



*Protecting, Maintaining and Improving the Health of All Minnesotans*

## **NOTICE OF REMOVAL OF CONDITIONAL LICENSE**

Electronic Delivery

December 18, 2023

Licensee

Amran Home Health Care LLC  
3228 Columbus Avenue South  
Minneapolis, MN 55407

RE: License Number 414535  
Health Facility Identification Number (HFID) 36732  
Project Number(s) SL36732015

Dear Licensee:

On November 30, 2023, The Minnesota Department of Health (MDH) completed a follow-up survey of your facility to determine correction of orders found on the survey completed November 30, 2023. The follow-up survey found the facility to be in substantial compliance. Based on these findings, the condition(s) on the license were removed effective December 12, 2023.

The Department of Health 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.

Furthermore, the follow-up survey determined your facility had not corrected all of the state correction orders issued pursuant to the November 30, 2023 initial survey.

In accordance with Minn. Stat. § 144G.31, Subd. 4 (a), state correction orders issued pursuant to the last survey completed on November 30, 2023, found not corrected at the time of the follow-up survey:

**1760-Documentation Of Administration Of Medication-144g.71 Subd. 8**  
**1940-Individualized Treatment Or Therapy Managemen-144g.72 Subd. 3**

The details of the violations noted at the time of this follow-up survey completed on November 30, 2023 (listed above), are on the attached State Form. Brackets around the ID Prefix Tag in the left hand column, e.g., {2 ----} will identify the uncorrected tags.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, no immediate fines are assessed.

### **DOCUMENTATION OF ACTION TO COMPLY**

Per 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.

To submit a reconsideration 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/or state form with your organization's Governing Body.

Sincerely,

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

Maria King, RN  
**Division Director**

**Minnesota Department of Health  
Health Regulation Division**

HHH



Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>36732</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                    |                          | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>11/30/2023</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMRAN HOME HEALTH CARE LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3228 COLUMBUS AVENUE SOUTH<br/>MINNEAPOLIS, MN 55407</b>                     |                          |                                                                 |
| (X4) ID<br>PREFIX<br>TAG                                              | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ID<br>PREFIX<br>TAG                                                    | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |                                                                 |
| {0 000}                                                               | Initial Comments<br><br>*****ATTENTION*****<br><br>ASSISTED LIVING PROVIDER LICENSING<br>CORRECTION ORDER<br><br>In accordance with Minnesota Statutes, section<br>144G.08 to 144G.95, this correction order(s) has<br>been issued pursuant to a survey.<br><br>Determination of whether a violation has been<br>corrected requires compliance with all<br>requirements provided at the Statute number<br>indicated below. When Minnesota Statute<br>contains several items, failure to comply with any<br>of the items will be considered lack of<br>compliance.<br><br>INITIAL COMMENTS:<br>SL36732015-1<br><br>On November 27 through November 30, 2023,<br>the Minnesota Department of Health conducted a<br>revisit at the above provider to follow-up on<br>orders issued pursuant to a survey completed on<br>August 11, 2023. At the time of the survey, there<br>were two (2) active residents, all of whom<br>received services under the Assisted Living<br>license. As a result of the revisit, the following<br>orders were reissued. | {0 000}                                                                |                                                                                                                          |                          |                                                                 |
| {0 480}<br>SS=F                                                       | 144G.41 Subd 1 (13) (i) (B) Minimum<br>requirements<br><br>(13) offer to provide or make available at least the<br>following services to residents:<br>(B) food must be prepared and served according<br>to the Minnesota Food Code, Minnesota Rules,<br>chapter 4626; and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | {0 480}                                                                |                                                                                                                          |                          |                                                                 |

Minnesota Department of Health

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

TITLE

(X6) DATE



Minnesota Department of Health

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| {0 480}                                                               | Continued From page 1<br><br>This MN Requirement is not met as evidenced by:<br>No further action required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | {0 480}                                                                |                                                                                                                          |  |                                                                 |
| {01760}<br>SS=D                                                       | <b>144G.71 Subd. 8 Documentation of administration of medication</b><br><br>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.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview and record review, the licensee failed to ensure medications were administered per providers orders for one of two residents (R2).<br><br>This practice resulted in a level two violation (a violation that did not harm a client'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}                                                                |                                                                                                                          |  |                                                                 |



Minnesota Department of Health

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| {01760}                                                               | <p>Continued From page 2</p> <p>The findings include:</p> <p>On July 27, 2023, a provider's signed prescription order indicated R2 was to take Metformin ER 500 mg daily with evening meals.</p> <p>R2's diagnosis included Type 2 diabetes.</p> <p>R2's service plan dated October 24, 2023, indicated R2 received assistance with medication management.</p> <p>R2's medication administration record (MAR) indicated R2 received the following medications from November 1st- November 29th, 2023:</p> <ul style="list-style-type: none"><li>-propranolol 60 milligrams (mg) used for high blood pressure</li><li>-losartan potassium 50 mg (used for high blood pressure)</li><li>-tamsulosin 0.4 mg (used for urinary difficulty)</li><li>-atorvastatin 20 mg (used for high cholesterol)</li><li>-aspirin 81 mg (used to prevent heart attack or stroke)</li><li>-Vitamin D 50 mg (supplement)</li></ul> <p>Metformin 500 mg was not included on the MAR and R2's record lacked evidence of Metformin being discontinued.</p> <p>On November 29, 2023, at 10:15 a.m., LALD-A stated R2 went to the clinic in August and the provider "verbally" discontinued the Metformin.</p> <p>On November 29, 2023, at 12:20 p.m., clinical nurse supervisor (CNS)-E stated the Metformin had been verbally discontinued at R2's last provider visit on August 15, 2023, but she had "not talked to his provider yet."</p> <p>The licensee's Physician Orders policy dated</p> | {01760}                                                                |                                                                                                                          |  |                                                                 |



Minnesota Department of Health

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| {01760}                                                               | Continued From page 3<br><br>October 31, 2023, indicated the licensee would administer medications as prescribed and maintain a current written or electronically recorded prescription for all medications. The policy further indicated verbal orders would be received by a nurse.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Two (2) days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | {01760}                                                                |                                                                                                                          |  |                                                                 |
| {01940}<br>SS=D                                                       | 144G.72 Subd. 3 Individualized treatment or therapy managemen<br><br>For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following:<br>(1) a statement of the type of services that will be provided;<br>(2) documentation of specific resident instructions relating to the treatments or therapy administration;<br>(3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel;<br>(4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and<br>(5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and | {01940}                                                                |                                                                                                                          |  |                                                                 |



Minnesota Department of Health

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| {01940}                                                               | <p>Continued From page 4</p> <p>therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to develop and implement a treatment or therapy management plan to include all required content for one of two residents (R2).</p> <p>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).</p> <p>The findings include:</p> <p>R2's diagnosis included chronic hypertension and Type 2 diabetes.</p> <p>A provider's signed prescription (prescriber) order dated March 15, 2023, indicated R2 was to use an accu-check guide with device daily (device used to check blood sugar) and an order dated July 27, 2023, indicated R2 was to use a FreeStyle Libre 14-day sensor (a continuous blood sugar monitoring system worn on the upper arm and read by scanning the sensor with a smartphone).</p> <p>R2's record lacked documented evidence of R2's</p> | {01940}                                                                |                                                                                                                          |  |                                                                 |



Minnesota Department of Health

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| {01940}                                                               | <p>Continued From page 5</p> <p>blood sugar monitoring being discontinued. R2's record further lacked a treatment or therapy management plan to include the following:</p> <p>(1) a statement of the type of services that would be provided;</p> <p>(2) documentation of specific resident instructions relating to the treatments or therapy administration;</p> <p>(3) identification of treatment or therapy tasks that would be delegated to unlicensed personnel;</p> <p>(4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arose with treatments or therapy services; and</p> <p>(5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed and monitoring of treatment or therapy to prevent possible complications or adverse reactions.</p> <p>On November 29, 2023, at 12:20 p.m., clinical nurse supervisor (CNS)-E stated there was not a prescriber order that discontinued blood sugar monitoring for R2. CNS-E further stated R2 "always refuses his blood sugar checks," so she had not develop a treatment or therapy management plan.</p> <p>The licensee's 7.05 Treatment &amp; Treatment Management Plan dated November 30, 2023, indicated the licensee would develop and maintain a current individualized treatment and therapy management record with all the required content.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p> | {01940}                                                                |                                                                                                                          |  |                                                                 |



Minnesota Department of Health

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|                                                                       |                                                                                                                              |                                                                                                      |                                                                                                                          |  |                                                                    |





*Protecting, Maintaining and Improving the Health of All Minnesotans*

## NOTICE OF CONDITIONAL LICENSE

Electronically Delivered

September 13, 2023

Licensee

Amran Home Health Care LLC  
3228 Columbus Avenue South  
Minneapolis, MN 55407

RE: Conditional License Number 408017  
Health Facility Identification Number (HFID) 36732  
Project Number(s) SL36732015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on August 11, 2023, 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 12, 2023**.

### 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.

In accordance with Minn. Stat. § 144G.31, Subd. 4 (a)(5), MDH may impose fine amounts of either \$1,000 or \$5,000 to licensees who are found to be responsible for maltreatment.

MDH may impose a fine of \$1,000 for each substantiated maltreatment violation that consists of abuse, neglect, or financial exploitation according to Minn. Stat. § 626.5572, Subds. 2, 9, 17. MDH also may impose a fine of \$5,000 for each substantiated maltreatment violation consisting of sexual assault, death, or abuse resulting in serious injury.

In accordance with Minn. Stat. § 144G.31, Subd. 4 (b), when a fine is assessed against a facility for substantiated maltreatment, the commissioner shall not also impose an immediate fine under this chapter for the same circumstance.

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 \$12,000.00. **MDH is not imposing these fines against your license at this time.**

**St - 0 - 0495 - 144g.41 Subd. 1 (14) - Minimum Requirements - \$3,000.00**

**St - 0 - 0720 - 144g.43 Subd. 2 - Access To Records - \$3,000.00**

**St - 0 - 1730 - 144g.71 Subd. 5 - Individualized Medication Management Plan - \$3,000.00**

**St - 0 - 1760 - 144g.71 Subd. 8 - Documentation Of Administration Of Medication - \$3,000.00**

#### **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 within the time period 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.

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

### 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 MDH 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. Requests for hearing may be emailed to: **Health.HRD.Appeals@state.mn.us**.

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.

### CONDITIONAL LICENSE ISSUED:

MDH will issue Amran Home Health 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 Amran Home Health Care LLC is in substantial compliance.

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

- a. **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.



- b. No new admissions:** Amran Home Health Care LLC will not admit any new residents under its conditional assisted living facility license until MDH removes the “no new admissions” condition. Amran Home Health Care LLC must provide the Department:

  - i. A list of the names and birthdates of any individuals Amran Home Health 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
- c. Consultant:** Amran Home Health Care LLC will contract with an RN to provide consultation concerning all resident(s) to whom Amran Home Health Care LLC provides licensed assisted living services under the conditional license. The consultant must have access to all resident(s) receiving services from Amran Home Health 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. The RN must not have any affiliation with Amran Home Health Care LLC and MDH must review the RN’s credentials and approve the selection. Amran Home Health Care LLC is responsible for the expense of the contract with the RN. The main purpose of the consultant is to provide guidance to Amran Home Health Care LLC in an effort to help Amran Home Health 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. Amran Home Health 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.
- d. 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 Amran Home Health Care LLC and the RN consultant about a change. Each report will be electronically submitted to Jonathan Hill, Survey Supervisor, State Evaluation Team, Health Regulation Division, at jonathan.hill@state.mn.us. Jonathan Hill



can be reached at 651-201-3993 (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).
- e. **Monitoring visits:** MDH may make unannounced monitoring visits to assess the progress of Amran Home Health Care LLC to correct the violations cited during the survey as well as to determine the overall practice of Amran Home Health 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.
- f. **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.
- g. **Corrective Action Plan:** Amran Home Health 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 Amran Home Health 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 Amran Home Health Care LLC is in substantial compliance on the follow up survey, MDH will remove the conditions from Amran Home Health Care LLC's assisted living facility license, and Amran Home Health Care LLC will correct violations identified during the survey to come into substantial compliance. If MDH determines Amran Home Health Care LLC is not in substantial compliance, MDH may take additional enforcement action against Amran Home Health Care LLC, including placement of additional conditions, issuing an extension to the conditional license, or employ any of the enforcement tools listed in Minn. Stat. § 144G.20 up to and including immediate temporary suspension and revocation.

