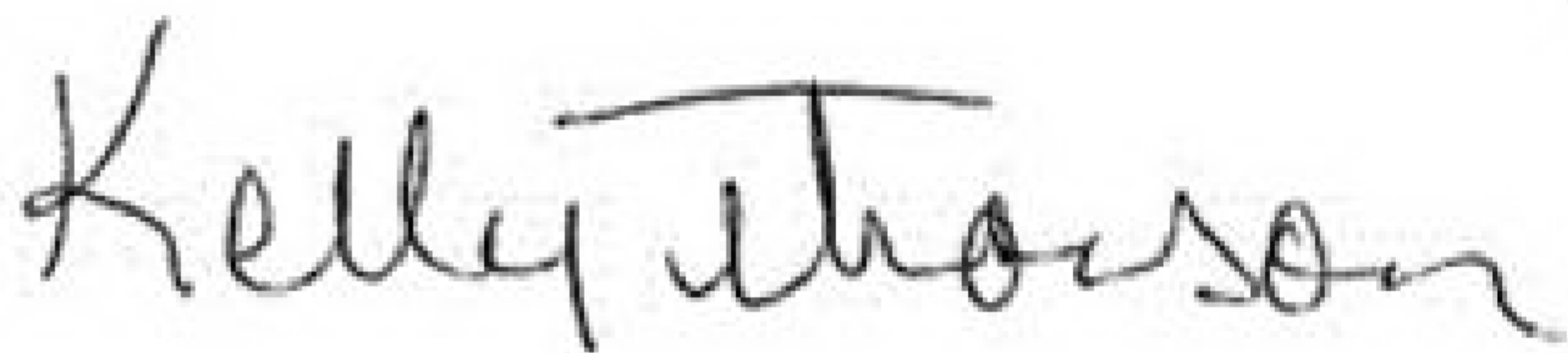
INFORMAL CONFERENCE

In accordance with Minn. Stat. § 144A.475, Subd. 8 OR Minn. Stat. § 144G.20, Subd. 20, the Commissioner of Health is authorized to hold a conference to exchange information, clarify issues, or resolve issues. The Department of Health staff would like to schedule a conference call with Beautiful Hearts LLC. Please contact Bob Dehler at 651-201-3710 on or before **Monday, March 17, 2025**, to schedule the conference call.

We urge you to review these orders carefully. If you have questions, please contact Kelly Thorson at 320-223-7336.

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

Sincerely,

A handwritten signature in cursive script that reads "Kelly Thorson". The signature is written in dark ink and is positioned below the word "Sincerely,".

Kelly Thorson, Supervisor
State Evaluation Team
Email: Kelly.Thorson@state.mn.us
Telephone: 320-223-7336 Fax: 1-866-890-9290
HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34396	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 12/10/2024
NAME OF PROVIDER OR SUPPLIER BEAUTIFUL HEARTS LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 8617 PORTLAND AVENUE SOUTH BLOOMINGTON, MN 55420			
(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: SL34396015-2 On December 9, 2024 through December 11, 2024, the Minnesota Department of Health conducted a follow-up survey at the above provider to follow-up on orders issued pursuant to a survey completed on October 15, 2024. At the time of the survey, there were 4 residents; 4 receiving services under the Assisted Living/Assisted Living license. As a result of the follow-up survey, the following orders were reissued.	{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 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.		
{0 460} SS=F	144G.41 Subdivision 1 Minimum requirements (5) provide a means for residents to request	{0 460}			

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34396	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 12/10/2024
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{0 460}	Continued From page 1 assistance for health and safety needs 24 hours per day, seven days per week; (6) allow residents the ability to furnish and decorate the resident's unit within the terms of the assisted living contract; (7) permit residents access to food at any time; (8) allow residents to choose the resident's visitors and times of visits; (9) allow the resident the right to choose a roommate if sharing a unit; (10) notify the resident of the resident's right to have and use a lockable door to the resident's unit. The licensee shall provide the locks on the unit. Only a staff member with a specific need to enter the unit shall have keys, and advance notice must be given to the resident before entrance, when possible. An assisted living facility must not lock a resident in the resident's unit; This MN Requirement is not met as evidenced by:	{0 460}	Not reviewed during this survey.		
{0 480} SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services (a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626. (b) For an assisted living facility with a licensed capacity of ten or fewer residents: (1) notwithstanding Minnesota Rules, part 4626.0033, item A, the facility may share a certified food protection manager (CFPM) with one other facility located within a 60-mile radius and under common management provided the CFPM is present at each facility frequently	{0 480}			

Minnesota Department of Health

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{0 480}	Continued From page 2 enough to effectively administer, manage, and supervise each facility's food service operation; (2) notwithstanding Minnesota Rules, part 4626.0545, item A, kick plates that are not removable or cannot be rotated open are allowed unless the facility has been issued repeated correction orders for violations of Minnesota Rules, part 4626.1565 or 4626.1570; (3) notwithstanding Minnesota Rules, part 4626.0685, item A, the facility is not required to provide integral drainboards, utensil racks, or tables large enough to accommodate soiled and clean items that may accumulate during hours of operation provided soiled items do not contaminate clean items, surfaces, or food, and clean equipment and dishes are air dried in a manner that prevents contamination before storage; (4) notwithstanding Minnesota Rules, part 4626.1070, item A, the facility is not required to install a dedicated handwashing sink in its existing kitchen provided it designates one well of a two-compartment sink for use only as a handwashing sink; (5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A, existing floor, wall, and ceiling finishes are allowed provided the facility keeps them clean and in good condition; (6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and (7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door.	{0 480}			

Minnesota Department of Health

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{0 480}	Continued From page 3	{0 480}			
	This MN Requirement is not met as evidenced by:		Not reviewed during this survey.		
{0 630} SS=D	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:	{0 630}			
{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 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	{0 660}			

Minnesota Department of Health

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{0 660}	Continued From page 4 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:	{0 660}	Not reviewed during this survey.		
{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.	{0 680}			

Minnesota Department of Health

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{0 680}	Continued From page 5 This MN Requirement is not met as evidenced by:	{0 680}	Not reviewed during this survey.		
{0 780} SS=F	144G.45 Subd. 2 (a) (1) Fire protection and physical environment for dwellings or sleeping units, as defined in the State Fire Code: (i) provide smoke alarms in each room used for sleeping purposes; (ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms; (iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics; (iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and (v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated; This MN Requirement is not met as evidenced by:	{0 780}			
{0 790} SS=F	144G.45 Subd. 2 (a) (2-3) Fire protection and physical environment	{0 790}	Not reviewed during this survey.		

Minnesota Department of Health

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{0 790}	Continued From page 6 (2) install and maintain portable fire extinguishers in accordance with the State Fire Code; (3) install portable fire extinguishers having a minimum 2-A:10-B:C rating within Group R-3 occupancies, as defined by the State Fire Code, located so that the travel distance to the nearest fire extinguisher does not exceed 75 feet, and maintained in accordance with the State Fire Code; and This MN Requirement is not met as evidenced by:	{0 790}	Not reviewed during this survey.		
{0 800} SS=F	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. This MN Requirement is not met as evidenced by:	{0 800}			
{0 820} SS=F	144G.45 Subd. 2 (g) Fire protection and physical environment (g) Existing construction or elements, including assisted living facilities that were registered as housing with services establishments under	{0 820}			

Minnesota Department of Health

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{0 820}	Continued From page 7 chapter 144D prior to August 1, 2021, shall be permitted to continue in use provided such use does not constitute a distinct hazard to life. Any existing elements that an authority having jurisdiction deems a distinct hazard to life must be corrected. The facility must document in the facility's records any actions taken to comply with a correction order, and must submit to the commissioner for review and approval prior to correction. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide facilities that were not a distinct hazard to life. This had the potential to directly affect all of the residents and staff. 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: During facility tour on December 10, 2024, from 1:15 p.m. through 2:00 p.m., with licensed assisted living director (LALD)-D, the surveyor observed that compliant emergency escape and rescue openings were not provided in resident sleeping rooms one, two and three. Occupied Resident Rooms	{0 820}			

