Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

December 15, 2023

Licensee
Goldstar Residential Services
7239 3rd Avenue South
Richfield, MN 55423

RE: Project Number(s) SL36232015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on December 1, 2023, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, the MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

The MDH concludes the licensee is in substantial compliance. State law requires the facility must take action to correct the state correction orders and document the actions taken to comply in the facility's records. The Department reserves the right to return to the facility at any time should the Department receive a complaint or deem it necessary to ensure the health, safety, and welfare of residents in your care.

STATE CORRECTION ORDERS
The enclosed State Form documents the state correction orders. The MDH documents state licensing correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Assisted Living Facilities. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute number and the corresponding text of the state statute out of compliance are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by . . ."

In accordance with Minn. Stat. § 144G.31 Subd. 4, MDH may assess fines based on the level and scope of the violations; **however, no immediate fines are assessed for this survey of your facility**.

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

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the resident(s)/employee(s) identified in the correction order.
- Identify how the area(s) of noncompliance was corrected for all of the provider's resident(s)/employees that may be affected by the noncompliance.
- Identify what changes to your systems and practices were made to ensure compliance with the specific statute(s).

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

Please email reconsideration requests to: **Health.HRD.Appeals@state.mn.us**. Please attach this letter as part of your reconsideration request. Please clearly indicate which tag(s) you are contesting and submit information supporting your position(s).

Please address your cover letter for reconsideration requests to:

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

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

If you have any questions, please contact me.

Sincerely,

Jessica Chenze

Jessie Chenze, Supervisor
State Evaluation Team
Email: jessie.chenze@state.mn.us
Telephone: 218-332-5175 Fax: 1-866-890-9290

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36232	A. BUILDING: _____ B. WING _____	12/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDSTAR RESIDENTIAL SERVICES	7239 3RD AVENUE SOUTH RICHFIELD, MN 55423

(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: SL#36232015 On November 27, 2023, through December 1, 2023, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were 2 active residents receiving services under the Assisted Living 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 License Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3.	
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements (13) offer to provide or make available at least the	0 480		

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0 480	Continued From page 1 following services to residents: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated November 28, 2023, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection. TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		
0 490 SS=F	144G.41 Subd 1 (13) (ii)-(vii) Minimum requirements (iv) upon the request of the resident, provide direct or reasonable assistance with arranging for transportation to medical and social services	0 490		

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0 490	Continued From page 2 appointments, shopping, and other recreation, and provide the name of or other identifying information about the persons responsible for providing this assistance; (v) upon the request of the resident, provide reasonable assistance with accessing community resources and social services available in the community, and provide the name of or other identifying information about persons responsible for providing this assistance; (vi) provide culturally sensitive programs; and (vii) have a daily program of social and recreational activities that are based upon individual and group interests, physical, mental, and psychosocial needs, and that creates opportunities for active participation in the community at large; and This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to have daily programs of social and recreational activities based on individual and group interests, physical, mental, and psychosocial needs. This had the potential to affect all residents of the facility. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: During the facility tour on November 27, 2023, at 1:15 p.m., with licensed assisted living director	0 490		

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0 490	Continued From page 3 (LALD)-A, no activity calendar was observed posted in the facility. LALD-A stated the activity calendar was located in RTasks (web based electronic health record system). On November 28, 2023, at 12:42 p.m., LALD-A printed the activity calendar from RTasks dated July 3, 2022, through July 9, 2022. LALD-A stated there was not an up to date activity calendar and the activities repeated weekly. LALD-A stated the activity calendar was not posted or provided to the residents. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 490		
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness (a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must	0 680		

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0 680	Continued From page 4 make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop a written emergency preparedness plan (EPP) with all the required content. This had the potential to affect all residents, staff, and visitors of the facility. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety), 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's undated Emergency Preparedness Manual did not include the following: -documentation of an annual review of the licensee's EPP; -a quarterly review of the missing resident policy; -development of policies/procedures to address: - procedure for tracking staff and residents; - subsistence needs for staff and residents during an emergency to include (sewer and waste disposal); - emergency staffing strategies to include volunteers;	0 680		

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0 680	Continued From page 5 -a communication plan that included a primary and alternate means of communicating with: facility, staff and Federal, State, tribal, regional and local emergency management agencies. On November 29, 2023, at 10:40 a.m., licensed assisted living director (LALD)-A stated she was responsible for developing and maintaining the licensee's EPP and stated she was not aware of all the required content for the Emergency Preparedness: Appendix Z of the State Operations Manual (SOM). The licensee's Emergency Preparedness plan undated, indicated the facility would have an identified plan in place to assure the safety and well-being of residents and staff during periods of an emergency or disaster that disrupts services. The EPP would be reviewed/updated at least annually. The licensee's Missing Resident policy dated July 25, 2021, indicated the missing resident procedure would be reviewed by the Director and Clinical Nurse Supervisor at least quarterly. Changes to the plan would would be documented. Per Assisted Living Facilities: Minnesota Rules Chapter 4659, 4659.0110, Subp. 4. Review missing resident plan. The assisted living director and clinical nurse supervisor must review the missing person plan at least quarterly and document any changes to the plan. Per Assisted Living Facilities: Minnesota Rules Chapter 4695, 4659.0100, sections A and B, assisted living facilities shall comply with the federal emergency preparedness regulations for	0 680		