**REQUESTING A HEARING:**

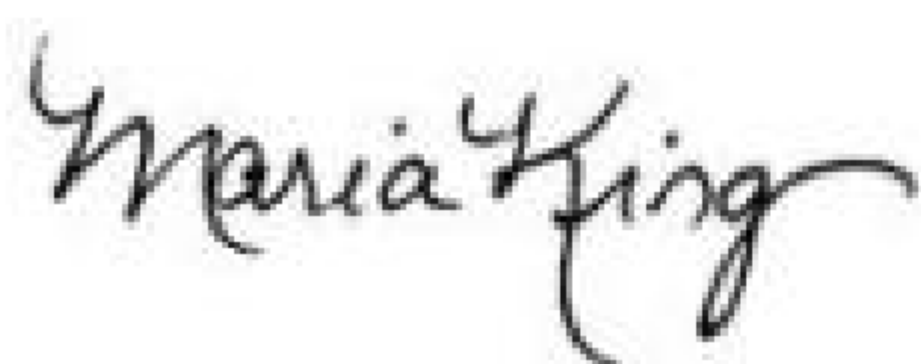
Pursuant to Minn. Stat. §144G.20, Subd. 18, the licensee may appeal an action against the license under this section. The licensee must request a hearing no later than 15 business days after licensee receives notice of the action. The request for hearing should be addressed to:

Reconsideration Unit  
Health Regulation Division  
Minnesota Department of Health  
P.O. Box 64970  
85 East Seventh Place  
St. Paul, MN 55164-0970  
**Health.HRD.Appeals@state.mn.us**

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 Jonathan Hill directly at: 651-201-3993.

Sincerely,



Maria King, RN  
**Division Director**

**Minnesota Department of Health  
Health Regulation Division**

HHH



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMRAN HOME HEALTH CARE LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3228 COLUMBUS AVENUE SOUTH<br/>MINNEAPOLIS, MN 55407</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                     |
| (X4) ID<br>PREFIX<br>TAG                                              | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ID<br>PREFIX<br>TAG                                                    | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | (X5)<br>COMPLETE<br>DATE                            |
| 0 000                                                                 | <p>Initial Comments</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.</p> <p>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.</p> <p>INITIAL COMMENTS:<br/>SL36732015-0</p> <p>On August 7, 2023, through August 11th, 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 two (2) residents, all of whom received services under the provider's Assisted Living Facility license.</p> <p>On August 7, 2023, at approximately 6:00 p.m.an immediate correction orders were issued for tag numbers 0495 and 0720.</p> <p>On Agust 8, 2023, at 11:30 a.m. the immediacy of 0720 was removed, the scope and level remained the same..</p> <p>The immediacy of 0495 was not removed at the time of exit on August 11, 2023.</p> | 0 000                                                                  | <p>Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living license providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction.</p> <p>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.</p> <p>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 pursuant to 144G.31 Subd. 1, 2 and 3.</p> |  |                                                     |
| 0 250<br>SS=F                                                         | <p>144G.20 Subdivision 1 Conditions</p> <p>(a) The commissioner may refuse to grant a 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</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 0 250                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                     |

Minnesota Department of Health

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

TITLE

(X6) DATE



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMRAN HOME HEALTH CARE LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3228 COLUMBUS AVENUE SOUTH<br/>MINNEAPOLIS, MN 55407</b>                     |  |                                                     |
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| 0 250                                                                 | Continued From page 1<br><br>a conditional license if the owner, controlling individual, or employee of an assisted living facility:<br>(1) is in violation of, or during the term of the license has violated, any of the requirements in this chapter or adopted rules;<br>(2) permits, aids, or abets the commission of any illegal act in the provision of assisted living services;<br>(3) performs any act detrimental to the health, safety, and welfare of a resident;<br>(4) obtains the license by fraud or misrepresentation;<br>(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;<br>(6) denies representatives of the department access to any part of the facility's books, records, files, or employees;<br>(7) interferes with or impedes a representative of the department in contacting the facility's residents;<br>(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;<br>(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;<br>(10) destroys or makes unavailable any records or other evidence relating to the assisted living facility's compliance with this chapter;<br>(11) refuses to initiate a background study under section 144.057 or 245A.04;<br>(12) fails to timely pay any fines assessed by the | 0 250                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 250                                                                 | <p>Continued From page 2</p> <p>commissioner;<br/>(13) violates any local, city, or township ordinance relating to housing or assisted living services;<br/>(14) has repeated incidents of personnel performing services beyond their competency level; or<br/>(15) has operated beyond the scope of the assisted living facility's license category.<br/>(b) A violation by a contractor providing the assisted living services of the facility is a violation by the facility.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to show they had met the requirements of licensure, by attesting the managerial officials who were in charge of the day-to-day operations, had developed and/or implemented current policies and procedures, as required. This had the potential to affect all residents.</p> <p>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).</p> <p>The findings include:</p> <p>The licensee had an assisted living license issued on August 1, 2022, with an expiration date of November 30, 2023.</p> <p>On August 7, 2023, at 10:30 a.m., during the</p> | 0 250                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 250                                                                 | <p>Continued From page 3</p> <p>entrance conference, licensed assisted living director/owner (LALD)-A stated she was familiar with current assisted living regulations, and the licensee's policies and procedures were kept on a computer, which was locked in a room and inaccessible at the time of the conference.</p> <p>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]:</p> <ul style="list-style-type: none"><li>- 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.</li><li>- 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.</li><li>- Assisted Living Licensure statutes in Minn. Stat. chpt. 144G.</li><li>- Assisted Living Licensure rules in Minnesota Rules, chpt. 4659.</li><li>- Reporting of Maltreatment of Vulnerable Adults.</li><li>- Electronic Monitoring in Certain Facilities.</li><li>- I understand pursuant to Minn. Stat. sect. 13.04 Rights of Subjects of Data, the Commissioner will</li></ul> | 0 250                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| (X4) ID<br>PREFIX<br>TAG                                              | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ID<br>PREFIX<br>TAG                                                    | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                            |
| 0 250                                                                 | <p>Continued From page 4</p> <p>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.</p> <p>- 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.</p> <p>- 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.</p> | 0 250                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 250                                                                 | <p>Continued From page 5</p> <ul style="list-style-type: none"> <li>- 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.</li> <li>- 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.</li> </ul> <p>Application for Assisted Living License, page 5, was signed by LALD-A on May 18, 2021.</p> <p>The licensee failed to ensure the following policies and procedures were developed, and/or implemented, and kept current:</p> <ul style="list-style-type: none"> <li>- handling complaints regarding staff or services provided by staff</li> <li>- medication and treatment management</li> <li>- orientation, training, and competency evaluations of staff, and a process for evaluating staff performance, and</li> <li>- orientation to and implementation of the assisted living bill of rights.</li> <li>- conducting initial evaluations of residents' needs and the providers' ability to provide those services</li> <li>-conducting initial and ongoing resident evaluations and assessments of resident needs, including assessments by a RN or appropriate licensed health professional, and how changes in a resident's condition were identified, managed, and communicated to staff and other health care providers as appropriate</li> <li>- delegation of tasks by RN or licensed health professionals</li> </ul> | 0 250                                                                                                |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| 0 250                                                                 | Continued From page 6<br><br>- supervision of RN and licensed health professionals<br>- supervision of unlicensed personnel performing delegated tasks<br><br>As a result of this survey, the following orders were issued:, 0430, 0470, 0480, 0485, 0495, 0520, 0550, 0650, 0680, 0720, 0780, 0790, 0800, 0810, 0900, 0950, 1390, 1460, 1500, 1530, 1610, 1620, 1700, 1710, 1720, 1730, 1750, 1760, 1850, 1940 and 2240, indicating the licensee's policies and procedures were not developed, and/or implemented.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-One (21) days                                                                                                                                                                                          | 0 250                                                                  |                                                                                                                          |  |                                                     |
| 0 430<br>SS=C                                                         | 144G.40 Subd. 2 Uniform checklist disclosure of services<br><br>(a) All assisted living facilities must provide to prospective residents:<br>(1) a disclosure of the categories of assisted living licenses available and the category of license held by the facility;<br>(2) a written checklist listing all services permitted under the facility's license, identifying all services the facility offers to provide under the assisted living facility contract, and identifying all services allowed under the license that the facility does not provide; and<br>(3) an oral explanation of the services offered under the contract.<br>(b) The requirements of paragraph (a) must be completed prior to the execution of the assisted living contract.<br>(c) The commissioner must, in consultation with | 0 430                                                                  |                                                                                                                          |  |                                                     |



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| 0 430                                                                 | <p>Continued From page 7</p> <p>all interested stakeholders, design the uniform checklist disclosure form for use as provided under paragraph (a).</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to provide a copy of the uniform checklist disclosure of services (UDALSA) with the required content for two of two residents (R1,R2).</p> <p>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).</p> <p>R1 was admitted on October 1, 2020, received services to include, housekeeping and medication management.</p> <p>R2 was admitted on May 1, 2022, and received services to include housekeeping, meal preparation and medication management.</p> <p>R1 and R2's records lacked documentation they received a UDALSA, to include:<br/>-a disclosure of the categories of assisted living licenses available and the category of license held by the facility;<br/>-a written checklist listing all services permitted under the facility's license, identifying all services the facility offers to provide under the assisted living facility contract, and identifying all services allowed under the license the facility did not provide</p> | 0 430                                                                                                |                                                                                                                          |                                                        |



Minnesota Department of Health

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| 0 430                                                                 | Continued From page 8<br><br>-an oral explanation of the services offered under the contract.<br><br>On August 9, 2023, at 12:00 p.m., assisted living director/owner (LALD)-A stated she did not have the residents sign they had received the UDALSA, and this was done "verbally."<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 0 430                                                                                                |                                                                                                                          |  |                                                        |
| 0 470<br>SS=F                                                         | 144G.41 Subdivision 1 Minimum requirements<br><br>(11) develop and implement a staffing plan for determining its staffing level that:<br>(i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility;<br>(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<br>(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;<br>(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:<br>(i) awake;<br>(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 amount of time; | 0 470                                                                                                |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| 0 470                                                                 | <p>Continued From page 9</p> <p>(iii) capable of communicating with residents;<br/>(iv) capable of providing or summoning the appropriate assistance; and<br/>(v) capable of following directions;</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to develop and implement a staffing plan to determine staffing levels to meet the needs of residents. This had the potential to affect all residents.</p> <p>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).</p> <p>The findings include:</p> <p>The licensee converted to an assisted living license on August 1, 2021.</p> <p>On August 7, 2023, at 10:30 a.m., licensed assisted living director/owner (LALD)-A stated registered nurse (RN)-C had resigned in April of 2023.</p> <p>On August 8, 2023, at 12:00 p.m., LALD-A provided the licensee's undated staffing plan, which also contained an undated or signed review section. The plan indicated there would be one unlicensed personnel (ULP) to cover each of the day, evening, and night shifts. The plan also indicated there would be a RN working part of the evening shifts and on call as needed. At the time</p> | 0 470                                                                                                |                                                                                                                          |  |                                                        |



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| 0 470                                                                 | Continued From page 10<br><br>of the survey, there were two ULP to cover the day, evening and night shifts, and no RN on staff.<br><br>On August 11, 2023, at 10:25 a.m., LALD-A stated she had been living at the facility since December 2022 due to being short staffed. LALD-A stated it made it "easier" due to living far away. LALD-A further stated she was unsure if this was allowed.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days                                                                                                                                                                                                                                                                                                                                                                  | 0 470                                                                                                |                                                                                                                          |  |                                                        |
| 0 480<br>SS=F                                                         | 144G.41 Subd 1 (13) (i) (B) Minimum requirements<br><br>(13) offer to provide or make available at least the following services to residents:<br>(B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code.<br><br>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). | 0 480                                                                                                |                                                                                                                          |  |                                                        |



