STATE LICENSING COMPLIANCE REPORT

Report #: HL356702200C

Date Concluded: January 10, 2024

Name, Address, and County of Facility Investigated:

Global Alliance Home Health
4833 Winnetka Ave N
Crystal, MN 55428
Hennepin County

Facility Type: Assisted Living Facility (ALF)

Evaluator's Name: Lori Pokela R.N.
Special Investigator

The Minnesota Department of Health conducted a complaint investigation to determine compliance with state laws and rules governing the provision of care under Minnesota Statutes, Chapter 144G. The purpose of this complaint investigation was to review if facility policies and practices comply with applicable laws and rules. No maltreatment under Minnesota Statutes, Chapter 626 was alleged.

To view a copy of the correction orders, if any, please visit: https://www.health.state.mn.us/facilities/regulation/directory/provcompselect.html, or call 651-201-4201 to be provided a copy via mail or email. If you are viewing this report on the MDH website, please see the attached state form.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35670	A. BUILDING: _____ B. WING _____	C 01/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLOBAL ALLIANCE HOME HEALTH	4833 WINNETKA AVENUE NORTH CRYSTAL, MN 55428

(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****** HOME CARE PROVIDER/ASSISTED LIVING PROVIDER CORRECTION ORDER In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a complaint investigation. Determination of whether a violation is corrected requires compliance with all requirements provided at the statute number indicated below. When a Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: #HL356702200C On January 5, 2024, the Minnesota Department of Health conducted a complaint investigation at the above provider, and the following correction order is issued. At the time of the complaint investigation, there were four residents receiving services under the provider's Assisted Living license. The following correction order is issued/orders are issued for # HL356702200C, tag identification 1880.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.	
01880 SS=F	144G.71 Subd. 19 Storage of medications An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access.	01880		

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01880	Continued From page 1 This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure prescription insulin medications were not stored according to manufacturer's directions when a medication refrigerator was not maintained at an acceptable temperature for storage of insulin. This had the potential to affect all resident's who received insulin medication. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: On January 5, 2024 at 12:48 p.m., during a facility tour, the investigator observed a medication refrigerator with the licensed assisted living director (LALD)-A, who was also a registered nurse (RN). The refrigerator contained the following medications: several empty boxes that were used to contain Lantus Insulin Pens, several boxes of unopened boxes of Lantus Insulin Pens, and two boxes of opened Lantus Insulin Pens, which had no open date indicated on the boxes. The refrigerator did not have a thermostat inside or outside of the unit and the medication refrigerator was kept in the locked nursing office. The investigator requested to review the last 30 days of temperature logs for the medication refrigerator.	01880		

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01880	Continued From page 2 During an interview on January 5, 2024, at 12:48 p.m., the licensed assisted living director, (LALD)-A stated the facility did not monitor the temperature of the medication refrigerator at any time and did not have a log of the refrigerator's temperatures. The manufacturer's instructions for Lantus Insulin Pens, dated January 2021, indicated unopened pens should be stored in the refrigerator between 36 to 46 degrees F and should not be frozen. The licensee's undated Medication Storage Policy indicated: proper storage guidelines will be identified and documented, medication storage areas will be inspected at least every ninety days or more often as needed. Storage requirements will be clearly visible on the medication packaging. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01880		