Protecting, Maintaining and Improving the Health of All Minnesotans

AMENDED

NOTICE OF CONDITIONAL LICENSE

Electronically Delivered

October 18, 2024

Licensee
St John Home Care LLC
14312 Rockford Road
Minneapolis, MN 55446

RE: Conditional License Number 415159
Health Facility Identification Number (HFID) 36598
Project Number(s) SL36598015

Dear Licensee:

Please note: this letter amends the Notice of Conditional License letter dated September 25, 2024.

The Minnesota Department of Health (MDH) completed a survey on August 23, 2024, for the purpose of assessing compliance with state licensing statutes. Based on the survey results you were found not to be in substantial compliance with the laws pursuant to Minnesota Statutes, Chapter 144G.

MDH conducted a monitoring visit on October 4, 2024, to assess St. John Home Care LLC's (HFID 36598) progress toward correcting the violations documented on the state form included with the Notice of Conditional License dated September 25, 2024. At the time of the August 23, 2024, survey there were no residents in the facility; however, during the monitoring visit, MDH noted there were four residents admitted to the facility. When questioned about the resident admissions, the licensee stated the residents were admitted following the survey exit on August 23, 2024, and prior to the No New Admissions condition being imposed on September 25, 2024.

MDH also noted that each resident bedroom had at least one compliant egress window installed; however, the egress window in Room 1 was not accessible as there was a bed pushed against it. MDH provided education related to the position of the bed. Additionally, there was evidence of additional construction work including a bathroom remodel, holes in doors, and additional windows to be installed. MDH has not received the required plans and other documentation for engineering review for this work.

Based on the findings of the October 4, 2024, monitoring visit, as well as the survey conducted on August 23, 2024, MDH is issuing a new 90-day conditional license due to expire on **January 16, 2024.** (Minn Stat. § 144G.20).

STATE CORRECTION ORDERS
The enclosed State Form documents the state correction orders. MDH documents state 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.

MDH may assess fines based on the level and scope of the orders outlined below. The total amount of **potential** fines that may be assessed related to these correction orders is $500.00. **MDH is not imposing these fines against your license at this time.**

St - 0 - 0330 - 144g.30 Subd. 4 - Information Provided By Facility - $500.00

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. **If corrections are not made, MDH may impose fines as described above and in accordance with Minnesota Statutes 144G.**

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.

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

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

CONDITIONAL LICENSE ISSUED:
MDH will issue St John Home Care 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 St John Home Care LLC is in substantial compliance.

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

a. **No new admissions:** St. John Home Care LLC will not admit any new residents under its conditional assisted living facility license until MDH removes the "no new admissions" condition. St. John Home Care LLC must provide the Department:

    i. A list of the names and birthdates of any individuals St John Home Care LLC is currently in the process of admitting. These individuals will be able to continue the admittance process.

    ii. A list of all current residents by location including:
        1. Name and birthdate of each resident
        2. Physical location of each resident
        3. Current payment source for services
        4. If Elderly Waiver, the name and contact information of the care coordinator/case manager
        5. If the resident is not able to make informed decisions, the name of their representative and how to contact the representative

b. **Fix Hazards:** St. John Home Care LLC must complete construction in the building in accordance with the building official, fire official and MDH to bring the building into compliance with the requirements of Minnesota Statutes Chapter

144G. The following items apply for review and approval by MDH Engineering:

i. Any work performed by you or your contractor that takes place, must be documented on plans signed by a licensed architect/engineer to show compliance with Facility Guidelines Institute Standards and National Fire Protection Association Standard 101.
   1. If you have any different occupancies or entities operating out of this building, please ensure there is at least a 2-hour fire barrier that separates the building, they have separate entrances from the assisted living facility, and separate addresses; and
   2. Submit the engineer/architect signed plans in accordance with our plan submittal process as defined on our website:
      i. https://www.health.state.mn.us/facilities/regulation/engineering/assistedliving.html.

      ii. Provide MDH with a copy of the building permit issued by the City of Minneapolis.

      iii. Those plan submittals must be reviewed and approved by MDH prior to construction.

      iv. When construction is complete, schedule an inspection with the MDH engineer that reviewed the plans. All work must be complete and compliant with the requirements of Minnesota Statutes Chapter 144G for conditions to be lifted.

c. **No new substantiated maltreatment allegations:** If any new investigations begin in the conditional license period, and the allegations are substantiated, MDH may pursue additional enforcement actions up to and including immediate temporary suspension and revocation of the license.

d. **Consultant:** St John Home Care LLC will contract with an RN to provide consultation concerning all resident(s) to whom St John Home Care LLC provides licensed assisted living services under the conditional license. <u>The consultant must have access to all resident(s) receiving services from St John Home Care LLC. The consultant will conduct initial and ongoing evaluations of the provider. Direct resident observation may be required based on the consultant's judgement or at the discretion of MDH</u>. The RN must not have any affiliation with St John Home Care LLC and MDH must review the RN's credentials and approve the selection. St John Home Care LLC is responsible for the expense of the contract with the RN. The main purpose of the consultant is to provide guidance to St John Home Care LLC in an effort to help

St John Home Care LLC align their practices with the requirements of Minn. Stat. §§ 144G.01 – 144G.9999 and to provide oral and written reports to MDH noting progress toward substantial compliance and/or concerns about observations. St John Home Care LLC will develop and implement policies, procedures, and processes specific to the offered services in accordance with the guidance provided by the consultant to ensure ongoing monitoring and substantial compliance with statutory requirements.

e. **Reports:** The RN consultant will provide MDH with regular reports at intervals specified by MDH. Reports will begin on a weekly basis until MDH notifies St John Home Care LLC and the RN consultant about a change. Each report will be electronically submitted to Casey DeVries, Surveyor Supervisor, State Evaluation Team, Health Regulation Division, at Casey.DeVries@state.mn.us. Casey DeVries can be reached at 651-201-5917 (office) with questions about reports. The content of the reports will include information such as:

   i. Progress towards correction of orders;
   ii. Observations of staff delivering assisted living services and the level of competency observed;
   iii. Conversations with residents and family members about satisfaction with assisted living services;
   iv. Conversations with staff about their level of knowledge about the tasks they perform, the people they serve and the health professionals who delegate to them;
   v. Overall impressions about the quality of the assisted living services delivered;
   vi. Overall impressions about the dignity with which the residents and their family members are treated;
   vii. Concerns; and
   viii. Any other information requested by the Department or considered important by the RN consultant(s).

f. **Monitoring visits:** MDH may make unannounced monitoring visits to assess the progress of St John Home Care LLC to correct the violations cited during the survey as well as to determine the overall practice of St John Home Care LLC in meeting the needs of the people it serves. In addition, the Office of Ombudsman for Long-Term Care (OOLTC) may also make unannounced monitoring visits to determine the level of satisfaction of those people who receive licensed assisted living services. The OOLTC will share their findings with MDH.

g. **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 license if MDH identifies any level 3 or 4 violations or widespread care related violations.

h. **Corrective Action Plan:** St John Home Care LLC will develop and work within a corrective action plan (CAP). The CAP is a working document that includes at least the following information:
    i. A statement of the concern
    ii. A description of what will happen to correct the concern
    iii. A target date for when each correction will be complete
    iv. Who is responsible to make sure it happens
    v. Current status of correction work
    vi. Description of a plan to monitor and ensure ongoing substantial compliance for each corrected order

RESULTS OF FOLLOW-UP EVALUATION DURING THE CONDITIONAL LICENSE PERIOD:
MDH will determine if St John Home Care 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 St John Home Care LLC is in substantial compliance on the follow up survey, MDH will remove the conditions from St John Home Care LLC's assisted living facility license, and St John Home Care LLC will correct any outstanding violations identified during the survey. If St John Home Care 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 Casey DeVries' directly at: 651-201-5917.

Sincerely,

Rick Michals

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

September 25, 2024

Licensee
St. John Home Care LLC
14312 Rockford Road
Minneapolis, MN 55446

RE: Conditional License Number 415159
Health Facility Identification Number (HFID) 36598
Project Number(s) SL36598015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on August 23, 2024, for the purpose of assessing compliance with state licensing statutes. Based on the 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 **December 24, 2024**.

STATE CORRECTION ORDERS
The enclosed State Form documents the state correction orders. MDH documents state 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 . . ."

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St - 0 - 0330 - 144g.30 Subd. 4 - Information Provided By Facility - $500.00

DOCUMENTATION OF ACTION TO COMPLY
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- 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.

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

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

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 St. John Home Care 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 St. John Home Care LLC is in substantial compliance.

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

a. **No new admissions:** St. John Home Care LLC will not admit any new residents under its conditional assisted living facility license until MDH removes the "no new admissions" condition. St. John Home Care LLC must provide the Department:

A list of all current residents by location including:

1. Name and birthdate of each resident
2. Physical location of each resident
3. Current payment source for services
4. If Elderly Waiver, the name and contact information of the care coordinator/case manager
5. If the resident is not able to make informed decisions, the name of their representative and how to contact the representative

b. **Fix Hazards:** St. John Home Care LLC must complete construction in the building in accordance with the building official, fire official and MDH to bring the building into compliance with the requirements of Minnesota Statutes Chapter 144G. The following items apply for review and approval by MDH Engineering:

i. Any work performed by you or your contractor that takes place, must be documented on plans signed by a licensed architect/engineer to show compliance with Facility Guidelines Institute Standards and National Fire Protection Association Standard 101.
   1. If you have any different occupancies or entities operating out of this building, please ensure there is at least a 2-hour fire barrier that separates the building, they have separate entrances from the assisted living facility, and separate addresses; and
   2. Submit the engineer/architect signed plans in accordance with our plan submittal process as defined on our website:

i. https://www.health.state.mn.us/facilities/regulation/engineering/assistedliving.html.

ii. Provide MDH with a copy of the building permit issued by the City of Minneapolis.

iii. Those plan submittals must be reviewed and approved by MDH prior to construction.

iv. When construction is complete, schedule an inspection with the MDH engineer that reviewed the plans. All work must be complete and compliant with the requirements of Minnesota Statutes Chapter 144G for conditions to be lifted.