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| 0 480                                                                 | Continued From page 11<br><br>The findings include:<br><br>Please refer to the included document titled, Food and Beverage Establishment Inspection Report dated August 7, 2023, for the specific Minnesota Food Code deficiencies.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 0 480                                                                  |                                                                                                                          |  |                                                     |
| 0 485<br>SS=C                                                         | 144G.41 Subdivision 1. (13)(i)(A)and(C) Minimum Requirements<br><br>(13) offer to provide or make available at least the following services to residents:<br>(i) at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The following apply:<br>(A) menus must be prepared at least one week in advance and made available to all residents. The facility must encourage residents' involvement in menu planning. Meal substitutions must be of similar nutritional value if a resident refuses a food that is served. Residents must be informed in advance of menu changes; and<br>(C) the facility cannot require a resident to include and pay for meals in their contract;<br>(ii) weekly housekeeping;<br>(iii) weekly laundry service;<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation and interview, the licensee failed to post a menu a week in advance that was made available to all residents. This had the | 0 485                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>36732</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                    |  | (X3) DATE SURVEY COMPLETED<br><br><b>08/11/2023</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMRAN HOME HEALTH CARE LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3228 COLUMBUS AVENUE SOUTH<br/>MINNEAPOLIS, MN 55407</b>                     |  |                                                     |
| (X4) ID<br>PREFIX<br>TAG                                              | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ID<br>PREFIX<br>TAG                                                    | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                            |
| 0 485                                                                 | <p>Continued From page 12</p> <p>potential to affect all residents.</p> <p>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 potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On August 7, 2023, at 11:10 a.m., during a tour of the facility, no weekly menu was observed to be posted.</p> <p>On August 7, 2023, at 11:30 a.m., licensed assisted living director/owner (LALD)-A stated, "We don't post the menus" and residents "choose whatever they want to eat and we make it for them."</p> <p>On August 8, 2023, at 11:50 a.m., unlicensed personnel (ULP)-B was observed making lunch for the residents of the facility. ULP-B stated the licensee did not post menus for the residents, but "we make them whatever they want to eat."</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p> | 0 485                                                                  |                                                                                                                          |  |                                                     |
| 0 495<br>SS=I                                                         | <p>144G.41 Subd. 1 (14) Minimum Requirements</p> <p>(14) provide staff access to an on-call registered nurse 24 hours per day, seven days per week</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 0 495                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 495                                                                 | <p>Continued From page 13</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview and record review, the licensee failed to ensure staff had access to a registered nurse (RN), 24-hours per day, seven days per week. This affected all residents (R1, R2) and unlicensed staff.</p> <p>This resulted in an immediate correction order issued on August 7, 2023, at approximately 6:00 p.m.</p> <p>This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>Findings include:</p> <p>On August 7, 2023, at 10:30 a.m., during the entrance conference, assisted living director/owner (LALD)-A stated RN-C resigned "in April" 2023, could not recall the date, and stated unlicensed personnel (ULP)-B was currently reporting to her. R1 and R2 were unavailable for observation and interview at the time of entrance.</p> <p>At 3:15 p.m. LALD-A further clarified RN availability, and stated although RN-C was no longer employed by the licensee, LALD-A stated she could "consult" with RN-C if needed. LALD-A stated the nursing assessments had not been "documented since April" and she was "checking in" with the residents to "ask how they were doing," since there was no RN. LALD-A stated</p> | 0 495                                                                  |                                                                                                                          |  |                                                     |



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| 0 495                                                                 | <p>Continued From page 14</p> <p>she had been creating the residents' medication administration record (MAR) each month and assisting with medication administration. LALD-A further stated she had not consulted with RN-C since they left employment sometime in April. LALD-A further stated she had been trying to hire a new RN, but did not have documentation of the efforts.</p> <p>- In addition, LALD-A stated resident and employee records were and had been inaccessible, as they "didn't have a key" to the office where resident and employee records were stored. LALD-A stated ULP-D took the key when they left employment June 18, 2023. LALD-A stated she had once had a spare key, but she "lost" the key "a little over a week ago." LALD-stated R1, R2, and ULP-B were off site and unavailable after entrance conference.</p> <p>R1, R2 and ULP-B were observed to remain out of the facility, including at the time the immediate order was issued at 6:00 p.m.</p> <p>No further information was provide.</p> <p>TIME PERIOD FOR CORRECTION: Immediate</p> <p>On August 8, 2023, at 11:50 a.m., ULP-B was observed making lunch for the residents of the facility.</p> <p>-at 2:10 p.m., during an interview aided by interpretive services (I)-4, ULP-B stated RN-C "left six months ago," and she used to contact RN-C if there were any issues. ULP-B further stated now she "would tell [LALD-A]."</p> <p>On August 9, 2023, at 10:05 a.m. LALD-A stated she was unable to locate assessments for R1 and R2, stated "I can't find them." LALD-A stated the dashes on the MAR for R2, were for refusing</p> | 0 495                                                                  |                                                                                                                          |  |                                                     |



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| 0 495                                                                 | <p>Continued From page 15</p> <p>metformin and verified there was no further documentation of the refusal of the medication. LALD-A stated RN-C tried to complete R2's nursing assessments, but R2 "refused," and also, "Has been refusing blood glucose checks and Metformin (medication to treat diabetes)." Although LALD-A stated the physician discontinued the medication and blood glucose checks July 27, 2023, the clinical record lacked documented evidence a prescriber ordered metformin or blood glucose treatment to be discontinued. LALD-A further stated she had "trouble getting things from the doctor's office."</p> <p>On August 9, 2023, at 1:20 p.m., R2 was interviewed via interpreter (I)-5. R2 was asked if they had received an assessment from a RN since admission to the facility, the surveyor described a face-to face assessment, including, "Has anyone asked to listen to your lungs or stomach or looked at your skin? Have they asked you to do these things and you refused?" R2 stated they were "never asked" if they would allow/agree to an assessment. The surveyor then asked, "Yesterday you said no one was checking your blood sugars. Is that because you don't want them to?" R2 stated, "No." they did not refuse, and further stated, "I don't mind for them [facility staff] to check [blood glucose]."</p> <p>On August 10, 2023, during a phone interview at 12:45 p.m., RN-C stated she had resigned from the facility April 30, 2023, and told LALD-A, "I would not be available to her after that date." RN-C stated she had not conducted any required initial or ongoing assessments for R2.and stated she was not aware R2 had admitted to the facility. RN-C stated she had not met R2 until August 7, 2023, when she was asked by LALD-A to come back "to help." RN-C stated she was told by</p> | 0 495                                                                  |                                                                                                                          |  |                                                     |



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| 0 495                                                                 | <p>Continued From page 16</p> <p>LALD-A "state" was at the facility for survey and they could not give medications due to not having a licensed nurse on staff.</p> <p>An email from RN-C on August 10, 2023, at 2:02 p.m. included a written statement attached to the email. The statement identified RN-C alerted LALD-A their schedule was "very busy" and RN-C was no longer able to continue working with the facility "to meet the needs of the [one] resident." The statement included RN-C would not have been able to assist with a new admission including, "I informed [LALD-A] that I was not going to be able to admit them [R2] when she does accept him, and that [LALD-A] needed to find a nurse immediately." RN-C' statement described "connecting" with LALD-A on "10/27/23" and "3/10/23" and gave LALD-A the phone numbers, and names of two RN to contact; RN-C indicated she was aware LALD-A had not tried to contact either nurse. RN-C's written statement included, "I have confronted her [LALD-A] in regards to this issue." Although RN-C stated she assisted with administering medications to both residents on August 7, 2023, RN-C ended with notifying LALD-A on that evening, she was "not responsible for the residents any longer" and reinforced the need to obtain a RN for the facility.</p> <p>On August 10, 2023, at 5:52 p.m. LALD-A emailed the survey supervisor and identified the efforts taken to locate a RN to schedule, but was unable to find any.</p> <p>On August 11, 2023, at 3:39 p.m. the survey supervisor emailed the LALD -A and identified the immediacy was not removed, as the facility continued to have no RN scheduled.</p> | 0 495                                                                  |                                                                                                                          |  |                                                     |



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| 0 495                                                                 | Continued From page 17<br><br>The immediacy of 0495 was not removed at the time of exit on August 11, 2023.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 0 495                                                                  |                                                                                                                          |  |                                                     |
| 0 520<br>SS=F                                                         | <b>144G.41 Subd. 4 Clinical nurse supervision</b><br><br>All assisted living facilities must have a clinical nurse supervisor who is a registered nurse licensed in Minnesota.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation and interview, the licensee failed to ensure the assisted living facility had a clinical nurse supervisor (CNS) who was a registered nurse (RN) licensed in Minnesota. This had the potential to affect all residents.<br><br>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).<br><br>The findings include:<br><br>On August 7, 2023, at 8:40 a.m., licensed assisted living director/owner (LALD)-A stated over the phone "no" there would not be a RN available for the survey and she was "in the process of finding a new one." LALD-A further stated the unlicensed personnel (ULP) was reporting to her.<br><br>On August 7, 2023, at 2:00 p.m., LALD-A gave the surveyor a white binder which contained the | 0 520                                                                  |                                                                                                                          |  |                                                     |



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| 0 520                                                                 | <p>Continued From page 18</p> <p>Minnesota Assisted Living License Regulations dated August 2021.</p> <p>On August 8, 2023, at 11:50 a.m., ULP-B was observed preparing a meal for the residents of the facility.</p> <p>-at 2:20 p.m., during an interview aided by interpreter services (I)-4, ULP-B stated before RN-C left six months ago, she would contact RN-C "if there were any problems." ULP-B further stated, now she "would tell [LALD-A]."</p> <p>On August 10, 2023, at 12:45 p.m. during a phone interview, RN-C stated she had resigned from the facility the end of April and she had "let [LALD-A] know I would not be available to her after that." RN-C further stated she had told LALD-A she could not run her business without a RN.</p> <p>On August 9, 2023, at 2:45 p.m., LALD-A stated it was part of her role as the LALD to make sure the licensee was "in compliance with regulation."</p> <p>Minnesota Statue 148.283 UNAUTHORIZED PRACTICE OF PROFESSIONAL, ADVANCED PRACTICE REGISTERED, AND PRACTICAL NURSING, dated 2022, indicated the practice of advanced practice, professional (RN), or practical nursing by any person who had not been licensed to practice advanced practice, professional, or practical nursing, was considered to be harmful to the public health and welfare.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p> | 0 520                                                                  |                                                                                                                          |  |                                                     |



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| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMRAN HOME HEALTH CARE LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3228 COLUMBUS AVENUE SOUTH<br/>MINNEAPOLIS, MN 55407</b>                     |  |                                                     |
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| 0 550                                                                 | Continued From page 19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0 550                                                                  |                                                                                                                          |  |                                                     |
| 0 550<br>SS=F                                                         | <p><b>144G.41 Subd. 7 Resident grievances; reporting maltreatment</b></p> <p>All facilities must post in a conspicuous place information about the facilities' grievance procedure, and the name, telephone number, and email contact information for the individuals who are responsible for handling resident grievances. The notice must also have the contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities and must have information for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center. The notice must also state that if an individual has a complaint about the facility or person providing services, the individual may contact the Office of Health Facility Complaints at the Minnesota Department of Health.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation and interview, the licensee failed to post the required information related to the grievance procedure, including the name, telephone number, and e-mail contact information for the individuals who were responsible for handling resident grievances. This had the potential to affect all residents receiving assisted living services.</p> <p>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</p> | 0 550                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 550                                                                 | Continued From page 20<br><br>affect a large portion or all of the residents).<br><br>On August 7, 2023, at 10:30 a.m., upon survey entrance to the facility it was observed the licensee lacked posting of the grievance procedure.<br><br>On August 10, 2023, at 10:40 a.m., licensed assisted living director (LALD)-A/owner acknowledged the grievance procedure was not posted.<br><br>The licensee's Complaints policy, dated August 1, 2021, indicated the licensee must post in a visible location information about the grievance procedure, including the name, telephone number and email for the individuals responsible for handling resident grievances.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 0 550                                                                  |                                                                                                                          |  |                                                     |
| 0 650<br>SS=F                                                         | 144G.42 Subd. 8 Employee records<br><br>(a) The facility must maintain current records of each paid employee, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following information:<br>(1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules;<br>(2) records of orientation, required annual training and infection control training, and competency evaluations;<br>(3) current job description, including                                                                                                                                                             | 0 650                                                                  |                                                                                                                          |  |                                                     |



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| 0 650                                                                 | <p>Continued From page 21</p> <p>qualifications, responsibilities, and identification of staff persons providing supervision;<br/>(4) documentation of annual performance reviews that identify areas of improvement needed and training needs;<br/>(5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and<br/>(6) documentation of the background study as required under section 144.057.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to ensure the employee record contained the required contend to include records of orientation, required annual training, and documentation of an annual performance review for two of two employees, licensed assisted living director (LALD)-A/owner and unlicensed personnel (ULP)-B.</p> <p>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).</p> <p>The findings include:</p> <p>LALD-A was hired February 14, 2019. LALD-A's file lacked records of orientation and annual training.</p> <p>ULP-B was hired October 1, 2020. ULP-B's file</p> | 0 650                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 650                                                                 | Continued From page 22<br><br>lacked records of orientation, annual training, and documentation of annual performance reviews that identify areas of improvement needed and training needs.<br><br>On August 10, 2023, at 10:40 a.m., the surveyor requested documentation showing orientation and annual training had been completed for LALD-A and ULP-B. LALD-A stated, "they are here somewhere, I just have to find them," and began looking through papers on the desk. -at 11:30 a.m., LALD-A stated she was unable to "find the binder that has the dates and training in it." LALD-A further stated she was unable to locate the annual performance reviews for ULP-B.<br><br>The licensee's 4.05 Employee Records policy, dated August 1, 2021, indicated employee records would include all training and in-service education as well as documentation of annual performance reviews that identify areas of improvement needed and training needs.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 0 650                                                                                                |                                                                                                                          |  |                                                        |
| 0 680<br>SS=F                                                         | 144G.42 Subd. 10 Disaster planning and emergency preparedness<br><br>(a) The facility must meet the following requirements:<br>(1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0 680                                                                                                |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| 0 680                                                                 | <p>Continued From page 23</p> <p>emergency;<br/>(2) post an emergency disaster plan prominently;<br/>(3) provide building emergency exit diagrams to all residents;<br/>(4) post emergency exit diagrams on each floor; and<br/>(5) have a written policy and procedure regarding missing residents.<br/>(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.<br/>(c) The facility must meet any additional requirements adopted in rule.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review the licensee failed to have a written emergency preparedness plan (EP) with all the required content as defined in Appendix Z.</p> <p>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).</p> <p>The findings include:</p> <p>On August 7, 2023, at 10:30 a.m., upon survey entrance to the facility it was observed the</p> | 0 680                                                                  |                                                                                                                          |  |                                                     |