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0 680	Continued From page 6 long-term care facilities under Code of Federal Regulations, title 42, section 483.73, or successor requirements. This part references documents, specifications, methods, and standards in "State Operations Manual Appendix Z - Emergency Preparedness for All Providers and Certified Supplier Types: Interpretive Guidance," which is incorporated by reference. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 680		
0 690 SS=D	144G.43 Subdivision 1 Resident record (a) Assisted living facilities must maintain records for each resident for whom it is providing services. Entries in the resident records must be current, legible, permanently recorded, dated, and authenticated with the name and title of the person making the entry. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to maintain records for one of one resident (R1) to include authentication of documentation with the date, name, and title of the person completing the resident Assisted Living Contract. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or	0 690		

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0 690	Continued From page 7 a limited number of staff are involved or the situation has occurred only occasionally). The findings include: R1's diagnoses included mild intellectual disabilities, seizure disorder, bipolar, autism spectrum disorder and anxiety. R1's Assisted Living Contract dated August 20, 2023, did not include authentication of the date, name, and title of the person completing the assisted living contract. On November 27, 2023, at 3:30 p.m., the evaluator observed licensed assisted living director (LALD)-A administering R1's afternoon medications. On November 28, 2023, at 10:21 a.m., LALD-D reviewed R1's Assisted Living Contract and stated she was focused on getting the signature of R1's representative and she forgot to sign the contract. The licensee's Clinical Records policy dated July 25, 2021, all entries into the clinical record would be eligible, permanently recorded in ink, dated, and authenticated with the name and title of the person making the entry. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 690		
0 790 SS=F	144G.45 Subd. 2 (a) (2)-(3) Fire protection and physical environment	0 790		

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0 790	Continued From page 8 (2) install and maintain portable fire extinguishers in accordance with the State Fire Code; (3) install portable fire extinguishers having a minimum 2-A:10-B:C rating within Group R-3 occupancies, as defined by the State Fire Code, located so that the travel distance to the nearest fire extinguisher does not exceed 75 feet, and maintained in accordance with the State Fire Code; and This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide current tags and documentation of annual and monthly inspections of all the fire extinguishers. 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 safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: On a facility tour on November 30, 2023, at 9:30 a.m., with licensed assisted living director (LALD)-A, survey staff observed the fire extinguishers throughout the facility did not have current tags or documentation to indicate annual and monthly inspections had been performed as	0 790		

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0 790	Continued From page 9 required. Annual and monthly inspections of the fire extinguishers are required to ensure that all systems are maintained and remain in working order. On November 30, 2023, at 9:30 a.m., LALD-A confirmed the fire extinguishers were not inspected. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 790		
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	0 810		

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0 810	Continued From page 10 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 activation is not required to initiate the evacuation drill. This MN Requirement is not met as evidenced by: Based on a record review and interview, the licensee failed to develop a fire safety and evacuation plan with required elements. This had the potential to affect all staff, residents, 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: On December 1, 2023, at 9:45 a.m., licensed assisted living director (LALD)-A provided documents on the fire safety and evacuation plan, fire safety and evacuation training, and evacuation drills for the facility. Record review of the available documentation indicated the evacuation plan did not include complete procedures for residents' movement, evacuation, and relocation during a fire or similar	0 810		

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0 810	Continued From page 11 emergency including the identification of unique or unusual resident needs for movement or evacuation. During interview on December 1, 2023, at 9:45 a.m., LALD-A verified the fire safety and evacuation plan lacked procedures for resident evacuation and relocation. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	0 810		
0 970 SS=C	144G.50 Subd. 5 Waivers of liability prohibited The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract did not include language waiving the facility's liability for health, safety, or personal property of a resident. This had the potential to affect all residents. 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	0 970		