Minnesota Department of Health

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{0 820}	Continued From page 8 Resident sleeping room one, located on the main floor, occupied, emergency escape and rescue clear window opening measurements are 22 ½ inches wide, 27 ½ inches in height and 618 ¾ square inches in openable area. The window was measured with LALD-D, and the surveyor. The window did not meet the minimum requirements for clear opening area. Resident sleeping room two, located on the main floor, occupied, emergency escape and rescue clear window opening measurements are 27 ½ inches wide, 22 ½ inches in height and 618 ¾ square inches in openable area. The window was measured with LALD-D, and the surveyor. The window did not meet the minimum requirements for clear opening area. Resident sleeping room three, located on the main floor, occupied, emergency escape and rescue clear window opening measurements are 22 ½ inches wide, 27 ½ inches in height and 618 ¾ square inches in openable area. The window was measured with LALD-D, and the surveyor. The window did not meet the minimum requirements for clear opening area. It was explained to LALD-D, that at least one compliant emergency escape and rescue opening is required within each resident sleeping room. Existing emergency escape and rescue openings are required to meet a minimum clear opening area of 648 square inches and have a minimum dimension of 20 inches in height and a minimum dimension of 20 inches in width. The windowsill height from the floor to the clear opening shall be not more than 48 inches. These deficient conditions were visually verified	{0 820}			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34396	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 12/10/2024
NAME OF PROVIDER OR SUPPLIER BEAUTIFUL HEARTS LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 8617 PORTLAND AVENUE SOUTH BLOOMINGTON, MN 55420		
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{0 820}	Continued From page 9	{0 820}			
0 830 SS=F	144G.45 Subd. 3 Local laws apply Assisted living facilities shall comply with all applicable state and local governing laws, regulations, standards, ordinances, and codes for fire safety, building, and zoning requirements, except a facility with a licensed resident capacity of six or fewer is exempt from rental licensing regulations imposed by any town, municipality, or county. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to comply with state and local governing laws. This had the potential to directly 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: During facility tour on December 10, 2024, from 1:15 p.m. through 2:00 p.m., with licensed assisted living director (LALD)-D, the surveyor observed that new windows had been installed in resident sleeping rooms, one, two and three. The	0 830			

Minnesota Department of Health

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0 830	Continued From page 10 surveyor asked if new windows had been installed and if a building permit and inspections had been obtained from the local jurisdiction. LALD-D confirmed that new windows had been installed and thought the installing contractor had obtained the permit. LALD-D was not certain that a permit had been obtained and could not provide documentation of any permits for the window installation. LALD-D stated they would email of copy of the permit if they could locate it. On December 11, 2024, at 2:59 p.m. the surveyor emailed owner, (O)-A to request a copy of the building permit. On December 16, 2024, at 8:47 a.m. the surveyor called O-A to confirm whether O-A had received the email sent December 11. O-A stated they had received the email, but they did not have building permit information, so they did not respond. O-A stated that the contractor that installed the windows did not obtain building permits or inspections from the local jurisdiction. No further documentation was provided.	0 830			
{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:	{01370}			

Minnesota Department of Health

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{01370}	Continued From page 11 (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 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:	{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;	{01380}	Not reviewed during this survey.		

Minnesota Department of Health

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{01380}	Continued From page 12 (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:	{01380}	Not reviewed during this survey.		
{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	{01620}			

Minnesota Department of Health

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{01620}	Continued From page 13 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:	{01620}	Not reviewed during this survey.		
{01820} SS=F	144G.71 Subd. 13 Prescriptions There must be a current written or electronically recorded prescription as defined in section 151.01, subdivision 16a, for all prescribed medications that the assisted living facility is managing for the resident. This MN Requirement is not met as evidenced by:	{01820}			
{01830} SS=F	144G.71 Subd. 14 Renewal of prescriptions Prescriptions must be renewed at least every 12 months or more frequently as indicated by the assessment in subdivision 2. Prescriptions for controlled substances must comply with chapter 152. This MN Requirement is not met as evidenced by:	{01830}			
{01850} SS=D	144G.71 Subd. 16 Written or electronic prescription When a written or electronic prescription is	{01850}			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34396	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 12/10/2024
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{01850}	Continued From page 14 received, it must be communicated to the registered nurse in charge and recorded or placed in the resident's record. This MN Requirement is not met as evidenced by:	{01850}	Not reviewed during this survey.		



Protecting, Maintaining and Improving the Health of All Minnesotans

AMENDED

NOTICE OF CONDITIONAL LICENSE

Electronically Delivered

February 7, 2025

Licensee

Beautiful Hearts LLC

8617 Portland Avenue South

Bloomington, MN 55420

RE: Conditional License Number 415936
Health Facility Identification Number (HFID) 34396
Project Number(s) SL34396015

Dear Licensee:

Please Note: This notice amends the previous notice dated December 2, 2024. Specifically, tag number 0480 in this letter was corrected to 0495 to accurately reflect the citation. Also, the resident sleeping room listed withing condition "c." was corrected to occupied resident sleeping rooms 1, 2 and 3. No other changes have been made.

On October 15, 2024, the Minnesota Department of Health (MDH) completed a follow-up survey of your facility to determine correction of orders found on the survey completed on July 25, 2024. Based on the follow-up survey results you were found not to be in substantial compliance with the laws pursuant to Minnesota Statutes, Chapter 144G.

As a result, pursuant to Minn. Stat. § 144G.20, MDH is issuing a 90-day conditional license, due to expire on **March 2, 2025**.

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 may be 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.31 Subd. 4 (a), state correction order issued pursuant to the last survey, completed on July 25, 2024, found not corrected at the time of the October 15, 2024, follow-up survey and/or subject to penalty assessment are as follows:

0495-Minimum Requirements-144g.41 Subd 1 (13) (i) (b) - \$500.00

0820-Fire Protection And Physical Environment-144g.45 Subd. 2 (g)

The details of the violation noted at the time of this follow-up survey completed on October 15, 2024 (listed above), are on the attached State Form. Brackets around the ID Prefix Tag in the left hand column, e.g., {2 ----} will identify the uncorrected tags.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$500.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

DOCUMENTATION OF ACTION TO COMPLY

In accordance with Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document actions taken to comply with the correction orders and immediately correct any reissued orders 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 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(s) issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by MDH within 15 calendar days of the correction order receipt date.

To submit a reconsideration request, please visit:

<https://forms.web.health.state.mn.us/form/HRDAppealsForm>

REQUESTING A HEARING

Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the Department of Health within 15 business days of the

correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor.

To submit a hearing request, please visit:

<https://forms.web.health.state.mn.us/form/HRDAppealsForm>

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration **or** a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

CONDITIONAL LICENSE ISSUED:

MDH will issue Beautiful Hearts LLC a conditional assisted living facility license for 90 calendar days from the date of this notice. At an unannounced point in time, within the 90 calendar days, MDH will conduct a follow-up survey, as defined in Minn. Stat. § 144G.30, Subd. 6. Based on the results of the follow-up survey, MDH will determine if Beautiful Hearts LLC is in substantial compliance.

The following conditions apply on the conditional assisted living facility license:

- a. **Health Facility Construction Permit:** Beautiful Hearts LLC will contact the Minnesota Department of Labor and Industry (MNDLI) or City with delegated authority to review and inspect State Licensed Facilities in accordance with Minn. Stat. § 362B.103, Subd. 13, and obtain a construction permit for a health facility. Within 14 days from the date of this notice, Beautiful Hearts LLC will provide MDH with a copy of the permit obtained from MNDLI or City with delegated authority.
- b. **General Contractor:** Beautiful Hearts LLC must provide the following to Tim Hanna, (Tim.Hanna@state.mn.us) via email **within two (2) weeks of the date of this notice:**
 - i. Name
 - ii. License Number
 - iii. Contact Information
- c. **Egress Window Requirements:** Beautiful Hearts LLC will replace at least one window in occupied resident sleeping rooms **1, 2 and 3**, meeting the minimum size requirements.
 - i. Must have minimum openable width of no less than 20 inches.
 - ii. Must have minimum openable height of no less than 20 inches.

- iii. Must have total openable area of no less than 648 square inches (4.5 square feet).
 - iv. Must have a windowsill height of no more than 48 inches from the floor to the clear opening.
 - v. All measurements must be achieved under normal operation of opening window without the use of a key, tool, or special knowledge.
- d. **Follow-up survey:** At the time of the follow-up survey, MDH may pursue additional enforcement actions, up to and including immediate temporary suspension or revocation of the provisional license if MDH identifies any level 3 or 4 violations or widespread care related violations.