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| 0 680                                                                 | <p>Continued From page 24</p> <p>licensee lacked posting of emergency exit diagrams. The facility further lacked an emergency disaster plan posted prominently.</p> <p>On August 8, 2023, at 1:50 p.m., the licensee's EP plan was reviewed and noted to lack customization to the facility and resident-specific individualization. The licensee's EP binder, dated September 2022, lacked a documented annual review date and individualized emergency procedures to include the following:</p> <ul style="list-style-type: none"> <li>-written emergency disaster plan that contained a plan for evacuation, and detailed staff assignment in the even of a disaster or an emergency</li> <li>-provided emergency exit diagrams to all residents</li> <li>-transfer agreements and/or contracts with other facilities/providers to receive residents in the event of evacuation or other limitations that would impact the continuity of services.</li> <li>-handling and use of volunteers</li> <li>-procedures for sharing medical information to maintain continuity of care; and procedures for sharing the emergency plan with family members and residents.</li> <li>-EP testing requirements including an annual full-scale exercise or individual facility-based functional exercise</li> </ul> <p>On August 8, 2023, at 1:50 p.m., licensed assisted living director (LALD)-A/owner acknowledged the emergency preparedness manual had not been customized or developed to include all the required information and stated, "I purchased it a while ago, but I haven't had change to customized it."</p> <p>The licensee's 9.01 Emergency Preparedness Plan-Appendix Z Compliance policy, dated August 1, 2021, indicated the plan would include</p> | 0 680                                                                                                |                                                                                                                          |  |                                                        |



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| 0 680                                                                 | Continued From page 25<br><br>all required elements of appendix Z and reviewed annually.<br><br>No additional information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 0 680                                                                                                |                                                                                                                          |  |                                                        |
| 0 720<br>SS=I                                                         | <b>144G.43 Subd. 2 Access to records</b><br><br>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.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation and interview, the facility failed to ensure records were readily available to employees authorized to have access, including maintaining records in a manner allowing for timely access of the records, including access for survey. This had the potential to affect all residents and facility staff.<br><br>This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). | 0 720                                                                                                |                                                                                                                          |  |                                                        |



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| 0 720                                                                 | <p>Continued From page 26</p> <p>This resulted in an immediate correction order issued on August 7, 2023, at approximately 6:00 p.m.</p> <p>The findings include:</p> <p>The facility did not have readily available and timely access to records.</p> <p>On August 7, 2023, during an interview at 10:30 a.m., assisted living director/owner (LALD)-A stated both the residents' (R1, R2) and employee records were locked in an office and LALD-A was unable to access them.</p> <p>At 1:15 p.m. the identified office door was observed by the surveyor to be locked.</p> <p>At 1:30 p.m. LALD-A stated she was able to find someone to get into the locked room, but they would not be available until August 8, 2023 sometime between 6:00 p.m. and 7:00 p.m. LALD-A stated a former unlicensed personnel (ULP)-D, who resigned June 18, 2023, had one of the keys to the room and she had the other. LALD-A stated she lost her spare key a "little over a week ago."</p> <p>At 4:00 p.m. LALD-A stated she had "back-up" records for the two residents, on a jump drive (a portable computer memory storage device) she was able to locate. LALD-A then brought her computer to the surveyor to show the files with initials R1 and R2. The surveyor observed documents labeled MAR, 90-day assessment, individual abuse and prevention, however, LALD-A was unable to open the files and stated, "for some reason I am not able to open them on this computer."</p> | 0 720                                                                                                |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 720                                                                 | <p>Continued From page 27</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTIONS: Immediate</p> <p>On August 8, 2023, at 11:30 a.m. the immediacy of 0720 was removed, the scope and level of non-compliance remained the same.</p> <p>Maintaining Records:</p> <p>On August 8, 2023, at 11:07 a.m., via email, the surveyor requested to see the licensee's emergency management plan and required policies and procedures. At 1:50 p.m., LALD-A provided a white binder containing a generic template for an emergency preparedness plan. LALD-A stated the licensee's emergency preparedness manual had not been customized or developed to include all the required information and stated, "I purchased it a while ago, but I haven't had change to customized it."</p> <p>On August 9, 2023, at 10:05 a.m. LALD-A stated she was unable to locate assessments for R1 and R2, stated "I can't find them." LALD-A stated the dashes on the MAR for R2, were for refusing metformin and stated there was no further documentation of the refusal of the medication. LALD-A stated RN-C tried to complete R2's nursing assessments, but R2 "refused," and "Has been refusing blood glucose checks and metformin." Although LALD-A stated the prescriber discontinued the medication and blood glucose checks July 27, 2023, the clinical record lacked documented evidence a prescriber ordered the medication and treatment discontinued. LALD-A further stated she "has had trouble getting things [records] from the doctor's office."</p> <p>- At 12:00 p.m., the surveyor requested</p> | 0 720                                                                  |                                                                                                                          |  |                                                     |



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| 0 720                                                                 | <p>Continued From page 28</p> <p>documentation showing R1 and R2 had received copies of the current Minnesota Bill of Rights for Assisted Living Residents and facility's uniform checklist disclosure of services (UDALSA), as well as a notice of the right to designate a representative. Upon entering the room, the surveyor observed white binders on the floor around the room and the desk to be covered with loose papers. LALD-A stated she did not have the residents sign they had received any of the forms and this was all done "verbally."</p> <p>On August 10, 2023, at 10:40 a.m., the surveyor requested documentation showing orientation and annual training had been completed for LALD-A and ULP-B. LALD-A stated, "they are here somewhere, I just have to find them," and began looking through papers on the desk.</p> <p>-At 11:30 a.m., LALD-A stated she was unable to "find the binder that has the dates and training in it."</p> <p>- At 2:00 p.m., the surveyor made a final request to see any additional required policies and procedures and the above requested documentation.</p> <p>No further information had been received at the time of exit of August 11, 2023.</p> <p>TIME PERIOD FOR CORRECTIONS: seven (7) days</p> | 0 720                                                                  |                                                                                                                          |  |                                                     |
| 0 780<br>SS=F                                                         | <p>144G.45 Subd. 2 (a) (1) Fire protection and physical environment</p> <p>(a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 0 780                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 780                                                                 | <p>Continued From page 29</p> <p>(1) for dwellings or sleeping units, as defined in the State Fire Code:</p> <p>(i) provide smoke alarms in each room used for sleeping purposes;</p> <p>(ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms;</p> <p>(iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics;</p> <p>(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</p> <p>(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;</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation and interview, the licensee failed to provide smoke alarms that were interconnected in some resident's apartments. This had the potential to directly affect all residents, staff, and visitors.</p> <p>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 residents).</p> <p>The findings include:</p> | 0 780                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 780                                                                 | Continued From page 30<br><br>On August 09, 2023, between 12:10 p.m. and 1:20 p.m., survey staff toured the facility with licensed assisted living director/owner (LALD)-A. During the facility tour, survey staff observed smoke alarms throughout the facility were not interconnected so that actuation of one alarm caused all alarms in the dwelling to actuate. Sleeping room D on the main floor was missing it's smoke alarm.<br><br>LALD-A verbally confirmed survey staff observations during the facility tour.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21)                                                                                                                  | 0 780                                                                  |                                                                                                                          |  |                                                     |
| 0 790<br>SS=F                                                         | 144G.45 Subd. 2 (a) (2)-(3) Fire protection and physical environment<br><br>(2) install and maintain portable fire extinguishers in accordance with the State Fire Code;<br><br>(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<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation and interview, the licensee failed provide adequately rated portable fire extinguishers as required for the facility. This | 0 790                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 790                                                                 | <p>Continued From page 31</p> <p>deficient condition had the ability to affect all staff and residents.</p> <p>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).</p> <p>Findings include:</p> <p>On a facility tour on August 09, 2023, at approximately 12:15 p.m. with licensed assisted living director/owner (LALD)-A it was observed that each of the fire extinguishers provided were 1-A:10-BC rated and did not have at least one 2-A:10-B:C rated fire extinguisher as required by MN Statute 144G.45.</p> <p>LALD-A visually verified this deficient finding at the time of discovery.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days.</p> | 0 790                                                                  |                                                                                                                          |  |                                                     |
| 0 800<br>SS=F                                                         | <p>144G.45 Subd. 2 (a) (4) Fire protection and physical environment</p> <p>(4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 0 800                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 800                                                                 | <p>Continued From page 32</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation and interview, the licensee failed to maintain the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents. This deficient condition had the ability to affect a limited number of staff and residents.</p> <p>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).</p> <p>Findings include:</p> <p>On August 9, 2023, approximately from 12:30 p.m. to 1:30 p.m., survey staff toured the facility with the licensed assisted living director/owner (LALD)-A. The following maintenance items was observed:</p> <p>It was observed that there was water damage from the leaking toilet upstairs which caused the paint and texture to peel off on the ceiling in sleeping room D.</p> <p>It was observed that the upstairs bathroom vent had significant buildup of dust and lint.</p> <p>Mold was observed on the caulk around the</p> | 0 800                                                                  |                                                                                                                          |  |                                                     |



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| 0 800                                                                 | Continued From page 33<br><br>bathtub and the caulk between the floor and toilet in the upstairs bathroom.<br><br>It was also observed that the carpet throughout the upstairs were stained and soiled.<br><br>It was observed that the wood steps going up to the front door of the house had loose boards.<br><br>These deficient conditions were visually verified by LALD-A accompanying on the tour.<br><br>TIME PERIOD FOR CORRECTION: Seven (21) days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0 800                                                                  |                                                                                                                          |  |                                                     |
| 0 810<br>SS=F                                                         | 144G.45 Subd. 2 (b)-(f) Fire protection and physical environment<br><br>(b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to:<br>(1) location and number of resident sleeping rooms;<br>(2) employee actions to be taken in the event of a fire or similar emergency;<br>(3) fire protection procedures necessary for residents; and<br>(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.<br>(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.<br>(d) Fire safety and evacuation plans shall be readily available at all times within the facility.<br>(e) Residents who are capable of assisting in | 0 810                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>36732</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                    |  | (X3) DATE SURVEY COMPLETED<br><br><b>08/11/2023</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMRAN HOME HEALTH CARE LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3228 COLUMBUS AVENUE SOUTH<br/>MINNEAPOLIS, MN 55407</b>                     |  |                                                     |
| (X4) ID<br>PREFIX<br>TAG                                              | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ID<br>PREFIX<br>TAG                                                    | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                            |
| 0 810                                                                 | <p>Continued From page 34</p> <p>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.</p> <p>(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.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview and record review, the licensee failed to develop a fire safety and evacuation plan with required elements; failed to provide required employee training on fire safety and evacuation; failed to provide training to residents capable of assisting in their own evacuation; and failed to complete required employee evacuation drills. This had the potential to affect all staff, residents, and visitors.</p> <p>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).</p> <p>Findings include:</p> <p>An interview and record review were conducted on August 09, 23 between approximately 12:30 p.m. and 12:45 p.m. with the licensed assisted</p> | 0 810                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 810                                                                 | Continued From page 35<br><br>living director/owner (LALD)-A on the fire safety and evacuation plan, fire safety and evacuation training and drills for the employees. Policies were requested for review of these plans but could not be provided. Fire safety and evacuation plans shall be readily available at all times within the facility.<br><br>During interview, LALD-A stated that the policies were in place, but she was unable to locate this documentation at the time of the survey.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days                                                                                                                                                                                                                                                                                                                                                                                                                 | 0 810                                                                  |                                                                                                                          |  |                                                     |
| 0 900<br>SS=F                                                         | 144G.50 Subdivision 1 Contract required<br><br>(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.<br>(b) The contract must contain all the terms concerning the provision of:<br>(1) housing;<br>(2) assisted living services, whether provided directly by the facility or by management agreement or other agreement; and<br>(3) the resident's service plan, if applicable.<br>(c) A facility must:<br>(1) offer to prospective residents and provide to the Office of Ombudsman for Long-Term Care a complete unsigned copy of its contract; and<br>(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.<br>(d) A contract under this section is a consumer contract under sections 325G.29 to 325G.37. | 0 900                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 900                                                                 | <p>Continued From page 36</p> <p>(e) Before or at the time of execution of the contract, the facility must offer the resident the opportunity to identify a designated representative according to subdivision 3.</p> <p>(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.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to develop and execute a written assisted living contract with the required content for two of two residents (R1, R2). The licensee further failed to ensure there were no non-contracted residents living in the building (licensed assisted living director/owner (LALD)-A).</p> <p>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).</p> <p>The findings include:</p> <p>R1 was admitted on October 1, 2020, and received services to include, housekeeping and medication management.</p> <p>R2 was admitted on May 1, 2022, and received services to include housekeeping, meal preparation and medication management.</p> | 0 900                                                                                                |                                                                                                                          |                                                        |