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0 970	Continued From page 12 or has the potential to affect a large portion or all the residents). The findings include: The licensee's Rental Agreement dated 2021, section Miscellaneous Provisions, Insurance Liability and Release indicated the following: The Resident shall maintain at all times his or her own health, personal property, liability, automobile (if applicable), and other insurance coverage and shall provide evidence of same by copies of binders or policies provided to the licensee upon request. The resident acknowledges that licensee is not an insurer of the resident's person or property. The resident agrees that the licensee would not be liable to the resident for any personal injury or property damage (including, without limitation, damage to, or loss or theft of, automobiles or personal property of resident) suffered by the resident or the resident's agents, guests or invitees, unless and to the extent that the injury or damage is caused by the negligence of the licensee or its employees or agents. The resident hereby releases the licensee from liability for any personal injury or property damage suffered by the resident ... unless caused by the negligence of the licensee or its employees or agents. On November 28, 2023, at 10:21 a.m., licensed assisted living director (LALD)-A stated the licensee's Assisted Living contract was a template and used for residents. LALD-A reviewed the licensee's Assisted Living contract content noted above and stated she did not feel the contract language was waiving the licensee's liability and was interpretive by the reader. No further information was provided.	0 970		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36232	A. BUILDING: _____ B. WING _____	12/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDSTAR RESIDENTIAL SERVICES	7239 3RD AVENUE SOUTH RICHFIELD, MN 55423

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0 970	Continued From page 13 TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 970		
01760 SS=D	144G.71 Subd. 8 Documentation of administration of medication Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were administered as prescribed 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, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).	01760		

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01760	Continued From page 14 The findings include: R1's diagnoses included mild intellectual disabilities, seizure disorder, bipolar, autism spectrum disorder and anxiety. R1's Service Plan Addendum dated August 20, 2021, indicated R1 received medication management services which included medication administration. R1's prescriber orders dated September 8, 2023, included an order for: -lithium 300 milligrams (mg) one capsule three times a day with meals (used to treat seizure disorder); and -fluticasone nasal spray 50 micrograms (mcg) two sprays in each nostril daily (used to treat allergy symptoms). R1's Medication Administration Records Summary dated October 1, 2023, through November 28, 2023, included lithium carbonate 300 mg one capsule three times a day with meals; however, did not include fluticasone nasal spray 50 mg two sprays in each nostril as prescribed. On November 27, 2023, at 3:30 p.m. the surveyor observed licensed assisted living director (LALD)-A administer R1's medications to include lithium 300 mg one capsule to be given with food. R1 was in the kitchen taking on the phone at the time of the medications administration. LALD-A provided R1 with a bottle of water; however, LALD-D did not offer or encourage R1 to have a food when taking his lithium as prescribed. On November 28, 2023, at 8:02 a.m., the surveyor observed LALD-A administer R1's	01760		

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	36232	A. BUILDING: _____ B. WING _____	12/01/2023

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01760	Continued From page 15 medications to include lithium 300 mg one capsule to be given with food. R1 was in bed asleep, LALD-A woke R1, handed R1 his medications, instructed R1 to drink plenty of water, then LALD-A stated R1 could go back to sleep after taking his medications. LALD-A did not offer or encourage R1 to have food when taking his lithium as prescribed. LALD-A did not administer R1's fluticasone nasal spray as prescribed. On November 28, 2023, at 10:21 a.m., LALD-A stated she did not provide food when administering R1's lithium. LALD-A stated R1 did not always get up in the morning and eat breakfast when his medications were due and R1 sometimes would become agitated when encouraging R1 to have food with his medications. LALD-A stated R1's fluticasone nasal spray was not R1's October and November's 2023, MAR and was put on hold by the licensee's registered nurse. LALD-A stated R1 had a virtual appointment with his provider that day and planned to request R1's fluticasone nasal spray to be ordered as needed instead of daily. LALD-A stated R1's record did not include documentation R1 was refusing to use the nasal spray, the registered nurse put the nasal spray on hold, or the provider had been updated. On November 28, 2023, at 11:25 a.m., clinical nurse supervisor (CNS)-B stated she had put R1's fluticasone nasal spry on hold a few months. CNS-B stated R1 had a follow up appointment scheduled later that day and planned to request to have R1's fluticasone nasal spray prescribed as needed instead of daily. CNS-B stated she should have documented in R1's record R1's nasal spray was put on hold and notified the prescriber.	01760		

