DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

NOTICE OF REFUSAL TO RENEW LICENSE

Electronically Delivered

July 25, 2022

Administrator
Star Care Health Services, LLC
1729 – 15th Avenue South Unit 1
Minneapolis, MN 55404

RE: Refusal to Renew License Number: 402961
Health Facility Identification Number: 35382
Project Number: SL35382015

Dear Administrator:

The Minnesota Department of Health (MDH) completed an abbreviated survey on June 28, 2022 for the purpose of assessing compliance with state licensing statutes and to determine eligibility for renewal of the above noted assisted living facility license. Based on the survey findings, MDH has determined that this facility does not meet the requirements of licensure under Minn. Stat. Chapter. 144G. The licensee is not in substantial compliance with the requirements of this chapter due to the configuration of the facility, with individual rooms for residents receiving assisted living services housed within a building that is not licensed as an assisted living facility. Pursuant to Minn. Stat. § 144G.20, Subd. 1 (a)(1), the commissioner may refuse to renew the license if the licensee is in violation of any of the requirements of chapter 144G or the adopted rules.

Consequently, MDH is refusing to renew the above noted license.

REQUEST FOR HEARING
In accordance with Minn. Stat. § 144G.20, Subd. 13, you are entitled to a hearing if you choose to appeal this determination.

Per Minn. Stat. § 144G.20, Subd. 14, the hearing request must be in writing and must:

- Be Mailed or delivered to the Commissioner (at the address below);
- Contain a brief plain statement describing every matter or issue contested; and
- Contain a brief and plain statement of any new matter that the applicant or assisted living facility believes constitutes a defense or mitigating factor.

If you choose to appeal this determination you must request a hearing no later than 15 business days after the date of this letter. The request for hearing should be addressed to:

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

REQUIREMENTS FOR NOTIFICATION AND TRANSFER OF RESIDENTS

Per Minn. Stat. § 144G.20, Subd. 15, the process of closing the license due to refusal to renew must include the facility's plan for transferring the affected resident's cares to other providers. Please provide the required information to this department, the lead agencies as defined in section 256B.0911, county adult protection and case managers, and the ombudsman for long-term care within three calendar days of being notified of the final determination of refusal to renew. If you submit a request for a hearing then the report or order of the administrative law judge constitutes the final decision in the case. If you do not plan to appeal then this letter constitutes the final decision, and your plan must be submitted within three calendar days of the date of this letter.

Additionally, the licensee is subject to the requirements of Minn. Stat. § 144G.55 concerning coordinated moves and Minn. Stat. § 144G.57, Subd. 6 (a) concerning emergency closures. Use the Closure Form found at the following address as a guide to complete the closure plan. Return the completed form and plan to: health.assistedliving@state.mn.us.

https://www.health.state.mn.us/facilities/regulation/assistedliving/docs/surveyforms/f4045.pdf

The facility may continue operating while residents are being transferred to other providers.

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

If you have any questions, please contact Paul Spencer at: 651-587-4460 or email: paul.spencer@state.mn.us.

Sincerely,

Maria King

Maria King, RN
Division Director

Minnesota Department of Health
Health Regulation Division

mpm

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35382	A. BUILDING: _____ B. WING _____	06/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STAR CARE HEALTH SERVICES LLC	1729 15TH AVE S UNIT 1 MINNEAPOLIS, MN 55404

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments Initial comments ******ATTENTION****** ASSISTED LIVING PROVIDER LICENSING CORRECTION 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: SL35382015 On June 28, 2022, the Minnesota Department of Health conducted an abbreviated survey at the above provider, and the following correction orders are issued. At the time of the survey and investigation, there were 4 residents receiving services under the provider's Assisted Living Facility license. The following correction order is issued for #SL35382015, tag identification 0100, 0460, and 0680.	0 000	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3.	
0 100 SS=F	144G.10 Subdivision 1 License required 144G.10 Subdivision 1. License required.	0 100		

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0 100	Continued From page 1 (a)(1)?Beginning August 1, 2021, no assisted living facility may operate in Minnesota unless it is licensed under this chapter.? (2) No facility or building on a campus may provide assisted living services until obtaining the required license under paragraphs (c) to (e).? (b)?The licensee is legally responsible for the management, control, and operation of the facility, regardless of the existence of a management agreement or subcontract. Nothing in this chapter shall in any way affect the rights and remedies available under other law.? (c) Upon approving an application for an assisted living facility license, the commissioner shall issue a single license for each building that is operated by the licensee as an assisted living facility and is located at a separate address, except as provided under paragraph (d) or (e).? (d) Upon approving an application for an assisted living facility license, the commissioner may issue a single license for two or more buildings on a campus that are operated by the same licensee as an assisted living facility. An assisted living facility license for a campus must identify the address and licensed resident capacity of each building located on the campus in which assisted living services are provided.? (e) Upon approving an application for an assisted living facility license, the commissioner may:? (1) issue a single license for two or more buildings on a campus that are operated by the same licensee as an assisted living facility with dementia care, provided the assisted living facility for dementia care license for a campus identifies the buildings operating as assisted living facilities with dementia care; or? (2) issue a separate assisted living facility with dementia care license for a building that is on a campus and that is operating as an assisted	0 100		