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| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMRAN HOME HEALTH CARE LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3228 COLUMBUS AVENUE SOUTH<br/>MINNEAPOLIS, MN 55407</b>                     |  |                                                     |
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| 0 900                                                                 | <p>Continued From page 37</p> <p>R1 and R2 records lacked documentation prior to providing housing or services, R1 and R2 or their representative signed and assisted living contract containing all the terms concerning the provisions of:</p> <ul style="list-style-type: none"><li>-housing</li><li>-assisted living services, whether provided directly by the facility or by management agreement or other agreement</li></ul> <p>On August 9, 2023, at 12:00 p.m., LALD-A stated R1 had not signed a new assisted living contract after August 1, 2021, and further stated she could not find a signed contract for R2.</p> <p>On August 11, 2023, at 10:25 a.m., LALD-A stated she had been living at the facility since December 2022 due to being short staffed. LALD-A further stated it made it "easier" due to living far away. LALD-A stated she was unsure if this was allowed.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p> | 0 900                                                                  |                                                                                                                          |  |                                                     |
| 0 950<br>SS=C                                                         | <p>144G.50 Subd. 3 Designation of representative</p> <p>(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:</p> <p>"RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0 950                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 950                                                                 | <p>Continued From page 38</p> <p>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 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."</p> <p>(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.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to offer the opportunity to identify a designated representative on a separate form including statutory language, for two of two residents (R1, R2).</p> <p>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).</p> <p>R1 was admitted on October 1, 2020, and</p> | 0 950                                                                  |                                                                                                                          |  |                                                     |



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| 0 950                                                                 | Continued From page 39<br><br>received services to include housekeeping, meal preparation, and medication management.<br><br>R2 was admitted on May 1, 2022, and received services to include housekeeping, meal preparation and medication management.<br><br>R1 and R2 lacked an assisted living contract and clinical record lacked documented evidence R1 and R2 were given the opportunity to designate a representative for certain purposes, on a separate form with required statutory language.<br><br>On August 9, 2023, at 12:00 p.m., assisted living director/owner (LALD)-A stated she did not have the residents sign they had received the designated representative form and this was done "verbally."<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 0 950                                                                                                |                                                                                                                          |  |                                                        |
| 01390<br>SS=F                                                         | 144G.62 Subdivision 1 Availability of contact person to staff<br><br>(a) Assisted living facilities must have a registered nurse available for consultation by staff performing delegated nursing tasks and must have an appropriate licensed health professional available if performing other delegated services such as therapies.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation and interview, the licensee failed to ensure a registered nurse (RN) was available for consultation to staff performing                                                                                                                                                                                                                                                                                | 01390                                                                                                |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| 01390                                                                 | <p>Continued From page 40</p> <p>delegated nurse tasks and services including therapies. This had the potential to affect all residents and facility staff.</p> <p>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).</p> <p>The findings include:</p> <p>R1 was admitted on October 1, 2020, and received services to include housekeeping, meal preparation, and medication management.</p> <p>R2's diagnosis included chronic hypertension and Type 2 diabetes. R2's service plan dated May 1, 2022, indicated the resident received services to include medication management.</p> <p>On August 7, 2023, at 10:30 a.m., during the entrance conference assisted living director/owner (LALD)-A stated RN-C resigned in April 2023, and there was not a RN available 24/7. LALD-A further stated she could still "consult" with RN-C if needed.</p> <p>On August 8, 2023, at 11:50 a.m., unlicensed personnel (ULP)-B was observed making lunch for the residents of the facility.</p> <p>-At 2:10 p.m., during an interview aided by interpretive services (I)-4, ULP-B stated RN-C "left six months ago," and she used to contact RN-C if there were any issues. ULP-B further stated now she "would tell [licensed assisted</p> | 01390                                                                                                |                                                                                                                          |  |                                                        |



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| 01390                                                                 | Continued From page 41<br><br>living director/owner, LALD-A]."<br><br>On August 10, 2023, during a phone interview at 12:45 p.m., RN-C stated she had resigned from the facility the end of April 2023, and she had let LALD-A know, "I would not be available to her after that."<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 01390                                                                  |                                                                                                                          |  |                                                     |
| 01460<br>SS=F                                                         | 144G.63 Subdivision 1 Orientation of staff and supervisors<br><br>All staff providing and supervising direct services must complete an orientation to assisted living facility licensing requirements and regulations before providing assisted living services to residents. The orientation may be incorporated into the training required under subdivision 5. The orientation need only be completed once for each staff person and is not transferable to another facility.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview and record review, the licensee failed to ensure staff providing services completed orientation to assisted living facility licensing requirements and regulations, before providing services, for two of two employees, (licensed assisted living director/owner (LALD)-A and unlicensed personnel (ULP)-B).<br><br>This practice resulted in a level two violation (a violation that did not harm a resident's health or | 01460                                                                  |                                                                                                                          |  |                                                     |



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| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMRAN HOME HEALTH CARE LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3228 COLUMBUS AVENUE SOUTH<br/>MINNEAPOLIS, MN 55407</b>                     |  |                                                     |
| (X4) ID<br>PREFIX<br>TAG                                              | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ID<br>PREFIX<br>TAG                                                    | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                            |
| 01460                                                                 | <p>Continued From page 42</p> <p>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).</p> <p>The findings include:</p> <p>LALD-A and ULP-B were hired February 14, 2019, and October 1, 2020, respectively, and provided direct care services for the licensee's residents.</p> <p>LALD-A and ULP-B lacked an employee record and documentation of orientation, completed before providing services, including:</p> <ul style="list-style-type: none"><li>-Overview of Assisted Living statutes</li><li>-Review of provider's policies and procedures</li><li>-Home care/Assisted Living bill of rights</li><li>-Handling of resident/clients' complaints, reporting of complaints, where to report</li><li>-Consumer advocacy services the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services</li><li>-Review of type of Assisted Living services the employee would provide and provider's scope of license</li></ul> <p>Principals of person-centered planning/service delivery and how they apply to direct support services provided by the staff person.</p> <p>On August 7, 2023, at 10:30 a.m., during the entrance conference, LALD-A stated she was aware of the required content of the employee record.</p> | 01460                                                                  |                                                                                                                          |  |                                                     |



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| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMRAN HOME HEALTH CARE LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3228 COLUMBUS AVENUE SOUTH<br/>MINNEAPOLIS, MN 55407</b>                     |  |                                                     |
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| 01460                                                                 | Continued From page 43<br><br>On August 7, 8 and 9, 2023, the surveyor requested employee records for the licensee's employees.<br><br>On August 10, 2023, at 10:40 a.m., the surveyor requested documentation showing orientation and annual training had been completed for LALD-A and ULP-B. LALD-A stated, "they are here somewhere, I just have to find them," and was observed to begin looking through papers on the desk.<br>-at 11:30 a.m., LALD-A stated she was unable to "find the binder that has the dates and training in it."<br><br>The licensee's 4.05 Employee Records policy dated August 1, 2021, indicated the licensee would keep records of all training and in-service education required for employees.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days | 01460                                                                  |                                                                                                                          |  |                                                     |
| 01500<br>SS=F                                                         | 144G.63 Subd. 5 Required annual training<br><br>(a) All staff that perform direct services must complete at least eight hours of annual training for each 12 months of employment. The training may be obtained from the facility or another source and must include topics relevant to the provision of assisted living services. The annual training must include:<br>(1) training on reporting of maltreatment of vulnerable adults under section 626.557;<br>(2) review of the assisted living bill of rights and staff responsibilities related to ensuring the                                                                                                                                                                                                                                                            | 01500                                                                  |                                                                                                                          |  |                                                     |



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| 01500                                                                 | <p>Continued From page 44</p> <p>exercise and protection of those rights;<br/>(3) review of infection control techniques used in the home and implementation of infection control standards including a review of hand washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting communicable diseases;<br/>(4) effective approaches to use to problem solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders;<br/>(5) review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and<br/>(6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person.<br/>(b) In addition to the topics in paragraph (a), annual training may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics:<br/>(1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and challenges it poses to communication;<br/>(2) the health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or<br/>(3) information about strategies and technology</p> | 01500                                                                  |                                                                                                                          |  |                                                     |



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| 01500                                                                 | <p>Continued From page 45</p> <p>that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview and record review, the licensee failed to ensure employees received at least eight hours of annual training for each 12 months of employment for two of two employees (licensed assisted living director/owner (LALD)-A, unlicensed personnel (ULP)-B).</p> <p>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).</p> <p>The findings include:</p> <p>LALD-A and ULP-B were hired February 14, 2019, and October 1, 2020, respectively, and provided direct care services for the licensee's residents.</p> <p>On August 8, 2023, at 11:50 a.m., unlicensed personnel (ULP)-B was observed preparing a meal for the residents of the facility.</p> <p>LALD-A and ULP-B's records lacked documentation of eight hours of annual training completed within the last 12 months, including the</p> | 01500                                                                                                |                                                                                                                          |  |                                                        |



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| (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                                  |
| 01500                                                                 | <p>Continued From page 46</p> <p>following required topics:<br/>           -Reporting of maltreatment of vulnerable adults<br/>           - Assisted Living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights<br/>           -Effective approached to use to problem solve when working with a resident's challenging behaviors and how to communicate with residents who have dementia or related disorders<br/>           -Review of provider's policies and procedures<br/>           - Principals of person-centered planning/service delivery and how they apply to direct support services provided by the staff person.</p> <p>On August 10, 2023, at 10:40 a.m., the surveyor requested documentation showing orientation and annual training had been completed for LALD-A and ULP-B. LALD-A stated, "they are here somewhere, I just have to find them," and began looking through papers on the desk.<br/>           -at 11:30 a.m., LALD-A stated she was unable to "find the binder that has the dates and training in it."</p> <p>The licensee's 5.06 Annual Required Staff Training dated August 1, 2021, indicated the licensee's annual training would include the required topics as noted above.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p> | 01500                                                                                                |                                                                                                                 |                                                     |
| 01530<br>SS=F                                                         | <p><b>144G.64 TRAINING IN DEMENTIA CARE REQUIRED</b></p> <p>(a) All assisted living facilities must meet the following training requirements:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 01530                                                                                                |                                                                                                                 |                                                     |



Minnesota Department of Health

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| 01530                                                                 | <p>Continued From page 47</p> <p>(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;</p> <p>(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;</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to ensure the required amount of dementia care training was completed in the required time frame in accordance with 144G.64 for two of two employees, licensed assisted living director (LALD)-A/owner and unlicensed personnel (ULP)-B.</p> <p>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</p> | 01530                                                                                                |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| 01530                                                                 | <p>Continued From page 48</p> <p>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).</p> <p>The findings include:</p> <p>LALD-A and ULP-B were hired February 14, 2019, and October 1, 2020, respectively, and provided direct care services for the licensee's residents.</p> <p>LALD-A and ULP-B's records lacked documentation they completed at least eight hours of initial dementia care training on required topics within 160 working hours, including:</p> <ul style="list-style-type: none"><li>-an explanation of Alzheimer's disease and other dementia:</li><li>-assistance with activities of daily living</li><li>-problem solving with challenging behaviors</li><li>-communication skills</li><li>-person-centered planning and service delivery</li></ul> <p>On August 10, 2023, at 10:40 a.m., the surveyor requested orientation and annual training records for LALD-A and the annual performance record for ULP-B. LALD-A stated, "they are here somewhere," and began looking through papers on the desk. At 11:40 a.m., LALD-A stated she was unable to find the "binder" with dates and evidence of training.</p> <p>The licensee's Dementia Training Tracking Form dated June 2021, indicated direct care staff would have eight (8) hours of dementia training within 160 working hours, upon hire, and two (2) hours annually in the required topics as noted above.</p> <p>No further information was provided.</p> | 01530                                                                  |                                                                                                                          |  |                                                     |