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01760	Continued From page 16 On November 29, 2023, at 8:39 a.m., LALD-A provided the surveyor an new prescription order dated November 28, 2023, changing R1's fluticasone nasal spray from daily to daily as needed. The licensee's Medication Orders dated July 25, 2021, indicated the licensee would administer medications as prescribed by the authorized prescriber. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760		
01910 SS=D	144G.71 Subd. 22 Disposition of medications (a) Any current medications being managed by the assisted living facility must be provided to the resident when the resident's service plan ends or medication management services are no longer part of the service plan. Medications for a resident who is deceased or that have been discontinued or have expired may be provided for disposal. (b) The facility shall dispose of any medications remaining with the facility that are discontinued or expired or upon the termination of the service contract or the resident's death according to state and federal regulations for disposition of medications and controlled substances. (c) Upon disposition, the facility must document in the resident's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other	01910		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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01910	Continued From page 17 individuals involved in the disposition. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to document in the resident's record the required content on disposition of the medications for one of one resident (R3) upon discharge. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: R3 was admitted on August 1, 2023, and discharged on October 28, 2023. R3's diagnoses included schizophrenia, asthma (a lung disease causing difficulty breathing) and bronchospasms (tightening airways of the lungs). R3's prescriber orders dated October 6, 2023, included the following medications. -Advair Diskus 500/50 micrograms (mcg) inhaler one puff twice a day for asthma; and -Ventolin Hfa 90 mcg inhaler one to two puffs every four to six hours as needed for bronchospasms. R3's Discharge-Transfer Summary dated October 28, 2023, indicated R3 received medication management services.	01910		

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01910	Continued From page 18 R3's discharge note dated October 28, 2023, indicated all of R3's medications were given to R3 on October 28, 2023, upon discharge. R3's record lacked the required content to include the name, strength, prescription numbers of the medication, and quantity dispensed to R3 at the time of discharge. On November 28, 2023, at 12:39 p.m., licensed assisted living director (LALD)-A stated R3's record indicated all of R3's medications were given to R3 and was unaware of the required content needed when documenting the disposition of medications. The licensee's Disposition and Disposal of Medications policy dated July 25, 2021, indicated upon disposition, the license would document the following information in the clinical record to include the name, strength, prescription number of medication, as applicable, quantity, date of disposition, names/signatures of staff involved in the disposition, and to whom the medications were given to. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01910		

Minnesota Department of Health
Food, Pools, & Lodging Services
P.O. Box 64975
St. Paul, MN 55164-0975
651-201-4500

Type: Full
Date: *11/28/23*
Time: 11:30:00
Report: 8041231383

Food and Beverage Establishment Inspection Report

Location:
Goldstar Residential Services
7239 3rd Avenue South
Richfield, MN55423
Hennepin County, 27

Establishment Info:
ID #: 0039092
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 6123581196
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.

2-200 Employee Health

2-201.11C ***** Priority 1 *****

MN Rule 4626.0040C The person in charge must record all reports of diarrhea or vomiting made by food employees and report those illnesses to the regulatory authority.

NO EMPLOYEE ILLNESS LOG ON SITE. EXCLUSION AND LOGGING REQUIREMENTS REVIEWED. MDH LOG FORM SENT WITH REPORT.

Comply By: 11/28/23

4-100 Equipment Construction Materials

4-101.17

MN Rule 4626.0490 Discontinue using wood and wood wicker as a food contact surface.

WOOD CUTTING BOARD USED TO CUT PRODUCE. DISCUSSED PROVIDING A CUTTING BOARD THAT IS SMOOTH AND EASILY CLEANABLE.

Comply By: 11/28/23

Food and Equipment Temperatures

Process/Item: Cold Holding
Temperature: 39 Degrees Fahrenheit - Location: whirlpool refrigerator: milk
Violation Issued: No

Process/Item: Cold Holding
Temperature: 41 Degrees Fahrenheit - Location: whirlpool refrigerator: cheese
Violation Issued: No

Process/Item: Cooking
Temperature: 200 Degrees Fahrenheit - Location: stove: ground beef
Violation Issued: No

Type: Full
Date: *11/28/23*
Time: 11:30:00
Report: 8041231383
Goldstar Residential Services

Food and Beverage Establishment Inspection Report

Process/Item: Cooking
Temperature: 198 Degrees Fahrenheit - Location: stove: pasta
Violation Issued: No

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

Inspection was completed with the Director, Kaha Mursal. Sativa Bushey was the lead Health Regulation Division Nurse Evaluator. Facility had two residents on site at time of inspection. Meals are prepared on site.

This establishment has a residential kitchen. Food must be prepared for same day service only. The kitchen has wood cabinets with a hollow base and wood flooring. All found to be in good condition.

A two basin sink is located in the kitchen with one basin designated for handwashing. Frigidaire dish machine was tested using thermal label and had a utensil surface temperature of at least 160F.

Discussed the following:
-Employee illness policy and logging requirements
-Handwashing
-Glove-use and bare hand contact
-Food storage and preventing cross contamination
-Date marking
-Vomit clean up procedures
-Restrictions concerning serving a highly susceptible population

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 8041231383 of 11/28/23.

Certified Food Protection Manager: Kaha Mohamud Mursal

Certification Number: fm107201 Expires: 07/22/24

Inspection report reviewed with person in charge and emailed.

Signed: _____
Kaha Mursal
Director

Signed: Sarah Conboy
Sarah Conboy
Public Health Sanitarian III
651-201-3984
sarah.conboy@state.mn.us