Electronically Delivered

December 12, 2023

Licensee
Motivate Home Services
14665 Chili Avenue West
Rosemount, MN 55068

RE: Project Number(s) SL26047015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on November 15, 2023, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, the MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

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

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

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

The correction order documentation should include the following:

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

CORRECTION ORDER RECONSIDERATION PROCESS

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

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

Please address your cover letter for reconsideration requests to:

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

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

If you have any questions, please contact me.

Sincerely,

Jodi Johnson, Supervisor
State Evaluation Team
Email: jodi.johnson@state.mn.us
Telephone: 507-344-2730 Fax: 1-866-890-9290

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	26047	A. BUILDING: _____ B. WING _____	11/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOTIVATE HOME SERVICES	14665 CHILI AVENUE WEST ROSEMOUNT, MN 55068

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments ******ATTENTION****** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL26047015-0 On November 13, 2023, through November 15, 2023, the Minnesota Department of Health conducted a full survey at the above provider, and the following correction orders are issued. At the time of the survey, there were four active residents; four receiving services under the Assisted Living license.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3.	
0 430 SS=C	144G.40 Subd. 2 Uniform checklist disclosure of services (a) All assisted living facilities must provide to	0 430		

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0 430	Continued From page 1 prospective residents: (1) a disclosure of the categories of assisted living licenses available and the category of license held by the facility; (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 (3) an oral explanation of the services offered under the contract. (b) The requirements of paragraph (a) must be completed prior to the execution of the assisted living contract. (c) The commissioner must, in consultation with all interested stakeholders, design the uniform checklist disclosure form for use as provided under paragraph (a). This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide a copy of the uniform disclosure of assisted living and services (UDALSA) with the required content for one of one resident (R1). This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: R1 was admitted on October 17, 2022, and	0 430		

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0 430	Continued From page 2 received services to include assistance with bathing, dressing, grooming, housekeeping, laundry, meals, and medication management. R1's record lacked documentation of receiving a UDALSA to include: - a disclosure of the categories of assisted living licenses available and the category of license held by the facility - 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 - an oral explanation of all services offered under the contract. On November 14, 2023, at 11:55 a.m., licensed assisted living director (LALD)-A stated he had not provided a copy of the UDALSA to any of the current residents. No further information was provided. PERIOD OF CORRECTION: Twenty-one (21) days	0 430		
0 470 SS=F	144G.41 Subdivision 1 Minimum requirements (11) develop and implement a staffing plan for determining its staffing level that: (i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility; (ii) ensures sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' assessments and service plans	0 470		

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0 470	Continued From page 3 on a 24-hour per day basis; and (iii) ensures that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility; (12) ensure that one or more persons are available 24 hours per day, seven days per week, who are responsible for responding to the requests of residents for assistance with health or safety needs. Such persons must be: (i) awake; (ii) located in the same building, in an attached building, or on a contiguous campus with the facility in order to respond within a reasonable amount of time; (iii) capable of communicating with residents; (iv) capable of providing or summoning the appropriate assistance; and (v) capable of following directions; This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the staffing plan was evaluated twice a year to ensure appropriate staffing levels. This had the potential to affect all four residents and staff of the licensee. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include:	0 470		

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0 470	Continued From page 4 The licensee's staffing plan was reviewed on May 27, 2022, and most recently on February 23, 2023. On November 14, 2023, at 12:45 p.m., licensed assisted living director (LALD)-A stated the staffing plan was revised every year by the director of nursing. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 470		
0 780 SS=F	144G.45 Subd. 2 (a) (1) Fire protection and physical environment (a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: (1) for dwellings or sleeping units, as defined in the State Fire Code: (i) provide smoke alarms in each room used for sleeping purposes; (ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms; (iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics; (iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and (v) ensure the power supply for existing smoke alarms complies with the State Fire Code,	0 780		