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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>36732</b>                            | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>08/11/2023</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMRAN HOME HEALTH CARE LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3228 COLUMBUS AVENUE SOUTH<br/>MINNEAPOLIS, MN 55407</b> |                                                                                                                          |  |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                              | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ID<br>PREFIX<br>TAG                                                                                  | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                               |
| 01530                                                                 | Continued From page 49<br><br>TIME PERIOD FOR CORRECTION: Seven (7)<br>days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 01530                                                                                                |                                                                                                                          |  |                                                        |
| 01610<br>SS=F                                                         | <p>144G.70 Subd. 2 (a-b) Initial reviews,<br/>assessments, and monitoring</p> <p>(a) Residents who are not receiving any assisted<br/>living services shall not be required to undergo an<br/>initial nursing assessment.</p> <p>(b) An assisted living facility shall conduct a<br/>nursing assessment by a registered nurse of the<br/>physical and cognitive needs of the prospective<br/>resident and propose a temporary service plan<br/>prior to the date on which a prospective resident<br/>executes a contract with a facility or the date on<br/>which a prospective resident moves in, whichever<br/>is earlier. If necessitated by either the geographic<br/>distance between the prospective resident and<br/>the facility, or urgent or unexpected<br/>circumstances, the assessment may be<br/>conducted using telecommunication methods<br/>based on practice standards that meet the<br/>resident's needs and reflect person-centered<br/>planning and care delivery.</p> <p>This MN Requirement is not met as evidenced<br/>by:<br/>Based on interview and record review, the<br/>licensee failed to ensure the registered nurse<br/>(RN) conducted a pre-admission assessment<br/>prior to move in for one of two residents (R2).</p> <p>This practice resulted in a level two violation (a<br/>violation that did not harm a resident's health or<br/>safety but had the potential to have harmed a<br/>resident's health or safety, but was not likely to<br/>cause serious injury, impairment, or death) and<br/>was issued at a widespread scope (when<br/>problems are pervasive or represent a systemic</p> | 01610                                                                                                |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| 01610                                                                 | <p>Continued From page 50</p> <p>failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>R2 was admitted May 1, 2022, and received services to include assistance with medication administration.</p> <p>R2's record lacked an initial RN assessment completed at admission or prior to the initiation of services.</p> <p>On August 9, 2023, at 10:05 a.m., licensed assisted living director/owner (LALD)-A stated "I can't find" the assessments completed for R2. LALD-A further stated RN-C had tried to do nursing assessments for R2, but he "refused."</p> <p>On August 9, 2023, at 1:20 p.m., during an interview aided by interpretive services(I)-5, R2 indicated he did not refuse a nursing assessment and was "never asked. "</p> <p>On August 10, 2023, during a phone interview at 12:45 p.m., RN-C stated she had not conducted any required initial or ongoing assessments for R2. RN-C further stated she was not aware R2 had admitted to the assisted living facility and had not met him until August 7, 2023.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p> | 01610                                                                                                |                                                                                                                          |  |                                                        |
| 01620<br>SS=F                                                         | 144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 01620                                                                                                |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>36732</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                    |  | (X3) DATE SURVEY COMPLETED<br><br><b>08/11/2023</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMRAN HOME HEALTH CARE LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3228 COLUMBUS AVENUE SOUTH<br/>MINNEAPOLIS, MN 55407</b>                     |  |                                                     |
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| 01620                                                                 | <p>Continued From page 51</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to ensure a registered nurse (RN) conducted ongoing resident monitoring and reassessment 14 calendar days from the initial assessment, and not to exceed 90 calendar days from the previous assessment for two of two residents (R1, R2).</p> <p>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</p> | 01620                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMRAN HOME HEALTH CARE LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                           | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3228 COLUMBUS AVENUE SOUTH<br/>MINNEAPOLIS, MN 55407</b>                     |  |                                                        |
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| 01620                                                                 | <p>Continued From page 52</p> <p>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).</p> <p>R1's record included an ongoing assessment completed April 22, 2023, but lacked evidence of a subsequent assessment.</p> <p>R2's record lacked evidence of monitoring and reassessment within 14-days of start of services and subsequent assessment not to exceed 90-days from the previous assessment.</p> <p>On August 7, 2023, at 3:15 p.m., licensed assisted living director/owner (LALD)-A stated ongoing assessments had not been completed since RN-C left in April, but she had been "checking in" with the residents to ask how they were doing.</p> <p>On August 9, 2023, at 10:05 a.m., LALD-A stated "I can't find" assessments completed for R2. LALD-A further stated RN-C had tried to do nursing assessments for R2, but he "refused."</p> <p>On August 9, 2023, at 1:20 p.m., during an interview aided by interpretive services (I)-5, R2 indicated he did not refuse a nursing assessment and was "never asked. "</p> <p>On August 10, 2023, during a phone interview at 12:45 p.m., RN-C stated she had not conducted any required initial or ongoing assessments for R2. RN-C further stated she was not aware R2 had admitted to the assisted living facility and had not met him until August 7, 2023.</p> <p>No further information was provided.</p> | 01620                                                                     |                                                                                                                          |  |                                                        |



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| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMRAN HOME HEALTH CARE LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3228 COLUMBUS AVENUE SOUTH<br/>MINNEAPOLIS, MN 55407</b> |                                                                                                                          |  |                                                        |
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| 01620                                                                 | Continued From page 53                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 01620                                                                                                |                                                                                                                          |  |                                                        |
|                                                                       | TIME PERIOD FOR CORRECTION: Twenty-one<br>(21) days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                      |                                                                                                                          |  |                                                        |
| 01700<br>SS=F                                                         | <b>144G.71 Subd. 2 Provision of medication<br/>management services</b><br><br>(a) For each resident who requests medication<br>management services, the facility shall, prior to<br>providing medication management services, have<br>a registered nurse, licensed health professional,<br>or authorized prescriber under section 151.37<br>conduct an assessment to determine what<br>medication management services will be<br>provided and how the services will be provided.<br>This assessment must be conducted face-to-face<br>with the resident. The assessment must include<br>an identification and review of all medications the<br>resident is known to be taking. The review and<br>identification must include indications for<br>medications, side effects, contraindications,<br>allergic or adverse reactions, and actions to<br>address these issues.<br><br>(b) The assessment must identify interventions<br>needed in management of medications to prevent<br>diversion of medication by the resident or others<br>who may have access to the medications and<br>provide instructions to the resident and legal or<br>designated representatives on interventions to<br>manage the resident's medications and prevent<br>diversion of medications. For purposes of this<br>section, "diversion of medication" means misuse,<br>theft, or illegal or improper disposition of<br>medications.<br><br>This MN Requirement is not met as evidenced<br>by:<br>Based on interview and record review, the<br>licensee failed to ensure a registered nurse (RN)<br>conducted and individualized assessment to | 01700                                                                                                |                                                                                                                          |  |                                                        |



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| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMRAN HOME HEALTH CARE LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3228 COLUMBUS AVENUE SOUTH<br/>MINNEAPOLIS, MN 55407</b>                     |  |                                                     |
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| 01700                                                                 | <p>Continued From page 54</p> <p>determine what medication management services would be provided, and how the services would be provided for one of two residents (R2).</p> <p>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).</p> <p>R2's diagnosis included chronic hypertension and Type 2 diabetes.</p> <p>R2's record indicated he admitted to the facility on May 1, 2022, with services to include medication management.</p> <p>R2's prescriber orders dated March 15, 2023, July 21, 2023, and July 27, 2023, included two medications to treat high blood pressure, one to treat difficulty with urination, one to treat high cholesterol, one to control high blood sugar, and one to prevent heart attack or stroke.</p> <p>R2's record lacked a face-to-face assessment by a RN to include identification and review of all medications the resident was known to be taking, indications for the medications, side effects, contraindications, allergic or adverse reactions, and actions to address the issues.</p> <p>On August 9, 2023, at 10:05 a.m., licensed assisted living director/owner (LALD)-A stated "I can't find" the assessments completed for R2. LALD-A further stated RN-C had tried to do nursing assessments for R2, but he "refused."</p> | 01700                                                                  |                                                                                                                          |  |                                                     |



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| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMRAN HOME HEALTH CARE LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3228 COLUMBUS AVENUE SOUTH<br/>MINNEAPOLIS, MN 55407</b>                     |  |                                                     |
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| 01700                                                                 | <p>Continued From page 55</p> <p>On August 9, 2023, at 1:20 p.m., during an interview aided by interpretive services (I)-5, R2 stated he had not refused a nursing assessment and was "never asked. "</p> <p>On August 10, 2023, during a phone interview at 12:45 p.m., RN-C stated she had not conducted any required initial or ongoing assessments for R2. RN-C further stated she was not aware R2 had admitted to the assisted living facility and had not met him until August 7, 2023, when she was asked by LALD-A to come back "to help" because the licensee's staff could not give medications due to not having a nurse on staff.</p> <p>The licensee's 7.01 Medication Management-Assessment, Monitoring, &amp; Reassessment policy dated August 1, 2021, indicated a RN would conduct an assessment prior to providing medication management services to determine what medication management services would be provided and how the services would be provided.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p> | 01700                                                                  |                                                                                                                          |  |                                                     |
| 01710<br>SS=F                                                         | <p><b>144G.71</b> Subd. 3 Individualized medication monitoring and reas</p> <p>The assisted living facility must monitor and reassess the resident's medication management services as needed under subdivision 2 when the resident presents with symptoms or other issues that may be medication-related and, at a minimum, annually.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 01710                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMRAN HOME HEALTH CARE LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3228 COLUMBUS AVENUE SOUTH<br/>MINNEAPOLIS, MN 55407</b>                     |  |                                                     |
| (X4) ID<br>PREFIX<br>TAG                                              | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ID<br>PREFIX<br>TAG                                                    | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                            |
| 01710                                                                 | <p>Continued From page 56</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to ensure the registered nurse (RN) conducted a face-to-face medication management reassessment to include all required content for one of two (R2) residents.</p> <p>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).</p> <p>The findings include:<br/>On August 7, 2023, during the enterance conferance at 10:30 a.m., the licensed assisted living director/owner (LALD)-A stated the licensee provided medication management services to the residents at the facility. LALD-A further stated the licensee's only registered nurse (RN)-C had resigned in April 2023.</p> <p>R2's diagnosis included chronic hypertension and Type 2 diabetes.</p> <p>R2's service plan dated May 1, 2022, indicated the resident received services to include medication management.</p> <p>R2's prescriber orders dated March 15, 2023, July 21, 2023, and July 27, 2023, included two medications to treat high blood pressure, one to treat difficulty with urination, one to treat high cholesterol, one to control high blood sugar, and</p> | 01710                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01710                                                                 | <p>Continued From page 57</p> <p>one to prevent heart attack or stroke.</p> <p>R2's record lacked evidence of an annual face-to-face medication reassessment to include an identification and review of all medications the resident was known to be taking including: a review of the indication for use, side effects, contraindications, allergic or adverse reactions, and interventions needed in management of medication to prevent diversion.</p> <p>On August 9, 2023, at 10:05 a.m., LALD-A stated "I can't find" the assessments completed for R2. LALD-A further stated RN-C had tried to do nursing assessments for R2, but he "refused."</p> <p>On August 9, 2023, at 1:20 p.m., during an interview aided by interpretive services (I)-5, R2 stated he had not refuse a nursing assessment and was "never asked. "</p> <p>On August 10, 2023, during a phone interview at 12:45 p.m., RN-C stated she had not conducted any required initial or ongoing assessments for R2. RN-C further stated she was not aware R2 had admitted to the assisted living facility and had not met him until August 7, 2023, when she was asked by LALD-A to come back "to help" RN-C stated she was told by LALD-A "state" was at the facility for survey and they could not give medications due to not having a licensed nurse on staff.</p> <p>The licensee's 7.01 Medication Management-Assessment, Monitoring, &amp; Reassessment policy, dated August 1, 2021, indicated a RN would conduct a face-to-face assessment to monitor and reassess the resident's medication management services at least annually.</p> | 01710                                                                  |                                                                                                                          |  |                                                     |



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| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMRAN HOME HEALTH CARE LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3228 COLUMBUS AVENUE SOUTH<br/>MINNEAPOLIS, MN 55407</b> |                                                                                                                          |                                                        |
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| 01710                                                                 | Continued From page 58<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7)<br>days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 01710                                                                                                |                                                                                                                          |                                                        |
| 01720<br>SS=D                                                         | <p>144G.71 Subd. 4 Resident refusal</p> <p>The assisted living facility must document in the resident's record any refusal for an assessment for medication management by the resident. The facility must discuss with the resident the possible consequences of the resident's refusal and document the discussion in the resident's record.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to document the resident's refusal of medication for one of two residents.</p> <p>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).</p> <p>The findings include:</p> <p>R2's diagnosis included chronic hypertension and type 2 diabetes.</p> <p>R2's service plan dated May 1, 2022, indicated the resident received services to include medication management.</p> | 01720                                                                                                |                                                                                                                          |                                                        |