RESULTS OF FOLLOW-UP EVALUATION DURING THE CONDITIONAL LICENSE PERIOD:

MDH will determine if Beautiful Hearts LLC is in substantial compliance based on the results of the follow up survey. MDH will make this determination within the 90-day conditional license period. If MDH determines Beautiful Hearts LLC is in substantial compliance on the follow up survey, MDH will remove the conditions from Beautiful Hearts LLC's assisted living facility license, and Beautiful Hearts LLC will correct any outstanding violations identified during the survey. If Beautiful Hearts LLC is not in substantial compliance on the follow-up survey, MDH may take additional enforcement action, up to and including immediate temporary suspension and revocation, as authorized by Minn. Stat. § 144G.20.

REQUESTING A HEARING:

Pursuant to Minn. Stat. §144G.20, Subd. 18, the licensee may appeal an action against the license under this section. The licensee must request a hearing no later than 15 business days after licensee receives notice of the action. To submit a hearing request, please visit <https://forms.web.health.state.mn.us/form/HRD-Appeals-Form>.

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 Tim Hanna directly at: 507-208-8982.

Sincerely,



Rick Michals, J.D.

Executive Regional Operations Manager

**Minnesota Department of Health
Health Regulation Division**

HHH



Protecting, Maintaining and Improving the Health of All Minnesotans

NOTICE OF CONDITIONAL LICENSE

Electronically Delivered

December 2, 2024

Licensee

Beautiful Hearts LLC

8617 Portland Avenue South

Bloomington, MN 55420

RE: Conditional License Number 415936
Health Facility Identification Number (HFID) 34396
Project Number(s) SL34396015

Dear Licensee:

On October 15, 2024, the Minnesota Department of Health (MDH) completed a follow-up survey of your facility to determine correction of orders found on the survey completed on July 25, 2024. Based on the follow-up survey results you were found not to be in substantial compliance with the laws pursuant to Minnesota Statutes, Chapter 144G.

As a result, pursuant to Minn. Stat. § 144G.20, MDH is issuing a 90-day conditional license, due to expire on **March 2, 2025**.

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 may be 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.

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In accordance with Minn. Stat. § 144G.31 Subd. 4 (a), state correction order issued pursuant to the last survey, completed on July 25, 2024, found not corrected at the time of the October 15, 2024, follow-up survey and/or subject to penalty assessment are as follows:

0480-Minimum Requirements-144g.41 Subd 1 (13) (i) (b) - \$500.00

0820-Fire Protection And Physical Environment-144g.45 Subd. 2 (g)

The details of the violation noted at the time of this follow-up survey completed on October 15, 2024 (listed above), are on the attached State Form. Brackets around the ID Prefix Tag in the left hand column, e.g., {2 ----} will identify the uncorrected tags.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$500.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

DOCUMENTATION OF ACTION TO COMPLY

In accordance with Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document actions taken to comply with the correction orders and immediately correct any reissued orders 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 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(s) issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by MDH within 15 calendar days of the correction order receipt date.

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CONDITIONAL LICENSE ISSUED:

MDH will issue Beautiful Hearts LLC a conditional assisted living facility license for 90 calendar days from the date of this notice. At an unannounced point in time, within the 90 calendar days, MDH will conduct a follow-up survey, as defined in Minn. Stat. § 144G.30, Subd. 6. Based on the results of the follow-up survey, MDH will determine if Beautiful Hearts LLC is in substantial compliance.

The following conditions apply on the conditional assisted living facility license:

- a. Health Facility Construction Permit:** Beautiful Hearts LLC will contact the Minnesota Department of Labor and Industry (MNDLI) or City with delegated authority to review and inspect State Licensed Facilities in accordance with Minn. Stat. § 362B.103, Subd. 13, and obtain a construction permit for a health facility. Within 14 days from the date of this notice, Beautiful Hearts LLC will provide MDH with a copy of the permit obtained from MNDLI or City with delegated authority.
- b. General Contractor:** Beautiful Hearts LLC must provide the following to Tim Hanna, (Tim.Hanna@state.mn.us) via email **within two (2) weeks of the date of this notice:**
 - i. Name
 - ii. License Number
 - iii. Contact Information
- c. Egress Window Requirements:** Beautiful Hearts LLC will replace at least one window in occupied resident bedrooms #1, meeting the minimum size requirements.
 - i. Must have minimum openable width of no less than 20 inches.
 - ii. Must have minimum openable height of no less than 20 inches.
 - iii. Must have total openable area of no less than 648 square inches (4.5 square feet).
 - iv. Must have a windowsill height of no more than 48 inches from the floor to the clear opening.
 - v. All measurements must be achieved under normal operation of opening window without the use of a key, tool, or special knowledge.
- d. Follow-up survey:** At the time of the follow-up survey, MDH may pursue

additional enforcement actions, up to and including immediate temporary suspension or revocation of the provisional license if MDH identifies any level 3 or 4 violations or widespread care related violations.

RESULTS OF FOLLOW-UP EVALUATION DURING THE CONDITIONAL LICENSE PERIOD:

MDH will determine if Beautiful Hearts LLC is in substantial compliance based on the results of the follow up survey. MDH will make this determination within the 90-day conditional license period. If MDH determines Beautiful Hearts LLC is in substantial compliance on the follow up survey, MDH will remove the conditions from Beautiful Hearts LLC's assisted living facility license, and Beautiful Hearts LLC will correct any outstanding violations identified during the survey. If Beautiful Hearts LLC is not in substantial compliance on the follow-up survey, MDH may take additional enforcement action, up to and including immediate temporary suspension and revocation, as authorized by Minn. Stat. § 144G.20.

REQUESTING A HEARING:

Pursuant to Minn. Stat. §144G.20, Subd. 18, the licensee may appeal an action against the license under this section. The licensee must request a hearing no later than 15 business days after licensee receives notice of the action. To submit a hearing request, please visit <https://forms.web.health.state.mn.us/form/HRD-Appeals-Form>.

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 Tim Hanna directly at: 507-208-8982.

Sincerely,



Rick Michals, J.D.

Executive Regional Operations Manager

**Minnesota Department of Health
Health Regulation Division**

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34396	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 10/15/2024
NAME OF PROVIDER OR SUPPLIER BEAUTIFUL HEARTS LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 8617 PORTLAND AVENUE SOUTH BLOOMINGTON, MN 55420		
(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: SL34396015-1 On October 14, 2024 through October 15, 2024, the Minnesota Department of Health conducted a follow-up survey at the above provider to follow-up on orders issued pursuant to a survey completed on July 24, 2024. At the time of the survey, there were 4 residents; 4 receiving services under the Assisted Living license. As a result of the follow-up survey, the following orders were reissued.	{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 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.		
{0 460} SS=F	144G.41 Subdivision 1 Minimum requirements (5) provide a means for residents to request	{0 460}			

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34396	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 10/15/2024
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{0 460}	Continued From page 1 assistance for health and safety needs 24 hours per day, seven days per week; (6) allow residents the ability to furnish and decorate the resident's unit within the terms of the assisted living contract; (7) permit residents access to food at any time; (8) allow residents to choose the resident's visitors and times of visits; (9) allow the resident the right to choose a roommate if sharing a unit; (10) notify the resident of the resident's right to have and use a lockable door to the resident's unit. The licensee shall provide the locks on the unit. Only a staff member with a specific need to enter the unit shall have keys, and advance notice must be given to the resident before entrance, when possible. An assisted living facility must not lock a resident in the resident's unit; This MN Requirement is not met as evidenced by: Not reviewed during this survey.	{0 460}			
{0 480} SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements (13) offer to provide or make available at least the 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: Not reviewed during this survey.	{0 480}			
{0 495} SS=F	144G.41 Subd. 1 (14) Minimum Requirements	{0 495}			