RESULTS OF FOLLOW-UP EVALUATION DURING THE CONDITIONAL LICENSE PERIOD:
MDH will determine if St. John Home Care 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 St. John Home Care LLC is in substantial compliance on the follow up survey, MDH will remove the conditions from St. John Home Care LLC's assisted living facility license, and St. John Home Care LLC will correct any outstanding violations identified during the survey. If St. John Home Care 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

Rick Michals, J.D.
Executive Regional Operations Manager

Minnesota Department of Health
Health Regulation Division

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36598	A. BUILDING: _____ B. WING _____	08/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST JOHN HOME CARE LLC	14312 ROCKFORD ROAD MINNEAPOLIS, MN 55446

(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: SL36598015-0 On August 19, 2024, through August 23, 2024, the Minnesota Department of Health conducted a full survey at the above provider, and the following correction orders are issued. At the time of the survey, there were zero resident(s) under the provider's Assisted Living Facility license.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living 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.	
0 250 SS=F	144G.20 Subdivision 1 Conditions (a) The commissioner may refuse to grant a	0 250		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36598	A. BUILDING: _____ B. WING _____	08/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST JOHN HOME CARE LLC	14312 ROCKFORD ROAD MINNEAPOLIS, MN 55446

(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
0 250	Continued From page 1 provisional license, refuse to grant a license as a result of a change in ownership, refuse to renew a license, suspend or revoke a license, or impose a conditional license if the owner, controlling individual, or employee of an assisted living facility: (1) is in violation of, or during the term of the license has violated, any of the requirements in this chapter or adopted rules; (2) permits, aids, or abets the commission of any illegal act in the provision of assisted living services; (3) performs any act detrimental to the health, safety, and welfare of a resident; (4) obtains the license by fraud or misrepresentation; (5) knowingly makes a false statement of a material fact in the application for a license or in any other record or report required by this chapter; (6) denies representatives of the department access to any part of the facility's books, records, files, or employees; (7) interferes with or impedes a representative of the department in contacting the facility's residents; (8) interferes with or impedes ombudsman access according to section 256.9742, subdivision 4, or interferes with or impedes access by the Office of Ombudsman for Mental Health and Developmental Disabilities according to section 245.94, subdivision 1; (9) interferes with or impedes a representative of the department in the enforcement of this chapter or fails to fully cooperate with an inspection, survey, or investigation by the department; (10) destroys or makes unavailable any records or other evidence relating to the assisted living facility's compliance with this chapter;	0 250		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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0 250	Continued From page 2 (11) refuses to initiate a background study under section 144.057 or 245A.04; (12) fails to timely pay any fines assessed by the commissioner; (13) violates any local, city, or township ordinance relating to housing or assisted living services; (14) has repeated incidents of personnel performing services beyond their competency level; or (15) has operated beyond the scope of the assisted living facility's license category. (b) A violation by a contractor providing the assisted living services of the facility is a violation by the facility. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to show they met the requirements of licensure, by attesting the managerial officials who oversaw the day-to-day operations understood applicable statutes and rules; nor developed and/or implemented current policies and procedures as required with records reviewed. In addition, the licensee failed to fully cooperate with the survey when licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A did not immediately respond to multiple requests via phone and email for the surveyor to conduct the survey. 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).	0 250		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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0 250	Continued From page 3 The findings include: On August 19, 2024, at 7:32 a.m., the surveyor emailed the licensee to announce the initiation of an assisted living survey at the licensee's location. The email requested the licensee have the current resident roster, the discharged or deceased resident roster, and the employee list with full names, titles, and hire dates available upon the surveyor's arrival, which would be at approximately 9:30 a.m. On August 19, 2024, at 9:17 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A emailed the following to the surveyor, "This location is under going [sic] remodeling. There is no resident residing at this location at this time." The email provided no additional information. On August 19, 2024, at approximately 9:25 a.m., the surveyor arrived at the licensee's facility (a residential-style home) to initiate the survey. On August 19, 2024, at 9:29 a.m., the surveyor placed a phone call to LALD/CNS-A. LALD/CNS-A told the surveyor there was nobody living at the facility. While the surveyor was on the phone with LALD/CNS-A, an unknown adult male (UM) came to the door and asked who the surveyor was. The surveyor replied they were from the Minnesota Department of Health (MDH). The UM said, "Oh great" and stepped back into the facility. The surveyor asked the UM if they lived at the facility and the UM stated they did. UM stepped further back into the facility, loudly began yelling curse words, and threw something. While the surveyor was walking back to their car, the surveyor continued to hear yelling, swearing,	0 250		

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0 250	Continued From page 4 and items being thrown around. During this time, the surveyor was still on the phone with LALD/CNS-A who again stated nobody was living in the facility. The surveyor asked LALD/CNS-A to do a chart review offsite, LALD/CNS-A said she was not sure if she had any residents at the location in the past. The surveyor asked if she had any discharge residents. LALD/CNS-A did not answer the question. The call ended. On August 19, 2024, at 9:51 a.m., the surveyor left a voicemail for LALD/CNS-A. On August 19, 2024, at 10:27 a.m., the surveyor left a voicemail for LALD/CNS-A. On August 19, 2024, at 11:54 a.m., the surveyor left a voicemail for LALD/CNS-A. On August 19, 2024, at 11:57 a.m., the surveyor emailed LALD/CNS-A the following, "I do need to speak to you about the facility I visited today. I have questions I would like to ask you which need answered. Please contact me at my phone as soon as you are able." On August 19, 2024, at 12:45 p.m., LALD/CNS-A called the surveyor back. LALD/CNS-A stated she could not say who the UM was as she was not at the facility with the surveyor. The surveyor described the physical appearance of the UM, however LALD/CNS-A continued to state she did not know who the UM was, and stated they were beginning to do renovations at the facility. LALD/CNS-A began to allege she was being unfairly targeted by the surveyor and MDH as she has had multiple recent surveys at her other facilities under the same ownership. On August 19, 2024, at 1:28 p.m., the surveyor	0 250		

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0 250	Continued From page 5 emailed LALD/CNS-A and requested the current resident roster, the discharged or deceased resident roster, and the employee list be provided to the surveyor by 5:00 p.m. On August 19, 2024, at 4:39 p.m., LALD/CNS-A emailed the surveyor the facility tuberculosis risk assessment, an undated document titled Resident discharge list with R1's information, undated document titled Resident roster, which indicated there were no current residents, and undated document titled Current staff roster, which also indicated, "I do not have a current Resident at this location." On August 20, 2024, at 7:43 a.m., the surveyor emailed LALD/CNS-A to request additional information for R1. On August 20, 2024, at approximately 8:40 a.m., the surveyor left a voicemail for LALD/CNS-A. On August 20, 2024, at 9:31 a.m., the surveyor emailed LALD/CNS-A the following, "I called and left a voice message at around 8:40 a.m. today. I am attempting to reach you to arrange a time for myself, our environmental engineer (fire and building code), and our environmental health (kitchen surveyor) to meet at the property tomorrow 8/21/24. I would like to offer two times to meet us at either 9am or 11am tomorrow. Regardless of the fact that there are no residents there we still need to access the facility. Please let us know ASAP which time would work for you. Thank you for your cooperation." On August 20, 2024, at 10:44 a.m., the surveyor emailed LALD/CNS-A the following, "I have reached out to you by phone and email. I will be placing another phone call within the next few	0 250		

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0 250	Continued From page 6 minutes as it will have been 2 hours since my last attempt. At this time I have been unable to teach you today and we need for you to make contact with us. I will talk to you soon. Thank you." On August 20, 2024, at 10:47 a.m., the surveyor called LALD/CNS-A to follow up on documents requested by email. LALD/CNS-A was uncooperative with the surveyor. LALD/CNS-A requested a different surveyor to conduct the survey. On August 20, 2024, at 12:33 p.m., MDH survey supervisors and executive operations manager held a call with LALD/CNS-A. LALD/CNS-A agreed to meet surveyors back at the facility the following day, August 21, 2024, at 11:00 a.m. The licensee's Application for Assisted Living License, section titled Official Verification of Owner or Authorized Agent, (page four and five of the application), identified, I certify I have read and understand the following: [a check mark was placed before each of the following]: - I have read and fully understand Minn. [Minnesota] Stat. [statute] sect. [section] 144G.45, my building(s) must comply with subdivisions 1-3 of the section, as applicable section Laws 2020, 7th Spec. [special] Sess [session]., chpt. [chapter] 1. art. [article] 6, sect. 17. - I have read and fully understand Minn. Stat. sect. 144G.80, 144G.81. and Laws 2020, 7th Spec. Sess., chpt. 1, art. 6, sect. 22, my building(s) must comply with these sections if applicable. - Assisted Living Licensure statutes in Minn. Stat.	0 250		

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0 250	Continued From page 7 chpt. 144G. - Assisted Living Licensure rules in Minnesota Rules, chpt. 4659. - Reporting of Maltreatment of Vulnerable Adults. - Electronic Monitoring in Certain Facilities. - I understand pursuant to Minn. Stat. sect. 13.04 Rights of Subjects of Data, the Commissioner will use information provided in this application, which may include an in-person or telephone conference, to determine if the applicant meets requirements for assisted living licensing. I understand I am not legally required to supply the requested information; however, failure to provide information or the submission of false or misleading information may delay the processing of my application or may be grounds for denying a license. I understand that information submitted to the commissioner in this application may, in some circumstances, be disclosed to the appropriate state, federal or local agency and law enforcement office to enhance investigative or enforcement efforts or further a public health protective process. Types of offices include Adult Protective Services, offices of the ombudsmen, health-licensing boards, Department of Human Services, county or city attorneys' offices, police, local or county public health offices. - I understand in accordance with Minn. Stat. sect. 144.051 Data Relating to Licensed and Registered Persons (opens in a new window), all data submitted on this application shall be classified as public information upon issuance of a provisional license or license. All data submitted are considered private until MDH issues a license.	0 250		

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0 250	Continued From page 8 - I declare that, as the owner or authorized agent, I attest that I have read Minn. Stat. chapter 144G, and Minnesota Rules, chapter 4659 governing the provision of assisted living facilities, and understand as the licensee I am legally responsible for the management, control, and operation of the facility, regardless of the existence of a management agreement or subcontract. - I have examined this application and all attachments and checked the above boxes indicating my review and understanding of Minnesota Statutes, Rules, and requirements related to assisted living licensure. To the best of my knowledge and believe, this information is true, correct, and complete. I will notify MDH, in writing, of any changes to this information as required. - I attest to have all required policies and procedures of Minn. Stat. chapter 144G and Minn. Rules chapter 4659 in place upon licensure and to keep them current as applicable. Page six was electronically signed by licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A (owner) on November 1, 2023. The licensee had an assisted living license issued on January 1, 2024, with an expiration date of December 31, 2024. The licensee failed to ensure the following required policies and procedures were developed and/or implemented: - conducting and handling background studies on employees;	0 250		

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0 250	Continued From page 9 - orientation, training, and competency evaluations of staff, and a process for evaluating staff performance; - conducting initial and ongoing resident evaluations and assessments of resident needs, including assessments by a registered nurse or appropriate licensed health professional, and how changes in a resident's condition are identified, managed, and communicated to staff and other health care providers as appropriate. As a result of this survey, the following orders were issued: 0330, 0470, 0480, 0680, 0720, 0730, 0780, 0800, 0810, 0820, 0900, 0950, 1140, 1170, 1190, 1290, 1370, 1380, 1530, 1610, 1620, 1630, and 1640, indicating the licensee's understanding of the Minnesota statutes were limited, or not evident for compliance with Minnesota Statutes, section 144G.08 to 144G.95. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 250		
0 330 SS=F	144G.30 Subd. 4 Information provided by facility (a) The assisted living facility shall provide accurate and truthful information to the department during a survey, investigation, or other licensing activities. (b) Upon request of a surveyor, assisted living facilities shall within a reasonable period of time provide a list of current and past residents and their legal representatives and designated representatives that includes addresses and telephone numbers and any other information	0 330		

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0 330	Continued From page 10 requested about the services to residents. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to provide the Minnesota Department of Health (the Department) with accurate and truthful information during a survey. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: The licensee held an assisted living facility license effective January 1, 2024, with an expiration date of December 31, 2024. On August 19, 2024, at approximately 9:25 a.m., the surveyor arrived at the licensee's facility (a residential-style home) to initiate a survey. Upon arrival, the surveyor observed a shuttle bus with a yellow extension cord running to it parked in between the garage and a shed, additionally, a silver car was parked in the driveway. The surveyor noted the sliding glass door on the back of the facility, facing the driveway, was in the opened position with two black fans blowing air from the inside of the facility to the outside. The surveyor viewed the kitchen area from the deck of the home through the sliding glass door and among other items observed the following: a black pair of Nike athletic shoes on the floor, a	0 330		