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| 01720                                                                 | <p>Continued From page 59</p> <p>On August 7, 2023, during an entrance conference, licensed assisted living director/owner (LALD)-A stated R2 had been refusing blood sugar checks and daily metformin (used to control blood sugar).</p> <p>On August 9, 2023, during record review at 10:05 a.m., dashes were noted on R2's medication administration record (MAR), to indicate R2 had refused metformin August 1st -8th, 2023. No reason for refusal was documented on the MAR.</p> <p>On August 9, 2023, at 1:20 p.m., during an interview aided by interpretive services (I)-5, R2 indicated they had not refuse blood sugar checks and "I don't mind for them to check."</p> <p>On August 10, 2023, at 11: 40 a.m., LALD-A stated the process for refused medications was to initial the bubble pack and document on the MAR why the resident refused. The provider would also be notified when the resident refused two or three times. LALD-A stated she had tried to contact the provider two or three times but had been unsuccessful in talking with the provider. LALD-A further stated, "normally I would have consulted with the registered nurse on what to do."</p> <p>The licensee's 7.22 Medication &amp; Treatment Record-Documentation &amp; Refusal policy dated August 1, 2021, indicated the reason for any refusal of medications would be documented on the back of the MAR.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p> | 01720                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01730                                                                 | Continued From page 60                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 01730                                                                  |                                                                                                                          |  |                                                     |
| 01730<br>SS=G                                                         | <b>144G.71 Subd. 5 Individualized medication management plan</b><br><br>(a) For each resident receiving medication management services, the assisted living facility must prepare and include in the service plan a written statement of the medication management services that will be provided to the resident. The facility must develop and maintain a current individualized medication management record for each resident based on the resident's assessment that must contain the following:<br>(1) a statement describing the medication management services that will be provided;<br>(2) a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions;<br>(3) documentation of specific resident instructions relating to the administration of medications;<br>(4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis;<br>(5) identification of medication management tasks that may be delegated to unlicensed personnel;<br>(6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and<br>(7) any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions.<br>(b) The medication management record must be current and updated when there are any changes. | 01730                                                                  |                                                                                                                          |  |                                                     |



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| 01730                                                                 | <p>Continued From page 61</p> <p>(c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to develop and maintain a current individualized medication management plan for one of two residents (R2).</p> <p>This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death), and was issued at 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).</p> <p>Findings include:</p> <p>R2's service plan dated May 1, 2022, indicated the resident received services to include medication management. R2's record lacked a written statement of the medication management services to be provided to the resident to include:</p> <ul style="list-style-type: none"><li>-description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions.</li><li>-identification of persons responsible for monitoring medication supplies and ensuring medication refills were ordered on a timely basis.</li><li>-procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arose with medication management services, and</li></ul> | 01730                                                                  |                                                                                                                          |  |                                                     |



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| 01730                                                                 | <p>Continued From page 62</p> <p>-any resident-specific requirements relation to documentation of medication administration, verifications that all medications are administered as prescribed and monitoring of medication use to prevent possible complications or adverse reactions.</p> <p>On August 7, 2023, at 3:15 p.m. LALD-A stated although RN-C was no longer employed by the licensee, LALD-A stated she could "consult" with RN-C if needed. LALD-A stated the nursing assessments had not been "documented since April" and she was "checking in" with the residents to "ask how they were doing" since there was no RN. LALD-A stated she had been creating the residents' medication administration record (MAR) each month and assisting with medication administration. LALD-A further stated she had not consulted with RN-C since they left employment sometime in April. LALD-A further stated she had been trying to hire a new RN, but did not have documentation of the efforts.</p> <p>On August 9, 2023, during record review at 10:05 a.m., R2's medication administration record (MAR) indicated he received the following medications from August 1st- August 8th, 2023:</p> <ul style="list-style-type: none"><li>-propranolol 60 milligrams (mg) used for high blood pressure</li><li>-losartan potassium 50 mg (used for high blood pressure)</li><li>-tamsulosin 0.4 mg (used for urinary difficulty)</li><li>-atorvastatin 20 mg (used for high cholesterol)</li><li>-aspirin 81 mg (used to prevent heart attack or stroke)</li><li>-dashes were noted on to indicate R2 had refused metformin 500 mg (used to control blood sugar), August 1st -8th, 2023. No reason for refusal was documented on the MAR.</li></ul> | 01730                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMRAN HOME HEALTH CARE LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3228 COLUMBUS AVENUE SOUTH<br/>MINNEAPOLIS, MN 55407</b> |                                                                                                                          |  |                                                        |
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| 01730                                                                 | <p>Continued From page 63</p> <p>R2's record lacked evidence the registered nurse (RN) provided specific written instructions for R2's medication administration and lacked evidence the RN communicated with the unlicensed personnel about R2's individual needs.</p> <p>On August 9, 2023, at 1:20 p.m., during an interview aided by interpretive services (I)-5, R2 stated he had not refuse a nursing assessment and was "never asked."</p> <p>- At 2:45 p.m., LALD-A stated the role of the RN was conducting "assessments," to provide "medication training" and any "clinical" needs.</p> <p>On August 10, 2023, during a phone interview at 12:45 p.m., RN-C stated she had resigned from the facility April 30, 2023, and she had not conducted any required initial or ongoing assessments for R2. RN-C stated she was not aware R2 had admitted to the assisted living facility and had not met him until August 7, 2023, when she was asked by LALD-A to come back "to help." RN-C stated she was told by LALD-A "state" was at the facility for survey and they could not give medications due to not having a licensed nurse on staff and available.</p> <p>On August 10, 2023, at 10:40 a.m., LALD-A stated R2's medication management plan lacked required elements.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p> | 01730                                                                                                |                                                                                                                          |  |                                                        |
| 01750<br>SS=F                                                         | <p>144G.71 Subd. 7 Delegation of medication administration</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 01750                                                                                                |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMRAN HOME HEALTH CARE LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3228 COLUMBUS AVENUE SOUTH<br/>MINNEAPOLIS, MN 55407</b>                     |  |                                                     |
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| 01750                                                                 | <p>Continued From page 64</p> <p>When administration of medications is delegated to unlicensed personnel, the assisted living facility must ensure that the registered nurse has:</p> <p>(1) instructed the unlicensed personnel in the proper methods to administer the medications, and the unlicensed personnel has demonstrated the ability to competently follow the procedures;</p> <p>(2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's records; and</p> <p>(3) communicated with the unlicensed personnel about the individual needs of the resident.</p> <p>This MN Requirement is not met as evidenced by:</p> <p>Based on observation, interview and record review, the licensee failed to ensure registered nurse (RN) specified, in writing, specific instructions of medication administration and to communicate with the unlicensed personnel (ULP) about the individual needs for two of two residents (R1,R2).</p> <p>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)</p> <p>The findings include:</p> <p>On August 8, 2023, at 9:50 a.m., R1 was observed sitting at the dining room table reading from a book and conversing with ULP-B.</p> | 01750                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01750                                                                 | <p>Continued From page 65</p> <p><b>R1</b><br/>R1's service plan dated October 1, 2020, indicated the resident received services to include medication management.</p> <p>On August 9, 2023, during record review at 9:00 a.m., R1's medication administration record (MAR) indicated he received the following medications from May 1, 2023 - August 8th, 2023:</p> <ul style="list-style-type: none"><li>-divalproex 1000 milligrams (mg), used to treat manic episodes of bipolar disorder.</li><li>-quetiapine 200 mg (used to treat certain mental/mood conditions such as schizophrenia).</li><li>-Olanzapine 10 mg (used to treat severe agitation associated with certain mental/mood conditions such as schizophrenia).</li></ul> <p><b>R2</b><br/>R2's service plan dated May 1, 2022, and signed by R2 and licensed assisted living director/owner (LALD)-A, indicated R2 received services to include medication management.</p> <p>On August 9, 2023, during record review at 10:05 a.m., R2's medication administration record (MAR) indicated he received the following medications from August 1st- August 8th, 2023:</p> <ul style="list-style-type: none"><li>-propranolol 60 milligrams (mg) used for high blood pressure</li><li>-losartan potassium 50 mg (used for high blood pressure)</li><li>-tamsulosin 0.4 mg (used for urinary difficulty)</li><li>-atorvastatin 20 mg (used for high cholesterol)</li><li>-aspirin 81 mg (used to prevent heart attack or stroke)</li><li>-dashes were noted on to indicate R2 had refused metformin 500 mg (used to control blood sugar), August 1st -8th, 2023. No reason for refusal was documented on the MAR.</li></ul> | 01750                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01750                                                                 | <p>Continued From page 66</p> <p>R1 and R2's record lacked evidence the RN provided specific written instructions for their medication administration. The records further lacked evidence the RN communicated with the unlicensed personnel about R1 and R2's individual needs.</p> <p>On August 7, 2023, at 10:30 a.m., during the entrance conference, LALD-A stated R2 had refused blood sugar checks since starting services and recently had been refusing daily metformin (used to control blood sugar). LALD-A stated the licensee's RN-C resigned "in April" 2023, could not recall the date, and stated unlicensed personnel (ULP)-B was currently reporting to LALD-A.</p> <p>On August 7, 2023, at 3:15 p.m. LALD-A stated although RN-C was no longer employed by the licensee, LALD-A stated she could "consult" with RN-C if needed. LALD-A stated the nursing assessments had not been "documented since April" and she was "checking in" with the residents to "ask how they were doing" since there was no RN. LALD-A stated she had been creating the residents' medication administration record (MAR) each month and assisting with medication administration. LALD-A further stated she had not consulted with RN-C since they left employment sometime in April. LALD-A further stated she had been trying to hire a new RN, but did not have documentation of the efforts.</p> <p>On August 9, 2023, at 2:45 p.m., LALD-A stated the role of the RN was conducting "assessments," to provide "medication training" and any "clinical" needs.</p> <p>On August 10, 2023, during a phone interview at</p> | 01750                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01750                                                                 | Continued From page 67<br><br>12:45 p.m., RN-C stated she had resigned from the facility April 30, 2023, and she had not conducted any required initial or ongoing assessments for R2. RN-C further stated she was not aware R2 had admitted to the assisted living facility and had not met him until August 7, 2023, when she was asked by LALD-A to come back "to help." RN-C stated she was told by LALD-A "state" was at the facility for survey and they could not give medications due to not having a licensed nurse on staff.<br><br>The licensee's 6.14 Delegation of Assisted Living Services, dated August 1, 2021, indicated the RN would ensure that unlicensed personnel would be trained in the proper methods to perform tasks for each resident prior to performing those tasks. The policy further indicated the RN would document instructions for the delegated tasks in the resident's record.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Two (2) days | 01750                                                                                                |                                                                                                                          |  |                                                        |
| 01760<br>SS=G                                                         | 144G.71 Subd. 8 Documentation of administration of medication<br><br>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                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 01760                                                                                                |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| 01760                                                                 | <p>Continued From page 68</p> <p>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.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to ensure medications were administered per provider orders for one of two residents (R2).</p> <p>This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death), and was issued at 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).</p> <p>The findings include:</p> <p>R2's diagnosis included chronic hypertension and Type 2 diabetes.</p> <p>R2's service plan dated May 1, 2022, indicated the resident received services to include medication management.</p> <p>On August 7, 2023, at 10:30 a.m., during the entrance conference, licensed assisted living director (LALD)-A stated R2 had recently been refusing daily metformin ( medication used to control blood sugar). LALD-A stated the licensee's RN (RN-C) resigned "in April" 2023, could not recall the date, and stated unlicensed personnel (ULP)-B was currently reporting to LALD-A.</p> | 01760                                                                                                |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| 01760                                                                 | <p>Continued From page 69</p> <p>On August 7, 2023, at 3:15 p.m. LALD-A stated although RN-C was no longer employed by the licensee, LALD-A stated she could "consult" with RN-C if needed. LALD-A stated the nursing assessments had not been "documented since April" and she was "checking in" with the residents to "ask how they were doing" since there was no RN. LALD-A stated she had been creating the residents' medication administration record (MAR) each month and assisting with medication administration. LALD-A further stated she had not consulted with RN-C since they left employment sometime in April. LALD-A further stated she had been trying to hire a new RN, but did not have documentation of the efforts.</p> <p>On August 9, 2023, during record review at 10:05 a.m., R2's medication administration record (MAR) indicated he received the following medications from August 1st- August 8th, 2023:</p> <ul style="list-style-type: none"><li>-propranolol 60 milligrams (mg) used for high blood pressure</li><li>-losartan potassium 50 mg (used for high blood pressure)</li><li>-tamsulosin 0.4 mg (used for urinary difficulty)</li><li>-atorvastatin 20 mg (used for high cholesterol)</li><li>-aspirin 81 mg (used to prevent heart attack or stroke)</li><li>-dashes were noted on to indicate R2 had refused metformin 500 mg (used to control blood sugar), August 1st -8th, 2023. No reason for refusal was documented on the MAR.</li></ul> <p>The licensee's 7.20 Medication &amp; Treatment Orders, dated August 1, 2021, indicated a licensed nurse would review all medication orders for progress and effectiveness on a regular basis. The policy further indicated the licensed nurse would audit the MAR regularly for documentation</p> | 01760                                                                  |                                                                                                                          |  |                                                     |