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{0 495}	Continued From page 2 (14) provide staff access to an on-call registered nurse 24 hours per day, seven days per week This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure that a registered nurse (RN) was available on-call 24 hours a day, seven days per week. This had the potential to affect all three residents and staff 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: On October 15, 2024, at 9:00 a.m., the surveyor reviewed the current employee roster provided by licensed assisted living director (LALD)-A. The roster indicated the licensee only had one registered nurse employed. The surveyor reviewed the plan of correction submitted by LALD-A that indicated this deficiency had been completed and the action plan/update indicated the licensee had been searching and interviewing for this position and finally found someone and are in the process of onboarding her to the company. On October 15, 2024, at 12:55 p.m., via telephone interview, LALD-A stated registered nurse (RN)-B was supposed to start in September, however, she had to go out of town	{0 495}			

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{0 495}	Continued From page 3 unexpectedly and just returned last week. LALD-A stated he initiated the background study for RN-B today and she will need to go in for fingerprinting and will hopefully be cleared in the next day or so and then start the orientation. On October 15, 2024, at 3:45 p.m., via telephone interview, RN-B stated she was going to take a on-call position with the provider and would be going to get fingerprints tomorrow and possibly start next week. On October 16, 2024, at 1:30 p.m., via telephone interview, CNS-C stated that she was still working part-time at the hospital as well as the only nurse for the assisted living facility. CNS-C stated LALD-A was in the process of hiring another nurse, but they have not started yet. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	{0 495}			
{0 630} SS=D	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.	{0 630}			

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{0 630}	Continued From page 4	{0 630}			
{0 660} SS=F	This MN Requirement is not met as evidenced by: Not reviewed during this survey. 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 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: Not reviewed during this survey.	{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	{0 680}			

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{0 680}	Continued From page 5 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: Not reviewed during this survey.	{0 680}			
{0 780} SS=F	144G.45 Subd. 2 (a) (1) Fire protection and physical environment (a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: (1) for dwellings or sleeping units, as defined in the State Fire Code: (i) provide smoke alarms in each room used for sleeping purposes; (ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms; (iii) provide smoke alarms on each story within a dwelling unit, including basements, but	{0 780}			

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{0 780}	Continued From page 6 not including crawl spaces and unoccupied attics; (iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and (v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated; This MN Requirement is not met as evidenced by: No further action needed.	{0 780}			
{0 790} SS=F	144G.45 Subd. 2 (a) (2)-(3) Fire protection and physical environment (2) install and maintain portable fire extinguishers in accordance with the State Fire Code; (3) install portable fire extinguishers having a minimum 2-A:10-B:C rating within Group R-3 occupancies, as defined by the State Fire Code, located so that the travel distance to the nearest fire extinguisher does not exceed 75 feet, and maintained in accordance with the State Fire Code; and This MN Requirement is not met as evidenced by: No further action needed.	{0 790}			

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{0 800}	Continued From page 7	{0 800}			
{0 800} SS=F	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. This MN Requirement is not met as evidenced by: No further action needed.	{0 800}			
{0 820} SS=F	144G.45 Subd. 2 (g) Fire protection and physical environment (g) Existing construction or elements, including assisted living facilities that were registered as housing with services establishments under chapter 144D prior to August 1, 2021, shall be permitted to continue in use provided such use does not constitute a distinct hazard to life. Any existing elements that an authority having jurisdiction deems a distinct hazard to life must be corrected. The facility must document in the facility's records any actions taken to comply with a correction order, and must submit to the commissioner for review and approval prior to correction. This MN Requirement is not met as evidenced by: Based on record review and interview, the licensee failed to provide facilities that were not a distinct hazard to life. This had the potential to	{0 820}			

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{0 820}	Continued From page 8 directly affect all residents, visitors, and staff. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: On October 14, 2024, the surveyor initiated a follow-up for the initial survey conducted on July 24, 2024. Owner (O)-A contacted the surveyor by phone on October 14, 2024, at 11:30 a.m., and stated that the windows had not been replaced and were the same size as during the initial survey. The surveyor requested documentation to verify that the facility was conducting fire watch as proposed in the plan of correction, and to verify that the windows were ordered and scheduled to be installed. On October 15, 2024, at 12:50 p.m., O-A emailed the surveyor fire watch logs and a contract to have new windows installed. In the email O-A stated they plan to have the windows installed by the end of October. The surveyor explained to O-A that the fire watch would need to continue until the windows are compliant and the tag would be re-issued, and another follow-up scheduled. O-A stated they understood the requirements. WINDOW MEASUREMENTS TAKEN DURING INITIAL SURVEY ON JULY 24, 2024 Resident sleeping room 1, located on the main floor, occupied, emergency escape and rescue clear window opening measurements are 38	{0 820}			

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{0 820}	Continued From page 9 inches wide, 15 inches in height and 570 square inches in openable area. The window was measured with O-A, and survey staff present. The window did not meet the minimum requirements for clear opening height and clear opening area. Resident sleeping room 2, located on the main floor, occupied, emergency escape and rescue clear window opening measurements are 36 inches wide, 19 inches in height and 684 square inches in openable area. The window was measured with O-A, and survey staff present. The window did not meet the minimum requirements for clear opening height. Resident sleeping room 3, located on the main floor, occupied, emergency escape and rescue clear window opening measurements are 29 inches wide, 15 inches in height and 435 square inches in openable area. The window was measured with O-A, and survey staff present. The window did not meet the minimum requirements for clear opening height and clear opening area. It was explained to O-A, that at least one compliant emergency escape and rescue opening is required within each resident sleeping room. Existing emergency escape and rescue openings are required to meet a minimum clear opening area of 648 square inches and have a minimum dimension of 20 inches in height and a minimum dimension of 20 inches in width. The windowsill height from the floor to the clear opening shall be not more than 48 inches.	{0 820}			
{01370} SS=D	144G.61 Subd. 2 (a) Training and evaluation of unlicensed personn	{01370}			

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{01370}	Continued From page 10 (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 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.	{01370}			

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{01370}	Continued From page 11 This MN Requirement is not met as evidenced by: Not reviewed during this survey.	{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: Not reviewed during this survey.	{01380}			
{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.	{01620}			

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{01620}	Continued From page 12 (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: Not reviewed during this survey.	{01620}			
{01820} SS=F	144G.71 Subd. 13 Prescriptions There must be a current written or electronically recorded prescription as defined in section 151.01, subdivision 16a, for all prescribed medications that the assisted living facility is managing for the resident. This MN Requirement is not met as evidenced by: Not reviewed during this survey.	{01820}			
{01830} SS=F	144G.71 Subd. 14 Renewal of prescriptions Prescriptions must be renewed at least every 12 months or more frequently as indicated by the assessment in subdivision 2. Prescriptions for	{01830}			

Minnesota Department of Health

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{01830}	Continued From page 13 controlled substances must comply with chapter 152. This MN Requirement is not met as evidenced by: Not reviewed during this survey.	{01830}			
{01850} SS=D	144G.71 Subd. 16 Written or electronic prescription When a written or electronic prescription is received, it must be communicated to the registered nurse in charge and recorded or placed in the resident's record. This MN Requirement is not met as evidenced by: Not reviewed during this survey.	{01850}			



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

August 16, 2024

Licensee

Beautiful Hearts LLC

8617 Portland Avenue South

Bloomington, MN 55420

RE: Project Number(s) SL34396015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on July 25, 2024, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH 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.

STATE CORRECTION ORDERS

The enclosed State Form documents the state correction orders. MDH 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 may be 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.31, Subd. 4(a)(5), MDH may impose fine amounts of either \$1,000 or \$5,000 to licensees who are found to be responsible for maltreatment. MDH may impose 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. MDH 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(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, the following fines are assessed pursuant to this survey:

St - 0 - 1290 - 144g.60 Subdivision 1 - Background Studies Required - \$3,000.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$3,000.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

DOCUMENTATION OF ACTION TO COMPLY

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

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(s) issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by MDH within 15 calendar days of the correction order receipt date.

To submit a reconsideration request, please visit:

<https://forms.web.health.state.mn.us/form/HRDAppealsForm>

REQUESTING A HEARING

Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the Department of Health within 15 business days of the

correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor. to submit a hearing request, please visit:

<https://forms.web.health.state.mn.us/form/HRDAppealsForm>

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration **or** a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

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,

A handwritten signature in black ink that reads "Kelly Thorson". The signature is written in a cursive, flowing style.