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0 330	Continued From page 11 garbage can with a microwave dinner box in it, a loaf of bread and a canister of iced tea mix on the counter, a bag of oranges on the kitchen table, and pet food bowls on the floor filled with food and water. The surveyor observed the kitchen was in disarray with the kitchen table and counters cluttered with other various items such as tools, kitchen appliances, vacuum bags, soda and water bottles, various aerosol spray cans, etc. The surveyor observed a blue plastic bin with no lid on the floor at the top of the stairs leading to the lower level. The blue bin appeared to be filled with cat litter substance. There was another garbage container with a white trash bag in it next to the blue bin. The surveyor observed a living area beyond the kitchen with an exit door leading to the front yard of the facility, the door was also in a wide-opened position. The surveyor called into the facility but received no response. On August 19, 2024, at 9:29 a.m., the surveyor placed a phone call to licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A. LALD/CNS-A told the surveyor there was nobody living at the facility. While the surveyor was on the phone with LALD/CNS-A, an unknown adult male (UM) came to the door and asked who the surveyor was. The surveyor replied they were from the Minnesota Department of Health (MDH). The UM said, "Oh great" and stepped back into the facility. The surveyor asked the UM if they lived at the facility and the UM stated they did. UM stepped further back into the facility, loudly began yelling curse words, and threw something. While the surveyor was walking back to their car, the surveyor continued to hear yelling, swearing, and items being thrown around. During this time, the surveyor was still on the phone with LALD/CNS-A who again stated nobody was living in the facility. The surveyor asked LALD/CNS-A to	0 330		

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0 330	Continued From page 12 do a chart review offsite, LALD/CNS-A said she was not sure if she had any residents at the location in the past. The surveyor asked if she had any discharge residents. LALD/CNS-A did not answer the question. The call ended. Review of the Department's records for licensee's health facility identification number (HFID) 36598 indicated on March 14, 2024, LALD/CNS-A sent the Department a document titled Licensed Resident Capacity Decrease Request signed by LALD/CNS-A on March 12, 2024. The document indicated the request was for licensee's HFID 36598 at the address of the licensee's facility. The document indicated the licensed resident capacity was 6, the current number of residents was 6, and the licensee wished to decrease their licensed resident capacity to 4. The Department's records contained notes of correspondences between the Department and LALD/CNS-A where LALD/CNS-A confirmed they were currently providing assisted living services to 6 residents at each of their facilities (LALD/CNS-A sent in capacity decrease requests for three facilities under the same ownership). On August 19, 2024, at 9:51 a.m., the surveyor left a voicemail for LALD/CNS-A. On August 19, 2024, at 10:27 a.m., the surveyor left a voicemail for LALD/CNS-A. On August 19, 2024, at 10:33 a.m., the surveyor drove past the facility again. The silver car was no longer parked there. The surveyor was unable to view the area where the shuttle bus was previously parked, from the vantage point on the road. On August 19, 2024, at 11:54 a.m., the surveyor	0 330		

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0 330	Continued From page 13 left a voicemail for LALD/CNS-A. On August 19, 2024, at 12:45 p.m., LALD/CNS-A called the surveyor back. LALD/CNS-A stated she could not say who the UM was as she was not at the facility with the surveyor. The surveyor described the physical appearance of the UM, however LALD/CNS-A continued to state she did not know who the UM was, and stated they were beginning to do renovations at the facility. LALD/CNS-A stated she did not know who the silver car belonged to and began to allege she was being unfairly targeted by the surveyor and MDH as she has had multiple recent surveys at her other facilities under the same ownership. On August 19, 2024, at 1:28 p.m., the surveyor emailed LALD/CNS-A and included a request for a discharged resident roster with the names of any residents discharged in the past two years. On August 19, 2024, at 4:39 p.m., LALD/CNS-A emailed requested information to the surveyor including an undated document titled, Resident discharge list. The list included one resident (R1), discharged on July 30, 2024. On August 20, 2024, at 12:33 p.m., MDH survey supervisors and executive operations manager held a call with LALD/CNS-A. When asked if LALD/CNS-A investigated who the UM was at the facility on Monday, LALD/CNS-A adamantly denied anyone was living there and said she did not know, and the car the surveyor described to her as having been on the premises was no longer there when she arrived. LALD/CNS-A stated maybe it was someone working on the house. LALD/CNS-A agreed to meet surveyors back at the facility the following day, August 21, 2024, at 11:00 a.m.	0 330		

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0 330	Continued From page 14 On August 21, 2024, at 11:00 a.m., the surveyor arrived on-site at the facility. There was no silver car or shuttle bus present. The surveyor observed the kitchen was de-cluttered and had been cleaned. On August 21, 2024, at approximately 12:15 p.m., LALD/CNS-A stated they were unable to check the security cameras in the facility as the internet box was gone and they did not know where it was. LALD/CNS-A stated the cameras only worked when connected to the internet. LALD/CNS-A stated they did not investigate the UM in the facility other than driving to the facility and noting the vehicles were no longer there. The surveyor asked if the recently discharged resident (R1) drove or had a car. LALD/CNS-A stated they did not know. LALD/CNS-A then stated they thought R1 had a car some time approximately a year ago but was uncertain what the car looked like or if R1 still had it. The uniform assessment tool as required per Minnesota Administrative Rule 4659.0150 includes assessing a resident's instrumental activities of daily living (IADLs), including transportation needs. R1's assessment, completed by LALD/CNS-A, dated July 30, 2024, indicated R1 drives self independently. The surveyor asked LALD/CNS-A if the facility was normally left unlocked; LALD/CNS-A did not answer. The surveyor asked if LALD/CNS-A called the police after the surveyor informed her there was an adult male in the facility. LALD/CNS-A said no. LALD/CNS-A said about a year ago they had a problem with someone parking an unknown vehicle in the driveway and reported that to the police. LALD/CNS-A said they	0 330		

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0 330	Continued From page 15 were going to have the vehicle towed but had been advised it needed to go to the courts to seek an eviction for that incident. LALD/CNS-A stated the vehicle was moved before they had to take that action. LALD/CNS-A denied knowing who the vehicles noted in the driveway on Monday belonged to. LALD/CNS-A stated they cleaned the kitchen after discussing a plan on Tuesday to meet back at the facility with surveyors on Wednesday. When asked about the pet food and the loaf of bread in the kitchen, LALD/CNS-A stated they did not recall seeing or removing those items. On August 22, 2024, at 2:39 p.m., the surveyor searched the licensee's address on a Google website, Google Street View. The photograph at the licensee's facility address was dated July 2023. The photo showed a silver car of an unknown make and model and a white shuttle bus with a blue stripe down the side. On August 28, 2024, at 9:12 a.m., MDH surveyor who was surveying another HFID (37126) also owned by LALD/CNS-A, during the week of August 26, 2024, emailed the surveyor and MDH regional operations manager (ROM). The MDH surveyor's email indicated during their survey, they had spoken with LALD/CNS-A about R1 as LALD/CNS-A indicated R1 resided at the 37126 location. The MDH surveyor reported LALD/CNS-A described a silver car as one being driven by R1. On September 9, 2024, at approximately 2:30 p.m., MDH ROM held a call with R1's case manager (CM)-D. CM-D informed ROM they had met with R1 and LALD/CNS-A on September 4, 2024, at the licensee's HFID 36598 location.	0 330		

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0 330	Continued From page 16 CM-D reported during that meeting, R1 and LALD/CNS-A both stated R1 had been solely residing at HFID 36598, despite telling the surveyor he had been transferred to another of her licensed locations (HFID 37126). CM-D stated R1 only briefly interacted during the meeting and then became agitated and walked away. CM-D reported R1 does have his own car. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	0 330		
0 470 SS=F	144G.41 Subdivision 1 Minimum requirements (11) develop and implement a staffing plan for determining its staffing level that: (i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility; (ii) ensures sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; and (iii) ensures that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility; (12) ensure that one or more persons are available 24 hours per day, seven days per week, who are responsible for responding to the requests of residents for assistance with health or safety needs. Such persons must be: (i) awake; (ii) located in the same building, in an attached building, or on a contiguous campus with the facility in order to respond within a reasonable	0 470		

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	36598	A. BUILDING: _____ B. WING _____	08/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST JOHN HOME CARE LLC	14312 ROCKFORD ROAD MINNEAPOLIS, MN 55446

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0 470	Continued From page 17 amount of time; (iii) capable of communicating with residents; (iv) capable of providing or summoning the appropriate assistance; and (v) capable of following directions; This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure they had one or more persons available 24 hours per day, seven days per week, who were awake and responsible for responding to the requests of residents for assistance with health or safety needs. In addition, the licensee failed to develop and implement a written staffing plan that included an evaluation completed by the clinical nurse supervisor in accordance with Minnesota Administrative Rule 4659.0180 Subpart 3., at at least twice a year. 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 of the residents). The findings include: R1 admitted to the licensee and began receiving assisted living services on November 17, 2022. R1's diagnoses included anxiety disorder and paranoid schizophrenia. R1's Service Plan Agreement signed December	0 470		

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0 470	Continued From page 18 18, 2022, indicated the licensee provided the following services to R1: verbal medication reminders once daily, congregate meal preparation three meals per day and two snacks per day, personal laundry once daily, housekeeping once daily, shopping once weekly, individual staff ratio 1:1 one time daily, manage anxiety one time daily, manage repetitive behavior one time daily, manage agitation one time daily, manage verbal aggression one time daily, and manage property destruction one time daily. Licensee's staff schedule dated July 2024 indicated there were two unlicensed personnel (ULP) scheduled daily for the licensee's facility address, one for 7:00 a.m., to 3:30 p.m., and one for 3:00 p.m., to 11:30 p.m. From 11:00 p.m., to 7:30 a.m., daily, the schedule showed licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A "on call". There were no ULP scheduled to work during the overnight (NOC) shift. The licensee's discharged resident roster indicated R1 discharged from the licensee on July 30, 2024. The reason for discharge indicated "Facility renovation." On August 21, 2024, at approximately 12:00 p.m., LALD/CNS-A stated R1 was previously a resident at another assisted living facility under the same ownership umbrella as the licensee (a sister facility). LALD/CNS-A stated R1 was not getting along with the other residents at the sister facility and was having paranoid delusions those residents were trying to kill him, so they (LALD/CNS-A) decided to move R1 to the licensee. LALD/CNS-A stated a ULP would come to the facility to assist R1 with whatever was	0 470		

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0 470	Continued From page 19 needed in the morning and again in the evening, but the ULP would only stay as long as R1 wanted or needed them there. LALD/CNS-A stated there were never any other residents at the facility besides R1. LALD/CNS-A stated they did not fully understand the staffing requirements for assisted living and stated they did not think they needed to provide 24-hour staffing for R1 because the customized living rate worksheet for R1 from the Department of Human Services (DHS) did not indicate 24-hour customized living services. The licensee demonstrated their understanding using a DHS Customized Living Rates Worksheet form for R1 dated January 8, 2023. The top of the worksheet had two circles with the following options to select: "Customized living" or "24-hour customized living". LALD/CNS-A stated R1's had the "Customized living" option selected by his county case manager, so they thought it was ok to only have staff present when R1 wanted them there. Licensee's 4.06 Staffing & Scheduling policy dated October 1, 2021, indicated the clinical nurse supervisor would develop and implement a written staffing plan that provided an adequate number of qualified direct-care staff to meet the resident's needs 24-hours a day, seven-days a week. The policy indicated the clinical nurse supervisor would ensure staffing levels would address the ability of staff to timely meet the residents' scheduled and reasonably foreseeable unscheduled needs. Licensee's undated staffing plan indicated licensee would assure qualified employees would be scheduled to meet operational requirements and the needs of residents. The staffing plan indicated the licensee would have at least one staff able to respond to the requests for	0 470		