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| 01760                                                                 | Continued From page 70<br><br>compliance.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Two (2)<br>days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 01760                                                                  |                                                                                                                          |  |                                                     |
| 01850<br>SS=F                                                         | 144G.71 Subd. 16 Written or electronic<br>prescription<br><br>When a written or electronic prescription is<br>received, it must be communicated to the<br>registered nurse in charge and recorded or<br>placed in the resident's record.<br><br>This MN Requirement is not met as evidenced<br>by:<br>Based on interview and record review, the<br>licensee failed to ensure a written prescription<br>order was communicated to the register nurse<br>and recorded in the resident's record for one of<br>two residents (R2).<br><br>This practice resulted in a level two violation (a<br>violation that did not harm a resident's health or<br>safety but had the potential to have harmed a<br>resident's health or safety, but was not likely to<br>cause serious injury, impairment, or death) and<br>was issued at a widespread scope (when<br>problems are pervasive or represent a systemic<br>failure that has affected or has the potential to<br>affect a large portion or all of the residents).<br><br>The findings include:<br><br>R2's diagnosis included chronic hypertension and<br>Type 2 diabetes. R2's service plan dated May 1,<br>2022, indicated the resident received services to<br>include medication management. | 01850                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMRAN HOME HEALTH CARE LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3228 COLUMBUS AVENUE SOUTH<br/>MINNEAPOLIS, MN 55407</b>                     |  |                                                     |
| (X4) ID<br>PREFIX<br>TAG                                              | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ID<br>PREFIX<br>TAG                                                    | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                            |
| 01850                                                                 | <p>Continued From page 71</p> <p>On August 7, 2023, at 10:30 a.m., during the entrance conference, assisted living director/owner (LALD)-A stated the licensee's registered nurse (RN)-C resigned in April 2023, and there was not a registered nurse available 24/7.</p> <p>A provider's signed prescriber order dated July 27, 2023, indicated R2 was to begin to use a FreeStyle Libre 14-day sensor (a continuous blood sugar monitoring system worn on the upper arm and read by scanning the sensor with a smartphone).</p> <p>On August 9, 2023, at 10:05 a.m., LALD-A stated R2 went to the clinic on July 27, 2023, and the provider discontinued the blood sugar monitoring.</p> <p>R2's record lacked documented evidence R2's blood sugar monitoring was discontinued or the prescription order was communicated to a RN.</p> <p>The licensee's 7.16 Medication &amp; Treatment Orders-Implementing policy dated August 1, 2021, indicated if a licensed nurse was not on duty when an order was received, the unlicensed personnel would notify the nurse within one hour of receipt of the order.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p> | 01850                                                                  |                                                                                                                          |  |                                                     |
| 01940<br>SS=F                                                         | <p>144G.72 Subd. 3 Individualized treatment or therapy managemen</p> <p>For each resident receiving management of</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 01940                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMRAN HOME HEALTH CARE LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3228 COLUMBUS AVENUE SOUTH<br/>MINNEAPOLIS, MN 55407</b>                     |  |                                                     |
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| 01940                                                                 | <p>Continued From page 72</p> <p>ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following:</p> <p>(1) a statement of the type of services that will be provided;</p> <p>(2) documentation of specific resident instructions relating to the treatments or therapy administration;</p> <p>(3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel;</p> <p>(4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and</p> <p>(5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes.</p> <p>This MN Requirement is not met as evidenced by:</p> <p>Based on interview and record review, the licensee failed to develop and implement a treatment or therapy management plan to include all required content for one of two residents (R2).</p> <p>his 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</p> | 01940                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMRAN HOME HEALTH CARE LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3228 COLUMBUS AVENUE SOUTH<br/>MINNEAPOLIS, MN 55407</b>                     |  |                                                     |
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| 01940                                                                 | <p>Continued From page 73</p> <p>resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is 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).).</p> <p>The findings include:</p> <p>R2's diagnosis included chronic hypertension and Type 2 diabetes.</p> <p>A provider's signed prescription order dated March 15, 2023, indicated R2 was to use an accu-check guide with device daily (device used to check blood sugar) and an order dated July 27, 2023, indicated R2 was to use a FreeStyle Libre 14-day sensor (a continuous blood sugar monitoring system worn on the upper arm and read by scanning the sensor with a smartphone).</p> <p>On August 7, 2023, at 10:30 a.m., during the entrance conference, licensed assisted living director/owner (LALD)-A stated R2 had refused blood sugar checks since he started services. LALD-A stated the licensee's RN (RN-C) resigned "in April" 2023, could not recall the date, and stated unlicensed personnel (ULP)-B was currently reporting to LALD-A.</p> <p>On August 7, 2023, at 3:15 p.m. LALD-A stated although RN-C was no longer employed by the licensee, LALD-A stated she could "consult" with RN-C if needed. LALD-A stated the nursing assessments had not been "documented since April" and she was "checking in" with the residents to "ask how they were doing" since there was no RN. LALD-A stated she had been creating the residents' medication administration record (MAR) each month and assisting with</p> | 01940                                                                  |                                                                                                                          |  |                                                     |



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| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMRAN HOME HEALTH CARE LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3228 COLUMBUS AVENUE SOUTH<br/>MINNEAPOLIS, MN 55407</b>                     |  |                                                     |
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| 01940                                                                 | <p>Continued From page 74</p> <p>medication administration. LALD-A further stated she had not consulted with RN-C since they left employment sometime in April. LALD-A further stated she had been trying to hire a new RN but did not have documentation of the efforts.</p> <p>On August 9, 2023, at 10:05 a.m., LALD-A stated R2 went to the clinic on July 27, 2023, and the provider discontinued the blood sugar monitoring.</p> <p>-at 2:45 p.m., LALD-A stated she had tried to get the last provider's note and the order to discontinue blood sugar checks from the clinic, but the clinic "won't release" it to her. LALD-A further stated she usually gets a release of information signed by the resident when the resident admits to the facility, but they "don't have one for (R2)." LALD-A acknowledged the role of the RN was to conduct "assessments," to provide "medication training" and to perform any other "clinical" needs.</p> <p>-at 1:20 p.m., during an interview aided by interpretive services (I)-5, R2 indicated they had not refused blood sugar checks and stated, "I don't mind for them to check."</p> <p>R2's record lacked documented evidence of R2's blood sugar monitoring being discontinued. R2's record further lacked a treatment or therapy management plan to include the following:</p> <ul style="list-style-type: none"><li>(1) a statement of the type of services that will be provided;</li><li>(2) documentation of specific resident instructions relating to the treatments or therapy administration;</li><li>(3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel;</li><li>(4) procedures for notifying a registered nurse or appropriate licensed health professional when a</li></ul> | 01940                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01940                                                                 | <p>Continued From page 75</p> <p>problem arises with treatments or therapy services; and</p> <p>(5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed and monitoring of treatment or therapy to prevent possible complications or adverse reactions.</p> <p>On August 10, 2023, during a phone interview at 12:45 p.m., RN-C stated she had resigned from the facility April 30, 2023, and she had not conducted any required initial or ongoing assessments for R2. RN-C further stated she was not aware R2 had admitted to the assisted living facility and had not met him until August 7, 2023, when she was asked by LALD-A to come back "to help." RN-C stated she was told by LALD-A "state" was at the facility for survey and they could not give "medications" due to not having a licensed nurse on staff.</p> <p>The licensee's 7.00 Medication &amp; Treatment Orders-Implementing policy, dated August 1, 2021, indicated a licensed nurse would implement new or changed medication or treatment orders within 24 hours of receiving the order.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p> | 01940                                                                                                |                                                                                                                          |                                                        |
| 02240<br>SS=C                                                         | <p>144G.90 Subdivision 1 Assisted living bill of rights; notification</p> <p>(a) An assisted living facility must provide the resident a written notice of the rights under</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 02240                                                                                                |                                                                                                                          |                                                        |



Minnesota Department of Health

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| 02240                                                                 | <p>Continued From page 76</p> <p>section 144G.91 before the initiation of services to that resident. The facility shall make all reasonable efforts to provide notice of the rights to the resident in a language the resident can understand.</p> <p>(b) In addition to the text of the assisted living bill of rights in section 144G.91, the notice shall also contain the following statement describing how to file a complaint or report suspected abuse:<br/>"If you want to report suspected abuse, neglect, or financial exploitation, you may contact the Minnesota Adult Abuse Reporting Center (MAARC). If you have a complaint about the facility or person providing your services, you may contact the Office of Health Facility Complaints, Minnesota Department of Health. If you would like to request advocacy services, you may contact the Office of Ombudsman for Long-Term Care or the Office of Ombudsman for Mental Health and Developmental Disabilities."</p> <p>(c) The statement must include contact information for the Minnesota Adult Abuse Reporting Center and the telephone number, website address, email address, mailing address, and street address of the Office of Health Facility Complaints at the Minnesota Department of Health, the Office of Ombudsman for Long-Term Care, and the Office of Ombudsman for Mental Health and Developmental Disabilities. The statement must include the facility's name, address, email, telephone number, and name or title of the person at the facility to whom problems or complaints may be directed. It must also include a statement that the facility will not retaliate because of a complaint.</p> <p>(d) A facility must obtain written acknowledgment from the resident of the resident's receipt of the assisted living bill of rights or shall document why an acknowledgment cannot be obtained.</p> | 02240                                                                  |                                                                                                                          |  |                                                     |



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| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMRAN HOME HEALTH CARE LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3228 COLUMBUS AVENUE SOUTH<br/>MINNEAPOLIS, MN 55407</b>                     |  |                                                     |
| (X4) ID<br>PREFIX<br>TAG                                              | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ID<br>PREFIX<br>TAG                                                    | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                            |
| 02240                                                                 | <p>Continued From page 77</p> <p>Acknowledgment of receipt shall be retained in the resident's record.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to ensure the current "Minnesota Bill of Rights for Assisted Living Residents" was provided to the resident and a written acknowledgement received for two of two residents (R1, R2).</p> <p>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).</p> <p>R1 was admitted on October 1, 2020, and received services to include, housekeeping and medication management.</p> <p>R2 was admitted on May 1, 2022, and received services to include housekeeping, meal preparation and medication management.</p> <p>R1 and R2 records lacked documented evidence of receipt of the current Assisted Living Bill of Rights.</p> <p>On August 9, 2023, at 12:00 p.m., assisted living director/owner (LALD)-A stated she did not have the residents sign they had received the Assisted Living Bill of Rights, and this was done "verbally."</p> <p>No further information was provided.</p> | 02240                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

|                                                                       |                                                                                                                              |                                                                                                      |                                                                                                                          |  |                                                        |
|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                   |                                                                                                                              | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>36732</b>                            | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                    |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>08/11/2023</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMRAN HOME HEALTH CARE LLC</b> |                                                                                                                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3228 COLUMBUS AVENUE SOUTH<br/>MINNEAPOLIS, MN 55407</b> |                                                                                                                          |  |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                              | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION) | ID<br>PREFIX<br>TAG                                                                                  | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                               |
| 02240                                                                 | Continued From page 78<br><br>TIME PERIOD FOR CORRECTION: Twenty-one<br>(21) days                                            | 02240                                                                                                |                                                                                                                          |  |                                                        |



Type: Full  
Date: 08/07/23  
Time: 14:53:30  
Report: 8058231168

## Food and Beverage Establishment Inspection Report

Page 1

**Location:**

Amran Home Health Care Llc  
3228 Columbus Avenue South  
Minneapolis, MN55407  
Hennepin County, 27

**Establishment Info:**

ID #: 0038410  
Risk:  
Announced Inspection: No

**License Categories:**

Expires on: / /

**Operator:**

Phone #: 6122967125  
ID #:

The violations listed in this report include any previously issued orders and deficiencies identified during this inspection. Compliance dates are shown for each item.

The following orders were issued during this inspection.

**3-500C Microbial Control: date marking**

**3-501.17A**

**\*\* Priority 2 \*\***

MN Rule 4626.0400A Mark the refrigerated, ready-to-eat, TCS food prepared and held for more than 24 hours in the food establishment using an effective method to indicate the date by which the food must be consumed on the premises, sold, or discarded.

SOME LEFTOVER ITEMS MISSING DATE MARKING

*Corrected on Site*

**2-100 Supervision**

**2-102.12DMN**

MN Rule 4626.0033D Post the certified food protection manager certificate.

POST CFPM TO ESTABLISHMENT

*Comply By: 08/31/23*

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

RESIDENTIAL HOME IN RESIDENTIAL NEIGHBORHOOD. FINISHES ARE NOT COMMERCIAL (I.E. WOOD CABINETS, VINYL FLOORING, LAMINATE COUNTERTOPS, PAINTED DRYWALL)

HRD INSPECTOR: TAMMY CARLSON

FACILITY REP: NIMO YUSUF



Type: Full  
Date: 08/07/23  
Time: 14:53:30  
Report: 8058231168  
Amran Home Health Care Llc

# Food and Beverage Establishment Inspection Report

Page 2

**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 8058231168 of 08/07/23.

Certified Food Protection Manager: \_\_\_\_\_

Certification Number: \_\_\_\_\_ Expires: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Inspection report reviewed with person in charge and emailed.**

Signed: \_\_\_\_\_

Establishment Representative

Signed: \_\_\_\_\_

Inspector Number 8058

Sanitarian 3

MDH Metro Office

651 201 4500

health.foodlodging@state.mn.us