Kelly Thorson, Supervisor

State Evaluation Team

Email: Kelly.Thorson@state.mn.us

Telephone: 320-223-7336 Fax: 1-866-890-9290

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34396	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/25/2024
NAME OF PROVIDER OR SUPPLIER BEAUTIFUL HEARTS LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 8617 PORTLAND AVENUE SOUTH BLOOMINGTON, MN 55420		
(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(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: SL34396015-0 On July 22, 2024, through July 25, 2024, the Minnesota Department of Health conducted an Assisted Living license survey at the above provider, and the following correction orders are issued. At the time of the survey, there was four residents receiving services under the Assisted Living license. An immediate correction order was identified on July 23, 2024, issued for SL34396015-0, tag identification 1290. An immediate correction order was identified on July 24, 2024, issued for SL34396015-0, tag identification 0820. At the time of survey exit on June 25, 2024, immediacy remained for immediate correction orders 1290 and 0820.	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 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.		

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

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0 000	Continued From page 1	0 000			
0 460 SS=F	On July 30, 2024, the immediacy of correction order 0820 was removed, however non-compliance remained at a scope and level of I. 144G.41 Subdivision 1 Minimum requirements (5) provide a means for residents to request assistance for health and safety needs 24 hours per day, seven days per week; (6) allow residents the ability to furnish and decorate the resident's unit within the terms of the assisted living contract; (7) permit residents access to food at any time; (8) allow residents to choose the resident's visitors and times of visits; (9) allow the resident the right to choose a roommate if sharing a unit; (10) notify the resident of the resident's right to have and use a lockable door to the resident's unit. The licensee shall provide the locks on the unit. Only a staff member with a specific need to enter the unit shall have keys, and advance notice must be given to the resident before entrance, when possible. An assisted living facility must not lock a resident in the resident's unit; This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to provide a means for residents to request assistance for health and safety needs 24 hours a day, seven days a week. This had the potential to affect all residents. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a	0 460			

Minnesota Department of Health

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0 460	Continued From page 2 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 22, 2024, at 12:30 p.m., during a facility tour, the surveyor observed a split-level home with three occupied resident rooms located on the main level of the home and one occupied resident room located on the lower level of the home. In addition, the surveyor observed no bells, call lights, or pendants in resident rooms or worn by the residents. On July 22, 2024, at 11:40 a.m., during the entrance conference, owner (O)-A stated the residents at the facility did not have call pendant system to notify staff if they needed assistance because they did not realize it was a requirement and the facility being a house the staff are in close contact with all of the residents. The licensee's Staffing policy dated August 1, 2021, indicated residents are provided with a means to request assistance for health and safety needs 24 hours/day 7 days/week; during night shifts, the home health aide will respond to resident requests for assistance as soon as possible. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 460			

Minnesota Department of Health

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0 480	Continued From page 3	0 480			
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements (13) offer to provide or make available at least the 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 (DATE), 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			
0 495 SS=F	144G.41 Subd. 1 (14) Minimum Requirements (14) provide staff access to an on-call registered nurse 24 hours per day, seven days per week This MN Requirement is not met as evidenced	0 495			

Minnesota Department of Health

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0 495	Continued From page 4 by: Based on observation and interview, the licensee failed to ensure that a registered nurse (RN) was available on-call 24 hours a day, seven days per week. This had the potential to affect all three residents and staff 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: On July 22, 2024, at 11:40 a.m., during the entrance conference, clinical nurse supervisor (CNS)-B stated she is the only nurse for the facility and also has a part- time job at the hospital on the mental health unit but is allowed to carry her phone with her and has always been available if the staff have called her, but had recommended hiring another nurse with owner (O)-A. On July 22, 2024, at 11:40 a.m., during the entrance conference, O-A stated that they currently only have one registered nurse (RN) employed and are working on hiring another back up nurse. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	0 495			

Minnesota Department of Health

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0 630	Continued From page 5	0 630			
0 630 SS=D	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 interview and record review, the licensee failed to ensure an individual abuse prevention plan (IAPP) was developed to include the required content for one of two residents (R2). 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: R2 was admitted on December 22, 2022. R2's diagnoses included bipolar disorder, chronic anemia, myasthenia gravis, and tobacco use.	0 630			

Minnesota Department of Health

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0 630	Continued From page 6 R2's record lacked an individual abuse prevention plan which included the person's risk of abusing other vulnerable adults. On July 24, 2024, at 11:00 a.m., clinical nurse supervisor (CNS)-B stated the IAPP was completed prior to her working at the facility and she did not realize the risk of abusing others was missing from the assessment. The licensee's Vulnerable Adult policy dated August 1, 2021, indicated an individual abuse prevention plan shall be established for each vulnerable minor or adult for whom assisted living services are provided. - The plan shall contain an individualized assessment of the resident's susceptibility to abuse by another individual, including other vulnerable adults; - The plan shall contain the residence risk of abusing other vulnerable adults; -The plan shall contain statements of specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults; - The plan will be implemented immediately and evaluated at each supervisory visit or more frequently, if necessary; and - Documentation will include results of the implementation. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 630			
0 660 SS=F	144G.42 Subd. 9 Tuberculosis prevention and control (a) The facility must establish and maintain a	0 660			

Minnesota Department of Health

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0 660	Continued From page 7 comprehensive tuberculosis infection control program according to the most current 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 and control program, based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC), which included an updated facility TB risk assessment. 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 22, 2024, the surveyor was provided with a binder that was labeled "Survey Binder" which	0 660			

Minnesota Department of Health

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0 660	Continued From page 8 contained some of the facility information. The binder contained the TB facility risk assessment dated and signed on May 1, 2022. On July 22, 2024, at 11:40 a.m., owner (O)-A stated he had not updated the facility TB risk assessment because he did not realize it was required to be completed annually. The licensee's Tuberculosis Screening/Prevention policy dated August 1, 2021, indicated the director is responsible for conducting the formal TB Risk Assessment and updating it annually. 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	0 680			

Minnesota Department of Health

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0 680	Continued From page 9 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: Based on interview and record review, the licensee failed to develop a written emergency preparedness (EP) plan with all the required content. This had the potential to affect all residents, employees, and visitors to 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) 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: On July 22, 2024, at 1:00 p.m., owner (O)-A provided the evaluator with a binder that contained the emergency preparedness manual and indicated the contents were the licensee's EP plan. The licensee's emergency preparedness plan (EPP), dated June 15, 2022, lacked the required content: - annual review; - missing resident quarterly review;	0 680			

Minnesota Department of Health

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0 680	Continued From page 10 - description of the population served by licensee; - the development of policies/procedures to address: - procedures for tracking staff and residents; - procedures for medical documents; - use of volunteers; - arrangement with other facilities; and - roles under a waiver declared by Secretary. - development of a written communication plan; - names and contact information for staff, entities providing services, resident physicians, other facilities, and volunteers; - methods for sharing medical documentation for residents under the facility's care, as necessary, with other health care providers to maintain continuity of care; - means to providing information about the facility's occupancy, needs, and it's ability to provide assistance, to the authority having jurisdiction, the incident command center, or designee; - method for sharing information from the emergency plan, that the facility has determined appropriate, with residents and their families/representatives. On July 22, 2024, at 1:30 p.m., O-A stated the emergency preparedness plan has not been updated annually and is missing some of the required content because he had recently done a mock survey and knew the plan needed to be updated but had not gotten to updating it yet. The licensee's Emergency Preparedness policy dated August 1, 2021, indicated the facility will have 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 emergency preparedness	0 680			

Minnesota Department of Health

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0 680	Continued From page 11 plan/program will be reviewed/updated at least annually. The licensee's Missing Resident policy dated August 1, 2021, indicated the missing resident procedure will be reviewed by the Director and Clinical Nurse Supervisor at least quarterly. Per Assisted Living Facilities: Minnesota Rules Chapter 4659, 4659.0110, Subp. 4. Review missing resident plan. The assisted living director and clinical nurse supervisor must review the missing person plan at least quarterly and document any changes to the plan. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 680			
0 780 SS=F	144G.45 Subd. 2 (a) (1) Fire protection and physical environment (a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: (1) for dwellings or sleeping units, as defined in the State Fire Code: (i) provide smoke alarms in each room used for sleeping purposes; (ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms; (iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics; (iv) where more than one smoke alarm is required within an individual dwelling unit or	0 780			