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0 470	Continued From page 20 assistance with health and safety needs 24-hours per day, seven days per week. In addition, the staffing plan indicated there would be two ULP present during the day shift from 7:00 a.m., to 3:30 p.m., and two during the evening shift from 3:00 p.m., to 11:30 p.m. One staff would remain on the premises at all times, while one staff would transport residents to and from the locations they want to go. The staffing plan indicated the licensee would have one ULP present during the overnight shift from 11:00 p.m., to 7:30 a.m., who would always remain on the premises. The staffing plan did not address R1's needs, as identified in R1's service plan and assisted living contract; R1's acuity level, as determined by the most recent assessment or individualized review; the ability of staff to timely meet R1's scheduled and reasonably foreseeable unscheduled needs given the physical layout of the facility premises; whether the facility has a secured dementia care unit; and staff experience, training, and competency. There was no documentation of review of the plan, as required by the clinical nurse supervisor. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	0 470		
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	0 480		

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0 480	Continued From page 21 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 August 21, 2024, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee via email on August 23, 2024. TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		
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;	0 680		

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0 680	Continued From page 22 (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: Based on interview and record review, the licensee failed to maintain a written emergency preparedness plan (EPP) with all the required content as defined in Appendix Z. This had the potential to affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: The licensee's EPP dated January 1, 2022, lacked evidence of the following required content:	0 680		

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0 680	Continued From page 23 - updated annually; - consider emerging infectious diseases; - succession plan and delegation of authority when staff are absent; - process for EP collaboration with local, tribal, regional and State and Federal; - procedures for tracking of staff and patients; - policies and procedures for sheltering; - policies and procedures for volunteers; - arrangement with other facilities, no signed copies of arrangement agreements; - roles under a waiver declared by secretary; - emergency official contact information, federal, state and tribal; - primary and alternative means for communication; - long-term care (LTC) family notifications; - emergency prep training program, and; - emergency preparation and testing requirements. On August 21, 2024, at approximately 12:00 p.m., LALD/CNS-A stated they provided the surveyor with everything they had for the EPP, and stated, "I need to update that." On August 23, 2024, at approximately 10:00 a.m., LALD/CNS-A stated they learned their EPP had missing information during recent surveys at other assisted living facilities they owned. The licensee's 9.01 Emergency Preparedness Plan Appendix Z Compliance dated October 1, 2021, indicated the licensee would have an effective and compliant EP plan and would align with the Center for Medicare and Medicaid Services State operational manual appendix Z. No further information was provided.	0 680		

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0 680	Continued From page 24 TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 680		
0 720 SS=F	144G.43 Subd. 2 Access to records The facility must ensure that the appropriate records are readily available to employees and contractors authorized to access the records. Resident records must be maintained in a manner that allows for timely access, printing, or transmission of the records. The records must be made readily available to the commissioner upon request. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the appropriate records for residents and staff were readily available for timely access to the commissioner authorized to access the records. 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). On August 19, 2024, at 7:32 a.m., the surveyor emailed the licensee to announce the initiation of an assisted living survey at the licensee's location. The email requested the licensee have the current resident roster, the discharged or deceased resident roster, and the employee list with full names, titles, and hire dates available	0 720		

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0 720	Continued From page 25 upon the surveyor's arrival, which would be at approximately 9:30 a.m. In addition, the email also requested the following be available to the surveyor: - accidents/incidents reports past 6 months; - Minnesota Adult Abuse Reporting Center (MAARC) reports past 6 months; - policies and procedures; - infection control/tuberculosis (TB) program policies and procedures; - copy of current assisted living bill of rights and resident complaint form; - resident and employee records; and - computer access to electronic records. On August 19, 2024, at 9:17 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A emailed the following to the surveyor, "This location is under going [sic] remodeling. There is no resident residing at this location at this time." The email provided no additional information. On August 19, 2024, at 9:51 a.m., the surveyor left a voicemail for LALD/CNS-A. On August 19, 2024, at 10:27 a.m., the surveyor left a voicemail for LALD/CNS-A. On August 19, 2024, at 11:54 a.m., the surveyor left a voicemail for LALD/CNS-A. On August 19, 2024, at 11:57 a.m., the surveyor emailed LALD/CNS-A the following, "I do need to speak to you about the facility I visited today. I have questions I would like to ask you which need answered. Please contact me at my phone as soon as you are able." On August 19, 2024, at 12:45 p.m., LALD/CNS-A	0 720		

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0 720	Continued From page 26 called the surveyor back. LALD/CNS-A began to allege she was being unfairly targeted by the surveyor and the Minnesota Department of Health (MDH) as she has had multiple recent surveys at her other facilities under the same ownership. On August 19, 2024, at 1:28 p.m., the surveyor emailed LALD/CNS-A and requested the current resident roster, the discharged or deceased resident roster, and the employee list be provided to the surveyor by 5:00 p.m. On August 19, 2024, at 4:39 p.m., LALD/CNS-A emailed the surveyor the facility tuberculosis risk assessment, an undated document titled Resident discharge list with R1's information, undated document titled Resident roster, which indicated there were no current residents, and undated document titled Current staff roster, which also indicated, "I do not have a current Resident at this location." On August 20, 2024, at 7:43 a.m., the surveyor emailed LALD/CNS-A to request the following additional information for R1: - R1's face sheet which included diagnosis and phone numbers for R1 and their case manager; - R1's admission and 14-day assessment; - R1's two most recent 90-day assessments; - R1's discharge summary, assessment, and medication disposition; - R1's signed admission service plan, and most recent signed service plan; - R1's medication management plan; - R1's treatment management plan; - R1's medication orders; - R1's medication administration record (MAR) for July 2024; and - R1's service administration documentation for	0 720		

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0 720	Continued From page 27 July 2024. On August 20, 2024, at 8:41 a.m., the surveyor called and LALD/CNS-A to follow up on documents requested by email and left a voice message. On August 20, 2024, at 9:31 a.m., the surveyor emailed LALD/CNS-A the following, "I called and left a voice message at around 8:40 a.m. today. I am attempting to reach you to arrange a time for myself, our environmental engineer (fire and building code), and our environmental health (kitchen surveyor) to meet at the property tomorrow 8/21/24. I would like to offer two times to meet us at either 9am or 11am tomorrow. Regardless of the fact that there are no residents there we still need to access the facility. Please let us know ASAP which time would work for you. Thank you for your cooperation." On August 20, 2024, at 10:44 a.m., the surveyor emailed LALD/CNS-A the following, "I have reached out to you by phone and email. I will be placing another phone call within the next few minutes as it will have been 2 hours since my last attempt. At this time I have been unable to teach you today and we need for you to make contact with us. I will talk to you soon. Thank you." On August 20, 2024, at 10:47 a.m., the surveyor called LALD/CNS-A to follow up on documents requested by email. LALD/CNS-A was uncooperative with the surveyor. LALD/CNS-A requested a different surveyor to conduct the survey. On August 20, 2024, at 1:54 p.m., the survey supervisor (surveyor) emailed LALD/CNS-A to indicate the surveyor was taking over the survey.	0 720		

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0 720	Continued From page 28 The surveyor re-requested information requested earlier in the day at 7:43 a.m., for R1 and asked LALD/CNS-A either email the information or have it available upon the surveyor's arrival to the facility the following day at 11:00 a.m. The information requested was R1's face sheet to include diagnosis and phone numbers for resident and case manager; admission and 14-day assessments; two most recent 90-day assessments; discharge summary, assessment, and medication disposition; signed admission service plan, and most recent signed service plan, if applicable; medication management plan; treatment management plan; signed provider orders for all medications and treatments; medication administration record (MAR) for July 2024; and service administration documentation for July 2024. In addition, the surveyor also requested the licensee's Department of Human Services (DHS) NETSTudy 2.0 Roster for licensee's health facility identification number (HFID) 36598; updated staff roster to include recent staff who were providing services to R1; and a copy of the licensee's emergency preparedness plan. On August 21, 2024, at 10:25 a.m., LALD/CNS-A emailed the surveyor R1's face sheet, R1's assessments, R1's service plan agreement, medication management plan, treatment management plan, July MAR, service administration documentation for July. In addition, LALD/CNS-A provided their emergency preparedness plan. LALD/CNS-A's email did not include the following requested information: R1's discharge summary or discharge assessment, medication disposition, signed provider orders for any of R1's medications or treatments, DHS NETSTudy 2.0 Roster for HFID 36598, or the updated staff roster to include recent staff who	0 720		

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0 720	Continued From page 29 were providing services to R1. On August 21, 2024, at 11:56 a.m., the surveyor requested a copy of the licensee's schedule from July 2024. LALD/CNS-A stated they had the schedule somewhere but did not know where it was. LALD/CNS-A stated she had a lot of papers in a pile and due to recent surveys at other facilities, and she had been unable to get organized. On August 21, 2024, at approximately 1:00 p.m., the surveyor requested LALD/CNS-A produce their DHS NETSTudy 2.0 Roster for HFID 36598. LALD/CNS-A stated they had no internet in the facility and were unable to access it. On August 21, 2024, at 1:39 p.m., via email, the surveyor requested unlicensed personnel (ULP)-B's entire orientation and training record. On August 21, 2024, at 2:44 p.m., LALD/CNS-A emailed the surveyor a staff schedule. On August 21, 2024, at 3:39 p.m., via email, the surveyor requested the following information be provided to the surveyor by 7:00 a.m., August 22, 2024, (in addition to other items that were received): For ULP-B: - 30-day supervision for ULP-B; and - phone number for ULP-B. For R1: - any incident reports in the past 6 months; - any MAARC (Minnesota Adult Abuse Reporting Center) reports in the past 6 months; and - all progress notes for May, June, July 2024.	0 720		

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0 720	Continued From page 30 LALD/CNS-A did not provide the requested information by 7:00 a.m. LALD/CNS-A emailed the surveyor on August 22, 2024, with information at the following times: - 7:42 a.m. - 8:00 a.m. x2 - 8:21 a.m. x2 - 8:32 a.m., and - 9:18 a.m. None of LALD/CNS-A's correspondences contained information on the following: - DHS NETSTudy 2.0 Roster for HFID 36598; - 30-day supervision for ULP-B; - multiple competency trainings for ULP-B; - dementia training for ULP-B; - phone number for ULP-B; - admission and 14-day assessments for R1; - admission service plan for R1; - any incident reports for R1 in the past 6 months; - any MAARC reports for R1 in the past 6 months; and - all progress notes for R1 for May, June, July 2024. On August 22, 2024, at 12:14 p.m., the surveyor emailed LALD/CNS-A to request a time for a final interview and exit conference the following day, and to inform LALD/CNS-A that as of the time of the email, the surveyor would be accepting no further information from the licensee. On August 23, 2024, at approximately 10:00 a.m., LALD/CNS-A stated they had competencies for ULP-B, but the training packets were a lot of information, and the scanning to send information to the surveyor was "too overwhelming". Licensee's 2.35 Resident Record - Access & Storage policy dated October 1, 2021, indicated	0 720		