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0 100	Continued From page 2 living facility with dementia care. This MN Requirement is not met as evidenced by: Based on observation, document review, and interview, the licensee failed to execute a written assisted living contract with the individuals residing on the second floor of the address licensed for assisted living facility (ALF). 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 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 June 28, 2022, at 9:46 a.m., staff from the Minnesota Department of Health (MDH) entered the licensed assisted living home through a main door and observed it led into an entry way, which provided access to the main level of the home (Unit 1) and a stairway which went to the second-floor unit (Unit 2). During the same observation, the surveyors viewed the assisted living license was in Unit 1 indicating the license was issued for Unit 1 with an ALF capacity of 5. On June 28, 2022, at 10:00 a.m., the surveyor observed an unidentified male standing outside the home and conducted a brief interview with him. During the interview, the unidentified male stated he lived on the second floor with two other people.	0 100		

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0 100	Continued From page 3 On June 28, 2022, at 11:27 a.m., the licensed assisted living director (LALD)-A stated the licensee owned the entire house which consisted of a basement, main level, and a second floor. LALD-A stated the main level and basement were for individuals under the Assisted Living License and currently provided assisted living services to 4 residents but was able to provide services for 5 residents. The LALD-A stated the second floor is rented out with no signed contracts and the house was two separate units (Unit 1 and Unit 2) with the same address and the main entrance served as the entrance for both units. LALD-A stated Unit 2, which is located on the second floor, is licensed through the city as a rental property. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 100		
0 460 SS=F	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	0 460		

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0 460	Continued From page 4 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 interview and observation, the licensee failed to provide a means for residents to request assistance for health and safety needs 24 hours per day, seven days per week for any of the four residents in 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 of the residents). The findings include: On June 28, 2022, at 10:20 a.m., a surveyor observed a male resident enter the main level of the facility from the basement. The resident remained on the main level for approximately 15 to 20 minutes before exiting through the downstairs doorway to return to the basement. During an interview on June 28, 2022, at 11:30 a.m., the assistive living assistant direction (LALD)-A stated the basement (lower level) was considered Unit 1 and the resident living down there has a contract and received services. LALD-A stated the main floor residents can just call out for help and someone would be there, but the basement resident did not have a way of contacting staff unless through the phone. LALD-A stated the staff check on him and no call	0 460		

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0 460	Continued From page 5 light was available for resident to call for assistance other than yell out to staff on the first floor. LALD-A stated the resident does have a "plug-in" item to summon for help. During an observation on June 28,2022, at 1:20 p.m., the surveyor toured the resident's room in the basement and no "plug-in" unit as described by LALD-A was identified. TIME PERIOD FOR CORRECTION: Seven (7) days	0 460		
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness (a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing tenant residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are	0 680		

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0 680	Continued From page 6 allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop a written emergency disaster plan with all the required content, make annual training available to residents, and post an emergency disaster plan prominently. This had the potential to affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) 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 June 28, 2022, at 12:45 p.m., the surveyor reviewed the Disaster Planning and Emergency Preparedness Plan, not dated. The same document did not include detail regarding what the licensee plan of action to facilitate the management of resident cares and services in response to a natural disaster or other emergencies which may disrupt the licensee's ability to provide care and/or services. The plan included a Home Care Emergency Preparedness Assessment and Assignment Sheet which was blank.	0 680		

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0 680	Continued From page 7 The licensee's plan lacked the following required content: - a description of the facilities approach to meeting the health/safety/security needs of the staff and residents; - process for EP cooperation with state and local EP officials/organizations. - a thoroughly completed risk assessment; - arrangements/contracts to re-establish utility services; and - a description of the population served by the licensee. - development of policies/procedures to address: - procedure for tracking staff and residents; - subsistence needs for staff and residents during an emergency; - evacuation plan; - shelter in place; - a medical record documentation system to preserve resident information, security, and availability; - emergency staffing strategies to include volunteers; - development of arrangements with other facilities and providers to receive residents if needed; and - the facilities role in providing care and treatment at alternative sites. - a communication plan that included: - arrangement with other facilities; - names and contact information for staff, resident physicians, other facilities; - contact information for federal, state, tribal, local EP staff, ombudsman; - primary and alternative means for communicating with facility staff, federal, state, regional and local emergency management agencies; - a method of sharing information and medical documentation for residents; and	0 680		

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0 680	Continued From page 8 - a means to provide information regarding the facility's needs, and its ability to provide assistance to include information about their occupancy. - emergency preparedness training and documentation of training On June 28, 2022, at 1:07 p.m., the assistive living assistant direction (LALD)-A stated in the event of an emergency they would notify the local police department. LALD-A stated plan is general and defines what staff should do in the event of an emergency. LALD-A stated the Disaster Planning and Emergency Preparedness Plan was not printed out for staff but was located on the facility computer for staff to access as needed. TIME PERIOD FOR CORRECTION: Seven (7) days	0 680		