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0 780	Continued From page 12 sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and (v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated; This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide interconnected smoke alarms throughout the facility. This had the potential to directly 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) 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 facility tour on July 24, 2024, from approximately 2:00 p.m. through 3:00 p.m., with owner, (O)-A the surveyor observed that the smoke alarms located inside resident sleeping rooms 1, 2, 3, 4 and 5, and smoke alarms located outside in the immediate vicinity of sleeping rooms throughout the facility were not interconnected so activation of one alarm activates all alarms throughout the facility. All dwelling units required to have multiple smoke alarms are required to have interconnected	0 780			

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0 780	Continued From page 13 alarms so activation of one alarm activates all alarms within the dwelling unit. During the tour the smoke alarms were tested by O-A. O-A verified the smoke alarms were not interconnected and stated that they did not know this was a requirement. The surveyor explained the requirement and O-A stated they would have new alarms installed. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 780			
0 790 SS=F	144G.45 Subd. 2 (a) (2)-(3) Fire protection and physical environment (2) install and maintain portable fire extinguishers in accordance with the State Fire Code; (3) install portable fire extinguishers having a minimum 2-A:10-B:C rating within Group R-3 occupancies, as defined by the State Fire Code, located so that the travel distance to the nearest fire extinguisher does not exceed 75 feet, and maintained in accordance with the State Fire Code; and This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain the portable fire extinguishers and failed to provide adequately rated (size) portable fire extinguishers as required for the facility. This deficient condition had the potential to affect all staff, residents, and visitors.	0 790			

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0 790	Continued From page 14 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 facility tour on July 24, 2024, from approximately 2:00 p.m. through 3:00 p.m., with owner, (O)-A the surveyor observed that the portable fire extinguisher mounted in the kitchen had a tag indicating annual testing was performed by a third party in June 2022. This does not meet the requirement for annual testing. The extinguisher lacked documentation indicating monthly inspections had been performed. During same tour the surveyor observed that the portable fire extinguisher mounted at the bottom of the stairs did not meet the minimum 2A:10-B:C size rating. The extinguisher had a tag indicating annual testing was performed by a third party in June 2022. This does not meet the requirement for annual testing. The extinguisher lacked documentation indicating monthly inspections had been performed. The surveyor explained to O-A, that portable fire extinguishers are required to be annually replaced with a new extinguisher or serviced annually by a certified technician and have monthly visual inspection (quick checks) by a staff member. The visual inspection is required to ensure all extinguishers are readily available, fully charged, and operable at their designated location with no obvious physical damage or	0 790			

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0 790	Continued From page 15 condition that would prevent their operation when needed. The surveyor also explained that portable fire extinguishers meeting the minimum 2A:10-B:C size rating are required to be mounted in locations so that the travel distance to nearest extinguisher does not exceed 75 feet. During the tour, O-A, verified the findings and stated that they understood the requirements. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 790			
0 800 SS=F	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain the facility's physical environment in a continuous state of good repair and operation regarding the health, safety, and well-being of the residents. This had the potential to directly 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	0 800			

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0 800	Continued From page 16 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: During facility tour on July 24, 2024, from approximately 2:00 p.m. through 3:00 p.m., with owner, (O)-A the surveyor made the following observations: - The guardrail on each side of the stairs on the main floor had a broken spindle. Guardrails are an essential part of the stairway system and must be maintained to avoid falls and injury. - The window in resident room 5 located in the basement had broken glass. O-A visually verified these deficient findings at the time of discovery. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 800			
0 820 SS=I	144G.45 Subd. 2 (g) Fire protection and physical environment (g) Existing construction or elements, including assisted living facilities that were registered as housing with services establishments under chapter 144D prior to August 1, 2021, shall be permitted to continue in use provided such use does not constitute a distinct hazard to life. Any existing elements that an authority having jurisdiction deems a distinct hazard to life must be corrected. The facility must document in the facility's records any actions taken to comply with	0 820			

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0 820	Continued From page 17 a correction order, and must submit to the commissioner for review and approval prior to correction. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide facilities that were not a distinct hazard to life. This had the potential to directly affect all of the residents and staff. This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to 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 a facility tour on July 24, 2024, at 2:00 p.m., with owner, (O)-A the surveyor observed that compliant emergency escape and rescue openings were not provided in resident sleeping rooms 1, 2, and 3. Occupied Resident Rooms Resident sleeping room 1, located on the main floor, occupied, emergency escape and rescue clear window opening measurements are 38 inches wide, 15 inches in height and 570 square inches in openable area. The window was measured with O-A, and survey staff present. The window did not meet the minimum requirements for clear opening height and clear opening area.	0 820	This immediate correction order identified on July 24, 2024, has had the immediacy lifted as of July 30, 2024, however non-compliance remained a scope and level of I.		

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0 820	Continued From page 18 Resident sleeping room 2, located on the main floor, occupied, emergency escape and rescue clear window opening measurements are 36 inches wide, 19 inches in height and 684 square inches in openable area. The window was measured with O-A, and survey staff present. The window did not meet the minimum requirements for clear opening height. Resident sleeping room 3, located on the main floor, occupied, emergency escape and rescue clear window opening measurements are 29 inches wide, 15 inches in height and 435 square inches in openable area. The window was measured with O-A, and survey staff present. The window did not meet the minimum requirements for clear opening height and clear opening area. It was explained to O-A, that at least one compliant emergency escape and rescue opening is required within each resident sleeping room. Existing emergency escape and rescue openings are required to meet a minimum clear opening area of 648 square inches and have a minimum dimension of 20 inches in height and a minimum dimension of 20 inches in width. The windowsill height from the floor to the clear opening shall be not more than 48 inches. These deficient conditions were visually verified by O-A, accompanying on the tour. Survey staff explained that an immediate correction order was issued for the above findings. TIME PERIOD FOR CORRECTION: Immediate.	0 820			

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01290	Continued From page 19	01290			
01290 SS=I	144G.60 Subdivision 1 Background studies required (a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information. (b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12. (c) Termination of an employee in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a background study was conducted prior to staff providing services for two of eight employees (unlicensed personnel (ULP)-D and ULP-E). This resulted in an immediate correction order issued on July 23, 2024. This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to 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:	01290			

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01290	Continued From page 20 ULP-D ULP-D was hired on May 1, 2023, to provide assisted living services. ULP-D's employee record lacked evidence of a completed background study clearance as required prior to providing services for the licensee's residents. ULP-E ULP-E was hired on July 24, 2019, to provide assisted living services. ULP-E's employee record lacked evidence of a completed background study clearance as required prior to providing services for the licensee's residents. The licensee's current schedule showed ULP-D was scheduled to work on the evening shift Monday through Friday each week. ULP-E was scheduled to work the morning and evening shift on Saturdays and Sundays each week. On July 23, 2024, at 2:40 p.m., owner (O-A) confirmed that ULP-D and ULP-E were missing from the Netstudy roster and did not have background study clearance. The licensee Recruitment and Hiring policy dated August 1, 2021, indicated the criminal background check will be submitted to Minnesota Department of Human Services (DHS) following the step by step procedure established by DHS: - The director or designee is responsible for initiating the criminal background study for new employees; - NetStudy 2.0 will be used for the background check;	01290			

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01290	Continued From page 21 - The employee will be directed to locations established by DHS to obtain fingerprint scans; - Employees will be instructed that photographic identification will be required; - Employees/study subjects may enter their own background study demographic information using the facility identification code provided; - Results of the background study will be maintained in the employee's personnel file. No further information was provided. TIME PERIOD FOR CORRECTION: IMMEDIATE	01290			
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 perform them; (8) medication, exercise, and treatment reminders;	01370			

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01370	Continued From page 22 (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 interview, and record review, the licensee failed to ensure training and competency evaluations were completed for all required skill areas, prior to providing services, for one of two employees 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 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-D was hired on May 1, 2023, to provide direct care services.	01370			

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01370	Continued From page 23 ULP-D's employee record lacked the following training and competency evaluations: - care and use if hearing aids. On July 24, 2024, at 12:40 p.m., owner (O)-A stated he was unable to find this training and competency topic in ULP-D's record and it must have somehow gotten missed or taken out of the training packets they use. The licensees Staff Competency policy, dated August 1, 2021, indicated training and competency evaluations for all unlicensed personnel will include the following: - 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. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	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;	01380			