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0 720	Continued From page 31 records would be readily available to employees and contractors authorized to access them. In addition, the policy indicated resident records would be made available to MDH (Minnesota Department of Health) as requested. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	0 720		
0 730 SS=F	144G.43 Subd. 3 Contents of resident record Contents of a resident record include the following for each resident: (1) identifying information, including the resident's name, date of birth, address, and telephone number; (2) the name, address, and telephone number of the resident's emergency contact, legal representatives, and designated representative; (3) names, addresses, and telephone numbers of the resident's health and medical service providers, if known; (4) health information, including medical history, allergies, and when the provider is managing medications, treatments or therapies that require documentation, and other relevant health records; (5) the resident's advance directives, if any; (6) copies of any health care directives, guardianships, powers of attorney, or conservatorships; (7) the facility's current and previous assessments and service plans; (8) all records of communications pertinent to the resident's services; (9) documentation of significant changes in the resident's status and actions taken in response to	0 730		

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0 730	Continued From page 32 the needs of the resident, including reporting to the appropriate supervisor or health care professional; (10) documentation of incidents involving the resident and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional; (11) documentation that services have been provided as identified in the service plan; (12) documentation that the resident has received and reviewed the assisted living bill of rights; (13) documentation of complaints received and any resolution; (14) a discharge summary, including service termination notice and related documentation, when applicable; and (15) other documentation required under this chapter and relevant to the resident's services or status. This MN Requirement is not met as evidenced by: Based on interview and record review the licensee failed to complete a discharge summary for one of one discharged resident (R1). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at 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: R1 admitted to the licensee and began receiving	0 730		

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0 730	Continued From page 33 assisted living services on November 17, 2022. R1's diagnoses included anxiety disorder and paranoid schizophrenia. R1's Service Plan Agreement signed December 18, 2022, indicated the licensee provided the following services to R1: verbal medication reminders once daily, congregate meal preparation three meals per day and two snacks per day, personal laundry once daily, housekeeping once daily, shopping once weekly, individual staff ratio 1:1 one time daily, manage anxiety one time daily, manage repetitive behavior one time daily, manage agitation one time daily, manage verbal aggression one time daily, and manage property destruction one time daily. The licensee's discharged resident roster indicated R1 discharged from the licensee on July 30, 2024. The reason for discharge indicated "Facility renovation." R1's record included assessment dated July 30, 2024, which was a Uniform Assessment form initially completed in full on January 30, 2024, and indicated was reviewed on April 29, 2024, and July 30, 2024. The section containing information about medication or environmental allergies was left blank. R1's record lacked a discharge summary that complied with part 4659.0120, subpart 9 to include: - course of illness; - allergies; - treatments and therapies; - pertinent lab, radiology, and consultation results; and	0 730		

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0 730	Continued From page 34 - a final summary of the resident's status from the latest assessment or review including baseline and current mental, behavioral, and functional status. On August 21, 2024, at approximately 12:00 p.m., LALD/CNS-A stated they owned six total assisted living facilities and had recently been surveyed by the Minnesota Department of Health (MDH) at some other sister facilities. LALD/CNS-A stated after they learned during those surveys of sleeping room egress window requirements, they decided to move R1 to another facility as they anticipated they would encounter the same non-compliant window issues at licensee's health facility identification number (HFID) 36598. LALD/CNS-A stated R1 verbally agreed to the move. LALD/CNS-A stated they offered R1 the choice of moving to another unaffiliated facility or to one of their other sister facilities, and R1 agreed to move to a sister facility. LALD/CNS-A was not able to provide a date or documentation the conversation took place. Following a discussion between the surveyor and LALD/CNS-A regarding requirements for discharges, LALD/CNS-A stated they did not follow the requirements because they did not consider R1 discharged, they considered R1's move a transfer, and they anticipated R1 would move back to the licensee's location following the completion of planned renovations, which included new windows. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 730		

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0 780	Continued From page 35	0 780		
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 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 smoke alarms that functioned and are interconnected so that the actuation of one alarm causes all alarms in the dwelling unit to actuate. This deficient condition had the ability to affect all staff and residents. This practice resulted in a level two violation (a violation that did not harm a resident's health or	0 780		

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0 780	Continued From page 36 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 the facility tour on August 21, 2024, with the licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A, between 11:00 a.m. and 1:45 p.m. the following deficient condition was observed: The surveyor observed when the smoke alarms were push button tested by the LALD/CNS-A, none of the other smoke alarms in the residence sounded. All the smoke alarms in the residence where not interconnected. The surveyor explained to the LALD/CNS-A, that 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. The deficient condition was visually verified by the LALD/CNS-A accompanying on the tour. TIME PERIOD FOR CORRECTION: Seven (7) days	0 780		
0 800 SS=F	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including	0 800		

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0 800	Continued From page 37 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 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 the facility tour on August 21, 2024, with the licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A, between 11:00 a.m. and 1:45 p.m. the following deficient condition was observed: RESIDENT ROOM 1, 2, 3 and 4: The surveyor observed the emergency escape window in resident room 1, 2, 3 and 4 could not be opened by the LALD/CNS-A.	0 800		

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0 800	Continued From page 38 The surveyor explained to LALD/CNS-A, the emergency escape window maintained and shall be always easily operable and fully openable. WINDOW GLASS: The surveyor observed broken glass in the window in resident room 4 and at the bottom of the basement stairs. The surveyor explained to LALD/CNS-A that the broken glass shall be repaired. BATHROOM FAN: The surveyor observed the fan cover in the upper-level bathroom was missing, exposing open fan blades to the residents. The fan was also making noises causing it to struggle to run. The surveyor explained to the LALD/CNS-A the cover shall be installed and the fan shall be serviced. ELECTRICAL: The surveyor observed covers missing off electrical boxes in resident room 1 and in the boiler room. Also, in the boiler room the electrical disconnect boxes were hanging by their wires and not mounted to the structure. The surveyor explained to the LALD/CNS-A that all electrical boxes shall have their covers installed and that the electrical boxes shall be mounted to the structure. CEILING/WALL:	0 800		

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0 800	Continued From page 39 The surveyor observed the ceiling removed and a structural member had been cut to fix/replace a water line. The surveyor observed the ceiling in the kitchen showed water damage and mold. The surveyor explained to the LALD/CNS-A that the area needs to be reviewed to decide if the truss that was cut is structural and the ceiling replaced. Also, the ceiling in the kitchen shall be fixed and checked for mold. CLEANLINESS AND MAINTENANCE: The surveyor observed the following: Rat poison on the basement stairs accessible to all residents. The overall condition of the facility was not safe for residents. Air quality affected the surveyor and nurse when onsite. There were covers missing on the wall heater in the upper-level bathroom exposing the hot pipes and sharp edges. The surveyor explained to the LALD/CNS-A the home shall be cleaned to the point it is safe for the residents. BASEMENT EXIT DOOR: The surveyor observed two door handles and locks on the basement exit door. The surveyor explained to the LALD/CNS-A that one handle/lock shall be removed from this door.	0 800		

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0 800	Continued From page 40 The deficient conditions were visually verified by the LALD/CNS-A accompanying on the tour. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 800		
0 810 SS=F	144G.45 Subd. 2 (b)-(f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) employee actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system	0 810		

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0 810	Continued From page 41 activation is not required to initiate the evacuation drill. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop the fire safety and evacuation plan with the required content and provide the required training and drills. 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 potential to affect a large portion or all of the residents). The findings include: A record review and interview were conducted on August 21, 2024, at approximately 1:00 p.m. with the registered nurse/licensed assisted living director (LALD/CNS)-A on the fire safety and evacuation plan and fire safety and evacuation training and drills for the facility. EMPLOYEE/RESIDENT TRAINING RECORDS: During an interview on August 21, 2024, LALD/CNS-A stated they do not have training records for their employees and residents on the fire safety and evacuation plan. Surveyor explained to the LALD/CNS-A, the training on the fire safety and evacuation plan	0 810		

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0 810	Continued From page 42 shall be completed at new hire and two times a year thereafter and documented with employee signatures. The residents shall also be offered this training at least once a year. FIRE SAFETY AND EVACUATION PLAN: During record review on August 21, 2024, the surveyor observed the fire safety and evacuation plan had not been updated since January 10, 2022. There were many misstatements within the plan. There was not a floor plan posted in the residence and there was not a floor plan in the fire safety and evacuation plan. Surveyor explained to the LALD/CNS-A, the fire safety and evacuation plan must be maintained and reviewed annually and the floor plan shall be posted on both levels in the common area. FIRE/EVACUATION DRILLS: During an interview on August 21, 2024, LALD/CNS-A stated they do not have fire drill records for the facility. Surveyor explained to the LALD/CNS-A, the evacuation drills shall be completed twice per year per shift and documented with employee signatures. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810		
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	0 820		

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0 820	Continued From page 43 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 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 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) 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). Findings include: During the facility tour on August 21, 2024, with the licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A, between 11:00 a.m. and 1:45 p.m. it was observed that cigarette butts were discarded on the ground in many places outside, next to the facility. The area has long grass, wood deck and combustible storage easily ignited by a discarded cigarette.	0 820		

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	36598	A. BUILDING: _____ B. WING _____	08/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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0 820	Continued From page 44 The surveyor explained to the LALD/CNS-A, that all cigarette butts shall be properly discarded into an approved container and that cigarette smoking should take place in the designated area away from the structure. The deficient conditions were visually verified by the LALD/CNS-A accompanying on the tour. TIME PERIOD FOR CORRECTION: Two (2) days	0 820		
0 900 SS=F	144G.50 Subdivision 1 Contract required (a) An assisted living facility may not offer or provide housing or assisted living services to any individual unless it has executed a written contract with the resident. (b) The contract must contain all the terms concerning the provision of: (1) housing; (2) assisted living services, whether provided directly by the facility or by management agreement or other agreement; and (3) the resident's service plan, if applicable. (c) A facility must: (1) offer to prospective residents and provide to the Office of Ombudsman for Long-Term Care a complete unsigned copy of its contract; and (2) give a complete copy of any signed contract and any addendums, and all supporting documents and attachments, to the resident promptly after a contract and any addendum has been signed. (d) A contract under this section is a consumer contract under sections 325G.29 to 325G.37. (e) Before or at the time of execution of the contract, the facility must offer the resident the opportunity to identify a designated representative	0 900		

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0 900	Continued From page 45 according to subdivision 3. (f) The resident must agree in writing to any additions or amendments to the contract. Upon agreement between the resident and the facility, a new contract or an addendum to the existing contract must be executed and signed. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to execute a written contract with the required content on, or before, the date of admission 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: R1 admitted to the licensee and began receiving assisted living services on November 17, 2022. R1's diagnoses included anxiety disorder and paranoid schizophrenia. R1's Service Plan Agreement signed December 18, 2022, indicated the licensee provided the following services to R1: verbal medication reminders once daily, congregate meal preparation three meals per day and two snacks per day, personal laundry once daily, housekeeping once daily, shopping once weekly, individual staff ratio 1:1 one time daily, manage	0 900		