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01380	Continued From page 24 (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 interview, and record review, the licensee failed to ensure training and competency evaluations were completed for all required skill areas, prior to providing services, for one of two employees 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 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-D was hired on May 1, 2023, to provide direct care services. ULP-D's employee record lacked the following competency evaluations: - Reading and recording temperature, pulse, and respirations of the client. On July 24, 2024, at 12:40 p.m., owner (O)-A stated he was unable to find this training and competency topic in ULP-D's record and it must	01380			

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01380	Continued From page 25 have somehow gotten missed or taken out of the training packets they use. The licensees Staff Competency policy, dated August 1, 2021, indicated training and competency evaluations for all unlicensed personnel will include the following: - Commonly used health technology equipment and assistive devices. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01380			
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	01620			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34396	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/25/2024
NAME OF PROVIDER OR SUPPLIER BEAUTIFUL HEARTS LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 8617 PORTLAND AVENUE SOUTH BLOOMINGTON, MN 55420		
(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
01620	Continued From page 26 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 a registered nurse (RN) conducted ongoing assessments not to exceed 90 calendar days from the last date of assessment for one of two resident (R2) and with change of resident condition 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 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: R2 R2 was admitted on December 22, 2022. R2's diagnoses included bipolar disorder, chronic anemia, myasthenia gravis, and tobacco use. R2's service plan dated January 2, 2023, indicated R2's services included medication administration, behavioral management, socialization, meal preparation, housekeeping, and laundry. R2's record included 90-day assessments dated September 22, 2023, April 2, 2024, and July 16, 2024.	01620			

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01620	Continued From page 27 The following R2 90-day assessments were completed late: - April 2, 2024, by 103 days; and - July 16, 2024, by 15 days. R1 R1 was admitted on June 18, 2024. R1's diagnosis included schizophrenia, amphetamine use disorder, and tobacco dependency. R1's service plan dated June 24, 2024, indicated R1's services included medication administration, behavioral management, socialization, meal preparation, housekeeping, and laundry. R1's record included an admission assessment dated June 19, 2024, and a 14-day assessment dated July 3, 2024. R1's Resident Notes dated June 24, 2024, indicated R1 was transported to the hospital for delusional thoughts, auditory and visual hallucinations. R1's record did not include a change of condition assessment upon R1's return from the hospital. On July 24, 2024, at 11:00 a.m., clinical nurse supervisor (CNS)-B stated the 90-day assessments were late because she was learning the new computer system and did not realize they were due and missed them. CNS-B stated the change of condition assessment was not completed because she did not think it was necessary due to the resident had not been admitted.	01620			

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01620	Continued From page 28 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 from the last date of assessment. Ongoing resident monitoring must be conducted as needed based on changes in the needs of the resident and may be completed by other licensed nurses acting within their scope of licenses. No additional information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01620			
01820 SS=F	144G.71 Subd. 13 Prescriptions There must be a current written or electronically recorded prescription as defined in section 151.01, subdivision 16a, for all prescribed medications that the assisted living facility is managing for the resident. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to maintain current medication orders for two of two residents (R1, R2). 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 the potential to affect a large portion or all of the residents).	01820			

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01820	Continued From page 29 The findings include: R1 R1 was admitted on June 18, 2024. R1's diagnosis included schizophrenia, amphetamine use disorder, and tobacco dependency. R1's service plan dated June 24, 2024, indicated R1's services included medication administration, behavioral management, socialization, meal preparation, housekeeping, and laundry. On July 24, 2024, at 10:00 a.m., the surveyor observed R1's medication box which included all medications in punch packs for R1 with unlicensed personnel (ULP)-C. R1's medication administration record (MAR) for the month of July 2024, indicated R1 received the following medications: bupropion 150 milligrams (mg); Aripiprazole 30 mg; and trazadone 50 mg. R1's signed discharge orders dated June 18, 2024, indicated R's current medications were: - hydroxyzine 50 mg tablet. Take one tablet (50 mg) by mouth every 4 hours as needed for anxiety. Indications: Feeling anxious - senna 8.6 mg tablet. Take 1 tablet (8.6 mg) by mouth twice daily as needed for constipation. Indications: Constipation. - melatonin 1 mg tablet. Take 1 tablet (1 mg) by mouth at bedtime as needed for sleep. Indications: Trouble sleeping - aripiprazole 30 mg tablet. Take 1 tablet (30 mg) by mouth at bedtime. Indications: Schizophrenia - bupropion 150 mg tablet. Take 1 tablet (150 mg) by mouth daily. Indications: Major depressive	01820			

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01820	Continued From page 30 disorder, seasonal affective disorder. Do not, crush, chew, or spit. R1's records lacked signed physician's orders for trazadone 50 mg. R2 R2 was admitted on December 22, 2022. R2's diagnoses included bipolar disorder, chronic anemia, myasthenia gravis, and tobacco use. R2's service plan dated January 2, 2023, indicated R2's services included medication administration, behavioral management, socialization, meal preparation, housekeeping, and laundry. On July 23, 2024, at 8:00 a.m., the surveyor observed unlicensed staff (ULP)-C administer medications to R2. R2's MAR for the month of July 2024, indicated R2 received the following medications: Clozapine 100 mg; ferrous sulfate 325 mg; mycophenolate 500 mg; olanzapine 5 mg; pantoprazole 40 mg; pyridostigmine 60 mg; senna 8.6 mg; metoprolol succinate 100 mg; lorazepam 2 mg; trazadone 50 mg; hydroxyzine pamoate 50 mg; and propranolol 10 mg. R2's records lacked signed physician's orders for medications. On July 24, 2024, at 11:00 a.m., clinical nurse supervisor (CNS)-B stated there was not a signed order for R1's trazadone because she was waiting on the pharmacy to send her the electronic prescription. CNS-B stated R2 does not have signed orders because they had been using	01820			

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01820	Continued From page 31 the after-visit summary as orders. The licensee's Medication Orders policy dated August 1, 2021, indicated the licensee will maintain a current written or electronically recorded prescription for all prescribed medications managed for the resident. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01820			
01830 SS=F	144G.71 Subd. 14 Renewal of prescriptions Prescriptions must be renewed at least every 12 months or more frequently as indicated by the assessment in subdivision 2. Prescriptions for controlled substances must comply with chapter 152. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure prescriptions were renewed at least every 12 months for of one of two residents (R2). 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:	01830			

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01830	Continued From page 32 R2 was admitted on December 22, 2022. R2's diagnoses included bipolar disorder, chronic anemia, myasthenia gravis, and tobacco use. R2's service plan dated January 2, 2023, indicated R2's services included medication administration, behavioral management, socialization, meal preparation, housekeeping, and laundry. On July 23, 2024, at 8:00 a.m., the surveyor observed unlicensed staff (ULP)-C administer medications to R2. R2's medical record lacked annual signed provider orders. On July 24, 2024, at 11:00 a.m., clinical nurse supervisor (CNS)-B stated R2 did not have signed annual orders because she was unaware signed annual orders were needed. CNS-B stated she is still learning the computer system and did not realize there was a report to use to print current medications to send the provider to sign annually. The licensee's Medication Orders policy dated August 1, 2021, indicated medication orders will be renewed at least every 12 months or as required by the physician, the RN assessment and/or regulation. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01830			

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01850	Continued From page 33		01850		
01850 SS=D	144G.71 Subd. 16 Written or electronic prescription When a written or electronic prescription is received, it must be communicated to the registered nurse in charge and recorded or placed in the resident's record. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure written or electronically recorded prescriptions were communicated to the registered nurse (RN) 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 was admitted on June 18, 2024. R1's diagnosis included schizophrenia, amphetamine use disorder, and tobacco dependency. R1's service plan dated June 24, 2024, indicated R1's services included medication administration, behavioral management, socialization, meal preparation, housekeeping, and laundry. On July 24, 2024, at 10:00 a.m., the surveyor observed the locked medication cabinet with		01850		