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0 900	Continued From page 46 anxiety one time daily, manage repetitive behavior one time daily, manage agitation one time daily, manage verbal aggression one time daily, and manage property destruction one time daily. R1's Service Plan Agreement (contract) signed December 18, 2022, was signed 31 days after R1 admitted to the licensee on November 17, 2022. On August 23, 2024, at approximately 10:00 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated they believed they had 14 days to execute the contract for R1 and stated they did not get it done in time. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 900		
0 950 SS=C	144G.50 Subd. 3 Designation of representative (a) Before or at the time of execution of an assisted living contract, an assisted living facility must offer the resident the opportunity to identify a designated representative in writing in the contract and must provide the following verbatim notice on a document separate from the contract: "RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES. You have the right to name anyone as your "Designated Representative." A Designated Representative can assist you, receive certain information and notices about you, including some information related to your health care, and advocate on your behalf. A Designated	0 950		

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0 950	Continued From page 47 Representative does not take the place of your guardian, conservator, power of attorney ("attorney-in-fact"), or health care power of attorney ("health care agent"), if applicable." (b) The contract must contain a page or space for the name and contact information of the designated representative and a box the resident must initial if the resident declines to name a designated representative. Notwithstanding subdivision 1, paragraph (f), the resident has the right at any time to add, remove, or change the name and contact information of the designated representative. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to include verbatim language, separate from the resident contract, giving residents the right to identify a designated representative for one of one resident (R1). This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: R1 admitted to the licensee and began receiving assisted living services on November 17, 2022. R1's diagnoses included anxiety disorder and paranoid schizophrenia.	0 950		

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0 950	Continued From page 48 R1's Service Plan Agreement signed December 18, 2022, indicated the licensee provided the following services to R1: verbal medication reminders once daily, congregate meal preparation three meals per day and two snacks per day, personal laundry once daily, housekeeping once daily, shopping once weekly, individual staff ratio 1:1 one time daily, manage anxiety one time daily, manage repetitive behavior one time daily, manage agitation one time daily, manage verbal aggression one time daily, and manage property destruction one time daily. R1's Service Plan Agreement (contract) signed December 18, 2022, included two spaces for a designated representative to be selected, which were left blank, and indicated: - "Designated Representative: (if applicable - attach documentation)"; and - "Designated Representative Name: Address: Phone number: Decline to name of Designated representative Initial:" On August 23, 2024, at approximately 10:00 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated they were aware of the requirement but did not ensure R1's contract identified whether R1 elected to designate a representative or not. LALD/CNS-A stated they did provide the verbatim notice required on a separate form for R1, but at the time the information was gathered they did not have the phone number for R1's mother, so it was not completed. No further information was provided.	0 950		

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0 950	Continued From page 49 TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 950		
01140 SS=F	144G.55 Subd. 3 Relocation plan required The facility must prepare a relocation plan to prepare for the move to a new safe location or appropriate service provider, as required by this section. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, licensee failed to prepare a relocation plan that included documentation of considerations for the care needs, psychosocial impacts of moving, and accounting of resident's property prior to initiating a transfer of a resident (R1) receiving assisted living services. 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: R1 admitted to the licensee and began receiving assisted living services on November 17, 2022. R1's diagnoses included anxiety disorder and paranoid schizophrenia. R1's Service Plan Agreement signed December	01140		

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01140	Continued From page 50 18, 2022, indicated the licensee provided the following services to R1: verbal medication reminders once daily, congregate meal preparation three meals per day and two snacks per day, personal laundry once daily, housekeeping once daily, shopping once weekly, individual staff ratio 1:1 one time daily, manage anxiety one time daily, manage repetitive behavior one time daily, manage agitation one time daily, manage verbal aggression one time daily, and manage property destruction one time daily. The licensee's discharged resident roster indicated R1 discharged from the licensee on July 30, 2024. The reason for discharge indicated "Facility renovation." During a facility tour on August 21, 2024, at approximately 11:00 a.m., the surveyor observed the two main level bedrooms (bedroom #1 and bedroom #2) contained multiple items haphazardly placed in the rooms (bed frames, boxes, full bins, small fridge, dehumidifier, cords, small electronics, vacuum, TV, desk chair, etc.) Licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated some of the items belonged to R1, and some of the items were owned by the licensee. On August 21, 2024, at approximately 12:00 p.m., LALD/CNS-A stated prior to R1's admission to the licensee, R1 was previously a resident at another assisted living facility under the same ownership umbrella as the licensee (a sister facility). LALD/CNS-A stated R1 was not getting along with the other residents at the sister facility and was having paranoid delusions those residents were trying to kill him, so they (LALD/CNS-A) decided to move R1 to the licensee's location in	01140		

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01140	Continued From page 51 November of 2022. LALD/CNS-A stated they owned six total assisted living facilities and had recently been surveyed by the Minnesota Department of Health (MDH) at some other sister facilities. LALD/CNS-A stated after they learned during those surveys of sleeping room egress window requirements, they decided to move R1 to another facility as they anticipated they would encounter the same non-compliant window issues at licensee's health facility identification number (HFID) 36598. LALD/CNS-A stated R1 verbally agreed to the move. LALD/CNS-A stated they offered R1 the choice of moving to another unaffiliated facility or to one of their other sister facilities, and R1 agreed to move to a sister facility. LALD/CNS-A was not able to provide a date or documentation the conversation took place. Following a discussion between the surveyor and LALD/CNS-A regarding requirements for discharges, LALD/CNS-A stated they did not follow the requirements because they did not consider R1 discharged, they considered R1's move a transfer, and they anticipated R1 would move back to the licensee's location following the completion of planned renovations, which included new windows. On August 23, 2024, at approximately 10:00 a.m., LALD/CNS-A stated they were aware of the requirement to do a relocation plan prior to moving R1. LALD/CNS-A stated, "It's a lot of information to fill out, I am supposed to, but I did not." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01140		

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01170	Continued From page 52	01170		
01170 SS=F	144G.56 Subd. 3 Notice required (a) A facility must provide at least 30 calendar days' advance written notice to the resident and the resident's legal and designated representative of a facility-initiated transfer. The notice must include: (1) the effective date of the proposed transfer; (2) the proposed transfer location; (3) a statement that the resident may refuse the proposed transfer, and may discuss any consequences of a refusal with staff of the facility; (4) the name and contact information of a person employed by the facility with whom the resident may discuss the notice of transfer; and (5) contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities. (b) Notwithstanding paragraph (a), a facility may conduct a facility-initiated transfer of a resident with less than 30 days' written notice if the transfer is necessary due to: (1) conditions that render the resident's room or private living unit uninhabitable; (2) the resident's urgent medical needs; or (3) a risk to the health or safety of another resident of the facility. This MN Requirement is not met as evidenced by: Based on interview and record review, the facility failed to provide a 30-day advance written notice to the resident and/or the resident's legal/designated representative, prior to initiating a transfer 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	01170		

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01170	Continued From page 53 resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: R1 admitted to the licensee and began receiving assisted living services on November 17, 2022. R1's diagnoses included anxiety disorder and paranoid schizophrenia. R1's Service Plan Agreement signed December 18, 2022, indicated the licensee provided the following services to R1: verbal medication reminders once daily, congregate meal preparation three meals per day and two snacks per day, personal laundry once daily, housekeeping once daily, shopping once weekly, individual staff ratio 1:1 one time daily, manage anxiety one time daily, manage repetitive behavior one time daily, manage agitation one time daily, manage verbal aggression one time daily, and manage property destruction one time daily. The licensee's discharged resident roster indicated R1 discharged from the licensee on July 30, 2024. The reason for discharge indicated "Facility renovation." On August 21, 2024, at approximately 12:00 p.m., LALD/CNS-A stated prior to R1's admission to the licensee, R1 was previously a resident at another assisted living facility under the same ownership umbrella as the licensee (a sister facility). LALD/CNS-A stated R1 was not getting along with the other residents at the sister facility and	01170		

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01170	Continued From page 54 was having paranoid delusions those residents were trying to kill him, so they (LALD/CNS-A) decided to move R1 to the licensee's location in November of 2022. LALD/CNS-A stated they owned six total assisted living facilities and had recently been surveyed by the Minnesota Department of Health (MDH) at some other sister facilities. LALD/CNS-A stated after they learned during those surveys of sleeping room egress window requirements, they decided to move R1 to another facility as they anticipated they would encounter the same non-compliant window issues at licensee's health facility identification number (HFID) 36598. LALD/CNS-A stated R1 verbally agreed to the move. LALD/CNS-A stated they offered R1 the choice of moving to another unaffiliated facility or to one of their other sister facilities, and R1 agreed to move to a sister facility. LALD/CNS-A was not able to provide a date or documentation the conversation took place. Following a discussion between the surveyor and LALD/CNS-A regarding requirements for discharges, LALD/CNS-A stated they did not follow the requirements because they did not consider R1 discharged, they considered R1's move a transfer, and they anticipated R1 would move back to the licensee's location following the completion of planned renovations, which included new windows. On August 22, 2024, at 3:12 p.m., the surveyor attempted to call R1's family member. The surveyor left a voice message but did not receive a return call prior to the conclusion of the survey. On August 22, 2024, at 3:12 p.m., the surveyor attempted to call R1's case manager. The surveyor left a voice message but did not receive a return call prior to the conclusion of the survey.	01170		

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01170	Continued From page 55 On August 22, 2024, at 3:12 p.m., the surveyor attempted to call R1. The surveyor left a voice message but did not receive a return call prior to the conclusion of the survey. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01170		
01190 SS=F	144G.56 Subd. 5 Changes in facility operations (a) In situations where there is a curtailment, reduction, or capital improvement within a facility necessitating transfers, the facility must: (1) minimize the number of transfers it initiates to complete the project or change in operations; (2) consider individual resident needs and preferences; (3) provide reasonable accommodations for individual resident requests regarding the transfers; and (4) in advance of any notice to any residents, legal representatives, or designated representatives, provide notice to the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities of the curtailment, reduction, or capital improvement and the corresponding needed transfers. This MN Requirement is not met as evidenced by: Based on interview and record review, licensee failed to provide advance notice to residents, legal representatives, designated representatives or provide notice to the Office of Ombudsman for Long Term Care prior to initiating the transfer of a resident receiving assisted living services.	01190		

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01190	Continued From page 56 This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: R1 admitted to the licensee and began receiving assisted living services on November 17, 2022. R1's diagnoses included anxiety disorder and paranoid schizophrenia. R1's Service Plan Agreement signed December 18, 2022, indicated the licensee provided the following services to R1: verbal medication reminders once daily, congregate meal preparation three meals per day and two snacks per day, personal laundry once daily, housekeeping once daily, shopping once weekly, individual staff ratio 1:1 one time daily, manage anxiety one time daily, manage repetitive behavior one time daily, manage agitation one time daily, manage verbal aggression one time daily, and manage property destruction one time daily. The licensee's discharged resident roster indicated R1 discharged from the licensee on July 30, 2024. The reason for discharge indicated "Facility renovation." On August 21, 2024, at approximately 12:00 p.m., LALD/CNS-A stated prior to R1's admission to the licensee, R1 was previously a resident at another	01190		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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01190	Continued From page 57 assisted living facility under the same ownership umbrella as the licensee (a sister facility). LALD/CNS-A stated R1 was not getting along with the other residents at the sister facility and was having paranoid delusions those residents were trying to kill him, so they (LALD/CNS-A) decided to move R1 to the licensee's location in November of 2022. LALD/CNS-A stated they owned six total assisted living facilities and had recently been surveyed by the Minnesota Department of Health (MDH) at some other sister facilities. LALD/CNS-A stated after they learned during those surveys of sleeping room egress window requirements, they decided to move R1 to another facility as they anticipated they would encounter the same non-compliant window issues at licensee's health facility identification number (HFID) 36598. LALD/CNS-A stated R1 verbally agreed to the move. LALD/CNS-A stated they offered R1 the choice of moving to another unaffiliated facility or to one of their other sister facilities, and R1 agreed to move to a sister facility. LALD/CNS-A was not able to provide a date or documentation the conversation took place. Following a discussion between the surveyor and LALD/CNS-A regarding requirements for discharges, LALD/CNS-A stated they did not follow the requirements because they did not consider R1 discharged, they considered R1's move a transfer, and they anticipated R1 would move back to the licensee's location following the completion of planned renovations, which included new windows. On August 22, 2024, at 3:12 p.m., the surveyor attempted to call R1's family member. The surveyor left a voice message but did not receive a return call prior to the conclusion of the survey. On August 22, 2024, at 3:12 p.m., the surveyor	01190		

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	36598	A. BUILDING: _____ B. WING _____	08/23/2024

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01190	Continued From page 58 attempted to call R1's case manager. The surveyor left a voice message but did not receive a return call prior to the conclusion of the survey. On August 22, 2024, at 3:12 p.m., the surveyor attempted to call R1. The surveyor left a voice message but did not receive a return call prior to the conclusion of the survey. On August 23, 2024, at approximately 10:00 a.m., LALD/CNS-A stated they did not notify the Office of the Ombudsman for Long Term care or the Office of the Ombudsman for Mental Health and Developmental Disabilities about their plans to renovate the facility or to move R1 to another location. LALD/CNS-A stated, "[R1] knows he can contact them." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01190		
01290 SS=F	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	01290		

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01290	Continued From page 59 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 submitted and received in affiliation with the assisted living license for two of two employees (unlicensed personnel (ULP)-B, ULP-C). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at 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: Licensee's undated employee roster indicated ULP-B was hired on February 9, 2024, and ULP-C was hired on July 31, 2021. Licensee's staff schedule dated July 2024 indicated ULP-C worked 7:00 a.m., to 3:30 p.m., daily and ULP-B worked 3:00 p.m., to 11:30 p.m., daily. R1's Medication Administration Record dated July 1, 2024, to July 31, 2024, indicated ULP-B and ULP-C documented the self-administration of R1's medications daily. R1's Care Plan Record dated July 1, 2024, to July 31, 2024, indicated ULP-B and ULP-C documented having provided services identified on R1's care plan daily.	01290		

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01290	Continued From page 60 At the time of the survey initiated on August 19, 2024, there were no residents residing at the facility. ULP-B's employee record contained a background study clearance letter dated February 13, 2024, affiliated to licensee's sister facility health facility identification number (HFID) 36029. ULP-B's record lacked evidence the licensee submitted a background study for ULP-B at the time of hire, or under the current assisted living license and affiliated to the current HFID number (36598). ULP-C's employee record contained a background study clearance letter dated August 1, 2021, affiliated to licensee's sister facility HFID 36029. ULP-C's record lacked evidence the licensee affiliated ULP-C with the licensee's HFID 36598. On August 21, 2024, at approximately 1:10 p.m., the surveyor requested licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A produce the licensee's NETStudy 2.0 (a web-based system used to submit background study requests to the Department of Human Services) roster for HFID 36589. LALD/CNS-A stated although they had cleared background studies for ULP-B and ULP-C, which were not affiliated to the licensee's HFID 36598, they were unable to produce the active NETStudy 2.0 roster as they did not have internet access in the facility. On August 22, 2024, at 11:48 a.m., the surveyor accessed the Department of Human Services NETStudy 2.0 web-based system to search for HFID 36598. The surveyor observed ULP-B and ULP-C were not affiliated on the roster.	01290		

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01290	Continued From page 61 On August 23, 2024, at approximately 10:00 a.m., LALD/CNS-A stated they were the sole person responsible for conducting background studies for the licensee and they were aware of the requirement to ensure an employee's background study was affiliated with the HFID for where they would work. LALD/CNS-A stated, "I am working on that." Licensee's 4.05 Employee Records policy dated October 1, 2021, indicated all employee records would contain documentation of a completed criminal background study. The policy did not address the timing or affiliation requirements for background study requirements. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	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	01370		

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01370	Continued From page 62 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: Based on observation, 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 one employee (unlicensed personnel (ULP)-B). 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	01370		

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01370	Continued From page 63 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: At the time of the survey from August 19, 2024, to August 23, 2024, there were no residents residing at the facility. The surveyor conducted an off-site record review of ULP-B's personnel record. On August 21, 2024, at 1:39 p.m., via email, the surveyor requested ULP-B's entire orientation and training record. ULP-B was hired on February 9, 2024, to provide direct cares for the residents of the facility. Licensee's staff schedule dated July 2024 indicated ULP-B worked 3:00 p.m., to 11:30 p.m., daily. R1's Medication Administration Record dated July 1, 2024, to July 31, 2024, indicated ULP-B documented the self-administration of R1's medications daily. R1's Care Plan Record dated July 1, 2024, to July 31, 2024, indicated ULP-B documented having provided services identified on R1's care plan daily. ULP-B's employee record lacked evidence of the following: Training: - reports of changes in the resident's condition to the supervisor designated by the assisted living provider; - medication, exercise, and treatment reminders;	01370		

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01370	Continued From page 64 - basic nutrition, meal preparation, food safety, and assistance with eating; - preparation of modified diets as ordered by a licensed health professional; - awareness of commonly used health technology equipment and assistive devices; and - observation, reporting, and documenting of resident status. Competency evaluations: - 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, dressing and assisting with toileting; and - standby assistance techniques and how to perform them. On August 23, 2024, at approximately 10:00 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated they had competencies for ULP-B, but the training packets were a lot of information, and the scanning to send information to the surveyor was "too overwhelming". Licensee's 5.01 Orientation of Staff and Supervisors & Content policy dated October 1, 2021, indicated all staff of the licensee must complete an orientation to Assisted Living Facility licensing requirements and regulations before providing assisted living services to residents. In addition, the policy indicated the licensee would specifically orient staff to each individual resident and the services that would be provided. The policy indicated evidence of the completion of required orientation topics must be kept in the record of each staff person having completed the orientation.	01370		

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01370	Continued From page 65 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; (3) reading and recording temperature, pulse, and respirations of the resident; (4) recognizing physical, emotional, cognitive, and developmental needs of the resident; (5) safe transfer techniques and ambulation; (6) range of motioning and positioning; and (7) administering medications or treatments as required. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure training and competency evaluations were completed for all required skill areas, prior to providing services, for one of one employee (unlicensed personnel (ULP)-B). 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	01380		

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01380	Continued From page 66 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: At the time of the survey from August 19, 2024, to August 23, 2024, there were no residents residing at the facility. The surveyor conducted an off-site record review of ULP-B's personnel record. On August 21, 2024, at 1:39 p.m., via email, the surveyor requested ULP-B's entire orientation and training record. ULP-B was hired on February 9, 2024, to provide direct cares for the residents of the facility. Licensee's staff schedule dated July 2024 indicated ULP-B worked 3:00 p.m., to 11:30 p.m., daily. R1's Medication Administration Record dated July 1, 2024, to July 31, 2024, indicated ULP-B documented the self-administration of R1's medications daily. R1's Care Plan Record dated July 1, 2024, to July 31, 2024, indicated ULP-B documented having provided services identified on R1's care plan daily. ULP-B's employee record lacked evidence of the following: Training: - observation, reporting, and documenting of resident status.	01380		

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01380	Continued From page 67 Competency evaluations: - reading and recording temperature, pulse, and respirations of the resident; - safe transfer techniques and ambulation; - range of motioning and positioning; and - administering medications or treatments as required. On August 23, 2024, at approximately 10:00 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated they had competencies for ULP-B, but the training packets were a lot of information, and the scanning to send information to the surveyor was "too overwhelming". Licensee's 5.01 Orientation of Staff and Supervisors & Content policy dated October 1, 2021, indicated all staff of the licensee must complete an orientation to Assisted Living Facility licensing requirements and regulations before providing assisted living services to residents. In addition, the policy indicated the licensee would specifically orient staff to each individual resident and the services that would be provided. The policy indicated evidence of the completion of required orientation topics must be kept in the record of each staff person having completed the orientation. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01380		
01530 SS=D	144G.64 TRAINING IN DEMENTIA CARE REQUIRED	01530		

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01530	Continued From page 68 (a) All assisted living facilities must meet the following training requirements: (1) supervisors of direct-care staff must have at least eight hours of initial training on topics specified under paragraph (b) within 120 working hours of the employment start date, and must have at least two hours of training on topics related to dementia care for each 12 months of employment thereafter; (2) direct-care employees must have completed at least eight hours of initial training on topics specified under paragraph (b) within 160 working hours of the employment start date. Until this initial training is complete, an employee must not provide direct care unless there is another employee on site who has completed the initial eight hours of training on topics related to dementia care and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for consultation with the new employee until the training requirement is complete. Direct-care employees must have at least two hours of training on topics related to dementia for each 12 months of employment thereafter; This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure direct-care staff received at least eight hours of initial training on topics specified under paragraph (b) within 160 working hours of the employment start date for one of one employee (unlicensed personnel (ULP)-B) 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	01530		

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01530	Continued From page 69 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: At the time of the survey from August 19, 2024, to August 23, 2024, there were no residents residing at the facility. The surveyor conducted an off-site record review of ULP-B's personnel record. On August 21, 2024, at 1:39 p.m., via email, the surveyor requested ULP-B's entire orientation and training record. ULP-B was hired on February 9, 2024, to provide direct cares for the residents of the facility. Licensee's staff schedule dated July 2024 indicated ULP-B worked 3:00 p.m., to 11:30 p.m., daily. R1's Medication Administration Record dated July 1, 2024, to July 31, 2024, indicated ULP-B documented the self-administration of R1's medications daily. R1's Care Plan Record dated July 1, 2024, to July 31, 2024, indicated ULP-B documented having provided services identified on R1's care plan daily. ULP-B's employee record lacked the required eight hours of dementia training to be completed with 160 hours of employment. On August 23, 2024, at approximately 10:00 a.m., licensed assisted living director/clinical nurse	01530		

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01530	Continued From page 70 supervisor (LALD/CNS)-A stated they were aware of the training requirements and had competencies for ULP-B, but the training packets were a lot of information, and the scanning to send information to the surveyor was "too overwhelming". The licensee's 5.03 Dementia Training policy dated October 1, 2021, indicated: "1. Supervisors of direct care staff will complete eight (8) hours of initial training within 120 hours of the employment start date. 2. Direct care employees will complete eight (8) hours of initial training within 160 hours of the employment start date. 3. Employees may not provide direct care until the training is complete unless another employee who has completed the initial training is present to provide assistance." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01530		
01610 SS=F	144G.70 Subd. 2 (a-b) Initial reviews, assessments, and monitoring (a) Residents who are not receiving any assisted living services shall not be required to undergo an initial nursing assessment. (b) An assisted living facility shall conduct a nursing assessment by a registered nurse of the physical and cognitive needs of the prospective resident and propose a temporary service plan 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. If necessitated by either the geographic	01610		