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01850	Continued From page 34 unlicensed staff (ULP)-C. The surveyor observed R1's medication box which included a punch pack that contained hydroxyzine 50 milligram (mg) tablets and another punch pack that contained Senna 8.6 mg tablets. R1's signed discharge orders dated June 18, 2024, indicated R1 was to start taking these medications: - hydroxyzine 50 mg tablet. Take one tablet (50 mg) by mouth every 4 hours as needed for anxiety. Indications: Feeling anxious - senna 8.6 mg tablet. Take 1 tablet (8.6 mg) by mouth twice daily as needed for constipation. Indications: Constipation. R1's medication administration record (MAR) dated July 2024, lacked these medications: - hydroxyzine 50 mg tablet; and - senna 8.6 mg tablet. On July 24, 2024, at 11:00 a.m., clinical nurse supervisor (CNS)-B stated the medications were missing from R1's MAR because she did not think the signed discharge orders could be used as an order so she did not put them in the MAR. CNS-B stated she was waiting to get back signed orders from the provider before adding them to the MAR. The licensee's Medication Orders policy dated August 1, 2021, indicated when a written or electronic prescription is received, it must be communicated to the registered nurse in charge and recorded or placed into the resident's clinical record. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7)	01850			

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01850	Continued From page 35 days	01850			

Type: Full
Date: 07/22/24
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Report: 1031241176

Food and Beverage Establishment Inspection Report

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Location:

Beautiful Hearts Llc
8617 Portland Avenue South
Bloomington, MN55420
Hennepin County, 27

Establishment Info:

ID #: 0038758
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 6123534335
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.

3-500B Microbial Control: hot and cold holding

3-501.16A2

**** Priority 1 ****

MN Rule 4626.0395A2 Maintain all cold, TCS foods at 41 degrees F (5 degrees C) or below under mechanical refrigeration.

LETTUCE AND MILK IN REFRIGERATOR MEASURED 50-51F. ****ALL TCS ITEMS DISCARDED.****
DISCONTINUE USE OF REFRIGERATOR FOR TCS ITEMS UNTIL REPAIRED. ENSURE ALL FOODS
NEEDING TEMPERATURE CONTROL ARE STORED AT 41F OR BELOW. MONITOR
TEMPERATURES.

Comply By: 07/22/24

7-200 Toxic Supplies and Applications

7-204.11

**** Priority 1 ****

MN Rule 4626.1620 Discontinue using chemical sanitizers, including chemical sanitizing solutions generated on site and other chemical antimicrobials on food-contact surfaces that do not meet the requirements specified in 40 CFR part 180, section 180.940, or part 180, subpart E, section 180.2020.

CHEMICAL WIPES USED FOR FOOD CONTACT SURFACES MEASURED > 400 PPM. DISCONTINUE
USING PREMADE WIPES ON FOOD CONTACT SURFACES. MAKE BLEACH AND WATER SPRAY,
TEST FOR CONCENTRATION, AND USE DAILY.

Comply By: 07/22/24

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.

ESTABLISHMENT DOES NOT HAVE A THIN PROBE THERMOMETER.

Comply By: 07/25/24

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Food and Beverage Establishment Inspection Report

Page 2

4-300 Equipment Numbers and Capacities

4-302.13B ** *Priority 2* **

MN Rule 4626.0710B Provide a readily accessible, irreversible registering temperature indicator for measuring the utensil surface temperature in mechanical hot water warewashing operations.

ESTABLISHMENT MISSING IRREVERSIBLE MEASURING DEVICE. PROVIDE IRREVERSIBLE MEASURING DEVICE AND MEASURE UTENSIL TEMPERATURE (160F REQUIRED) AT REGULAR INTERVALS.

Comply By: 07/25/24

4-300 Equipment Numbers and Capacities

4-302.13B ** *Priority 2* **

MN Rule 4626.0710B Provide a readily accessible, irreversible registering temperature indicator for measuring the utensil surface temperature in mechanical hot water warewashing operations.

ESTABLISHMENT DOES NOT HAVE SANITIZER TESTING KIT ON SITE. PURCHASE KIT AND TEST SANI CONCENTRATION (50-200PPM BLEACH, 150-400PPM QUAT).

Comply By: 07/25/24

2-100 Supervision

2-102.12AMN

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

ESTABLISHMENT DOES NOT HAVE A CERTIFIED FOOD PROTECTION MANAGER (CFPM).

ESTABLISHMENT DOES HAVE SAFESERV OR SIMILAR POSTED.

RETAKE COMPLETION TEST AND REAPPLY FOR CFPM.

Comply By: 08/12/24

4-400 Equipment Location and Installation

4-402.11A

MN Rule 4626.0725A Space fixed equipment to allow access for cleaning along the sides, behind and above the unit, or seal to adjoining equipment or walls.

SILICONE ON MAIN COUNTER IS ROUGH/DAMAGED. REMOVE SILICONE, CLEAN AREA, AND REPLACE WITH 100% SILICONE. USE TAPE WHEN APPLYING SILICONE TO GET CLEAN LINES.

Comply By: 08/12/24

4-500 Equipment Maintenance and Operation

4-501.11AB

MN Rule 4626.0735AB All equipment and components must be in good repair and maintained and adjusted in accordance with manufacturer's specifications.

REFRIGERATOR NOT KEEPING FOODS AT 41F OR BELOW. REPAIR OR REPLACE REFRIGERATOR. CONTACT INSPECTOR ONCE REPAIRED/REPLACED.

Comply By: 07/22/24

Type: Full
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Food and Beverage Establishment Inspection Report

6-500 Physical Facility Maintenance/Operation and Pest Control
6-501.11

MN Rule 4626.1515 Maintain the physical facilities in good repair.
1. MULTIPLE CABINETS IN KITCHEN HAVE DAMAGED SURFACES. CLEAN SURFACES AND
INSTALL CONTACT PAPER.
2. BOTTOM DRAWER TO LEFT OF STOVE HAS FRONT COMING OFF. REPAIR DRAWER.
Comply By: 08/12/24

Surface and Equipment Sanitizers

Dimethyl Ethyl Benzyl Ammo: > 400 at Degrees Fahrenheit
Location: Makers Mark Sani Wipes
Violation Issued: Yes

Food and Equipment Temperatures

Process/Item: Cold Hold/Lettuce
Temperature: 51 Degrees Fahrenheit - Location: Refrigerator
Violation Issued: Yes

Process/Item: Cold Hold/Milk
Temperature: 50 Degrees Fahrenheit - Location: Refrigerator
Violation Issued: Yes

Process/Item: Cooking/Rice
Temperature: 187 Degrees Fahrenheit - Location: Pan on stove
Violation Issued: No

Total Orders	In This Report	Priority 1	Priority 2	Priority 3
		2	3	4

Nurse Evaluator on site: Sarabeth Remker

All violations discussed with Najib during the inspection.

NOTES:

- Establishment has a residential kitchen (4626.0506(G)(2)) Same-day service only. No saving and reheating of foods or preparation of foods the day prior to eating. Any remaining food from meals to be removed/discarded at end of day.
- Staff must prepare bleach sanitizer bucket or squirt bottle daily. Check concentration with test strips (50-200ppm Chlorine) when preparing solution.
- Establishment does not have pasteurized eggs and does not prepare eggs for consumption under 145F. Purchase pasteurized eggs if intending to serve eggs undercooked.
- Make sure to datemark any prepared cold items that are kept in refrigerator.
- Cutting boards should be utilized as food contact surfaces and not counters or plates.

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Food and Beverage Establishment Inspection Report

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- - Establishment needs to check dish washer utensil temperature weekly (160F required). If utensil temp not reaching 160F, use washer to wash/rinse and sink basin with sanitizer solution to sanitize dishes then air dry, as discussed during inspection.
- 2-Comp sink has right basin designated for handwashing and the left basin for product washing/prep sink.
- When preparing food, make sure to use a thin-probe thermometer to check temperatures.

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

I acknowledge receipt of the Environmental Health inspection report number 1031241176 of 07/22/24.

Certified Food Protection Manager: _____

Certification Number: _____ Expires: ____ / ____ / ____

Inspection report reviewed with person in charge and emailed.

Signed: _____

Najib Isse
Person in Charge

Signed: _____

Chris Foster
Public Health Sanitarian II
Freeman Office Building
651-983-8760
chris.j.foster@state.mn.us