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01610	Continued From page 71 distance between the prospective resident and the facility, or urgent or unexpected circumstances, the assessment may be conducted using telecommunication methods based on practice standards that meet the resident's needs and reflect person-centered planning and care delivery. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to conduct a nursing assessment by a registered nurse (RN) of the physical and cognitive needs to include all parts of a uniform assessment tool (Minn. Rule 4659.0150) for one of one resident (R1) on or before the admission date. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: R1 admitted to the licensee and began receiving assisted living services on November 17, 2022. R1's diagnoses included anxiety disorder and paranoid schizophrenia. R1's Service Plan Agreement signed December 18, 2022, indicated the licensee provided the following services to R1: verbal medication reminders once daily, congregate meal preparation three meals per day and two snacks	01610		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36598	A. BUILDING: _____ B. WING _____	08/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST JOHN HOME CARE LLC	14312 ROCKFORD ROAD MINNEAPOLIS, MN 55446

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01610	Continued From page 72 per day, personal laundry once daily, housekeeping once daily, shopping once weekly, individual staff ratio 1:1 one time daily, manage anxiety one time daily, manage repetitive behavior one time daily, manage agitation one time daily, manage verbal aggression one time daily, and manage property destruction one time daily. On August 20, 2024, at 7:43 a.m., the surveyor emailed licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A to request, in addition to other information, the following for R1: - R1's admission and 14-day assessment; and - R1's two most recent 90-day assessments. LALD/CNS-A provided R1's assessment dated July 30, 2024, which was a Uniform Assessment form initially completed on January 30, 2024, and indicated was reviewed on April 29, 2024, and July 30, 2024. R1's record lacked a nursing assessment by a registered nurse of the physical and cognitive needs of R1 prior to the date on which R1 moved into the facility. On August 21, 2024, at approximately 12:15 p.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated they were aware of the required assessment schedule to do assessments upon pre-admission, 14-days, not to exceed 90-days, or with change of condition. On August 23, 2024, at approximately 10:00 a.m., LALD/CNS-A stated when R1 moved to the licensee in November 2022 from one of their other assisted living facilities, they considered that move a "transfer" versus a new admission to the licensee. LALD/CNS-A stated they did not do	01610		

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01610	Continued From page 73 an initial assessment or 14-day assessment, but rather, continued with the previous assessment schedule from the other facility every 90-days. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01610		
01620 SS=F	144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring (c) Resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services. Ongoing resident reassessment and monitoring must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the last date of the assessment. (d) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review. (e) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. This MN Requirement is not met as evidenced by:	01620		

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01620	Continued From page 74 Based on interview and record review, the licensee failed to ensure the registered nurse (RN) conducted a comprehensive assessment within fourteen days of the initiation of services and every 90 days thereafter for one of one resident (R1). In addition, the licensee failed to ensure all areas of the uniform assessment tool as required per Minnesota Administrative Rule 4659.0150 were addressed. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: R1 admitted to the licensee and began receiving assisted living services on November 17, 2022. R1's diagnoses included anxiety disorder and paranoid schizophrenia. R1's Service Plan Agreement signed December 18, 2022, indicated the licensee provided the following services to R1: verbal medication reminders once daily, congregate meal preparation three meals per day and two snacks per day, personal laundry once daily, housekeeping once daily, shopping once weekly, individual staff ratio 1:1 one time daily, manage anxiety one time daily, manage repetitive behavior one time daily, manage agitation one time daily, manage verbal aggression one time daily, and manage property destruction one time daily.	01620		

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01620	Continued From page 75 On August 20, 2024, at 7:43 a.m., the surveyor emailed licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A to request, in addition to other information, the following for R1: - R1's admission and 14-day assessment; and - R1's two most recent 90-day assessments. LALD/CNS-A provided R1's assessment dated July 30, 2024, which was a Uniform Assessment form initially completed on January 30, 2024, and indicated was reviewed on April 29, 2024, and July 30, 2024. The July 30, 2024, review was late by two days. In addition, the following areas on the Uniform Assessment form dated, July 30, 2024, were left blank: -medication and environmental allergies; -emergency evacuation ability; -health care team summary of visits in past 12 months (primary care provider name/clinic/phone number was listed), there was no information regarding last visit date/outcome, and although there were areas to address other providers such as dentist, optometrist, psychiatry, etc., they were left blank; -food likes, dislikes, other preferences; -verbal pain assessment indicated a reported score of 6 on the pain scale of 0-10, indicating moderate chronic back and shoulder pain; areas to address duration, pharmacological and nonpharmacological treatments and effectiveness were not addressed; -areas to address R1's psychological concerns, use a psychotropic/antipsychotic medication use; -mood related signs for depression were not addressed; -skin integrity; -infectious conditions; and	01620		

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01620	Continued From page 76 -review of medications (side effects/adverse reactions, allergic/adverse reactions, contraindications, difficulties in taking, interventions to prevent diversion not addressed for all medications assessed). R1's record lacked a nursing assessment no more than 14 calendar days after initiation of services. On August 21, 2024, at approximately 12:15 p.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated they were aware of the required assessment schedule to do assessments upon pre-admission, 14-days, not to exceed 90-days, or with change of condition. On August 23, 2024, at approximately 10:00 a.m., LALD/CNS-A stated when R1 moved to the licensee in November 2022 from one of their other assisted living facilities, they considered that move a "transfer" versus a new admission to the licensee. LALD/CNS-A stated they did not do an initial assessment or 14-day assessment, but rather, continued with the previous assessment schedule from the other facility every 90-days. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01620		
01630 SS=F	144G.70 Subd. 3 Temporary service plan When a facility initiates services and the individualized assessment required in subdivision 2 has not been completed, the facility must complete a temporary plan and agreement with the resident for services. A temporary service	01630		

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01630	Continued From page 77 plan shall not be effective for more than 72 hours. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to initiate a temporary service plan 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: R1 admitted to the licensee and began receiving assisted living services on November 17, 2022. R1's diagnoses included anxiety disorder and paranoid schizophrenia. On August 20, 2024, at 7:43 a.m., via email, the surveyor requested for R1's admission service plan and R1's most recent signed service plan. On August 20, 2024, at 11:54 a.m., via email, the surveyor made a second request for R1's admission service plan and R1's most recent signed service plan. R1's Service Plan Agreement signed December 18, 2022, indicated the licensee provided the following services to R1: verbal medication reminders once daily, congregate meal preparation three meals per day and two snacks per day, personal laundry once daily,	01630		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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01630	Continued From page 78 housekeeping once daily, shopping once weekly, individual staff ratio 1:1 one time daily, manage anxiety one time daily, manage repetitive behavior one time daily, manage agitation one time daily, manage verbal aggression one time daily, and manage property destruction one time daily. The licensee provided no other service plans for R1. Although requested, the licensee did not provide a temporary service plan reflective of R1's admission date of November 17, 2022. On August 23, 2024, at approximately 10:00 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated they believed they had 14 days to execute the contract/service plan for R1 and stated they did not get it done in time. R1's service plan was finalized 31 days after their admission to the licensee. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01630		
01640 SS=F	144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to (a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan. (b) The service plan and any revisions must include a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on	01640		

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01640	Continued From page 79 resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities. (c) The facility must implement and provide all services required by the current service plan. (d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable. (e) Staff providing services must be informed of the current written service plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the service plan was finalized and included a signature or other authentication by the resident and the facility within 14 calendar days after the date services were first provided 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: R1 admitted to the licensee and began receiving assisted living services on November 17, 2022. R1's diagnoses included anxiety disorder and	01640		

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01640	Continued From page 80 paranoid schizophrenia. On August 20, 2024, at 7:43 a.m., via email, the surveyor requested for R1's admission service plan and R1's most recent signed service plan. On August 20, 2024, at 11:54 a.m., via email, the surveyor made a second request for R1's admission service plan and R1's most recent signed service plan. R1's Service Plan Agreement signed December 18, 2022, indicated the licensee provided the following services to R1: verbal medication reminders once daily, congregate meal preparation three meals per day and two snacks per day, personal laundry once daily, housekeeping once daily, shopping once weekly, individual staff ratio 1:1 one time daily, manage anxiety one time daily, manage repetitive behavior one time daily, manage agitation one time daily, manage verbal aggression one time daily, and manage property destruction one time daily. The licensee provided no other service plans for R1. On August 23, 2024, at approximately 10:00 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated they believed they had 14 days to execute the contract/service plan for R1 and stated they did not get it done in time because, "[R1] is stubborn, [and] I have to go with his flow and behavior." R1's service plan was finalized 31 days after their admission to the licensee. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one	01640		

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01640	Continued From page 81 (21) days	01640		

Minnesota Department of Health

625 North Robert Street
Saint Paul, MN
651-201-5000

Type: Full
Date: *08/21/24*
Time: 11:00:00
Report: 8087241196

Food and Beverage Establishment Inspection Report

Location:
St John Home Care Llc
14312 Rockford Road
Plymouth, MN55446
Hennepin County, 27

Establishment Info:
ID #: 0037587
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 9523001067
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.

2-100 Supervision

2-102.12AMN

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

THERE IS NO FULL TIME STATE CERTIFIED FOOD PROTECTION MANAGER AT THE ESTABLISHMENT. HIRE A FULL TIME EMPLOYEE OR TRAIN AN EXISTING FULL TIME EMPLOYEE AND APPLY FOR THE STATE CERTIFIED FOOD PROTECTION MANAGER CERTIFICATE.

Comply By: 10/01/24

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

INSPECTION CONDUCTED IN THE PRESENCE OF STATE EVALUATIONS SUPERVISOR CASEY DEVRIES

FLOORS AND CABINETS ARE HARDWOOD AND CEILING DOES NOT APPEAR TO BE DURABLE, SMOOTH IN TEXTURE OR EASILY CLEANABLE. ALL ARE FOUND TO BE IN POOR CONDITION AND WILL BE MONITORED AT FUTURE INSPECTIONS. IF AT SUCH A TIME THEY ARE FOUND TO BE A CONCERN OR RISK OF CONTAMINATION, THEY WILL BE ORDERED TO BE REPLACED AND BROUGHT UP TO CODE.

IT DOES NOT APPEAR THAT ANY RESIDENTS HAVE BEEN LIVING AT THE HOUSE FOR SOME TIME. THE APPLIANCES ARE OFF AND APPEAR THEY HAVE BEEN NEGLECTED AS EVIDENCED BY THE PRESENCE OF DIRT AND MOLD IN THE STAND UP REFRIGERATOR AND CHEST FREEZER.

INSPECTION REPORT EMAILED TO STATE EVALUATIONS SUPERVISOR CASEY DEVRIES AND OWNER JOY.

Food and Beverage Establishment Inspection Report

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

I acknowledge receipt of the Minnesota Department of Health inspection report number 8087241196 of 08/21/24.

Certified Food Protection Manager:_____

Certification Number: _____ Expires: / /

Inspection report reviewed with person in charge and emailed.

Signed:_____
JOY
OWNER

Signed:_____
John Boettcher
Public Health Sanitarian 3
St. Paul, MN / Freeman
651-201-5076
john.boettcher@state.mn.us