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0 780	Continued From page 5 except that newly introduced smoke alarms in existing buildings may be battery operated; This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide interconnected smoke alarms that complied with fire protection requirements. This had the potential to directly affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). Findings include: On November 14, 2023, at 12:00 p.m., survey staff toured the home with the licensed assisted living director (LALD)-A. During the tour, survey staff observed that when smoke alarms were tested in the resident bedrooms none of the other smoke alarms in the dwelling unit were activated. The smoke alarms installed in the bedrooms and outside each sleeping area were not all interconnected. This deficient condition was verified by LALD-A during an interview with survey staff on November 15, 2023, at 10:00 a.m. TIME PERIOD FOR CORRECTION: Seven (7) days	0 780		

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0 790	Continued From page 6	0 790		
0 790 SS=F	144G.45 Subd. 2 (a) (2)-(3) Fire protection and physical environment (2) install and maintain portable fire extinguishers in accordance with the State Fire Code; (3) install portable fire extinguishers having a minimum 2-A:10-B:C rating within Group R-3 occupancies, as defined by the State Fire Code, located so that the travel distance to the nearest fire extinguisher does not exceed 75 feet, and maintained in accordance with the State Fire Code; and This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain the portable fire extinguishers as required by statute. This deficient condition had the potential to affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: On November 14, 2023, at 12:00 p.m., survey staff toured the home with the licensed assisted living director (LALD)-A. During the tour, survey staff observed the following:	0 790		

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0 790	Continued From page 7 1. Tags or labels were not attached to the portable fire extinguisher showing monthly fire extinguisher inspections were completed. Fire extinguisher inspections must be conducted every month to ensure that each extinguisher is in its designated place, that it has not been tampered with, and that there is no obvious physical damage or condition that would interfere with its use or operation. 2. The kitchen fire extinguisher was stored in a cabinet under the sink and the location was not identified. A sign must be provided indicating the fire extinguisher's location if it is not visible. During an interview on November 15, 2023, at 10:00 a.m., LALD-A explained the licensee was not aware of the monthly inspection requirements for the fire extinguishers. LALD-A stated a sign had been posted previously for the fire extinguisher stored under the kitchen sink and they were not sure why it was missing. TIME PERIOD FOR CORRECTION: Seven (7) days	0 790		
0 810 SS=F	144G.45 Subd. 2 (b)-(f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) employee actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and	0 810		

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0 810	Continued From page 8 (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop the fire safety and evacuation plans with the required content. This had the potential to directly affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident 's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).	0 810		

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0 810	Continued From page 9 The findings include: On November 14, 2023, at 12:00 p.m., survey staff toured the home with licensed assisted living director (LALD)-A. During the tour, survey staff observed an office was located in the basement. LALD-A explained the office had previously been used as a bedroom not identified on the plan. On November 13, 2023, LALD-A provided documents on the fire safety and evacuation plans (FSEP), fire safety and evacuation training, and evacuation drills for the facility. FIRE SAFETY AND EVACUATION PLANS The Roseview Assisted Living Escape Plan labeled a bedroom in the basement that was being used as an office. The location and number of resident sleeping rooms were not accurately identified in the escape plan. The licensee provided the Emergency Management Policy, the Roseview Preparedness Plan, and the Roseview Assisted Living Escape Plan for the FSEP review. The licensee FSEP failed to include the following: The FSEP did not include specific employee actions to take in the event of a fire or similar emergency relative to the facility's building layout and environmental risks. The FSEP did not identify fire protection procedures necessary for residents evident by no instructions in the plans. During an interview on November 15, 2023, at 10:00 a.m., LALD-A verified the deficient condition. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810		
01760 SS=D	144G.71 Subd. 8 Documentation of administration of medication Each medication administered by the assisted	01760		

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01760	Continued From page 10 living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure physician orders were transcribed accurately for one of one resident (R1). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: R1 was admitted for services on October 17, 2022. R1's diagnoses included schizophrenia (disorder that affects a person's ability to think, feel and behave clearly), anxiety, and depression.	01760		

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01760	Continued From page 11 R1's service plan dated October 10, 2023, indicated R1 received assistance with medication management. On November 14, 2023, at 1:55 p.m., the surveyor observed unlicensed personnel (ULP)-D administer R1's oral medications. R1's prescriber orders signed on May 23, 2023, included Melatonin 3 milligrams (mg); take two tablets at bedtime. R1's medication administration record (MAR) dated November 1, 2023, lacked Melatonin. On November 14, 2023, at 1:20 p.m. registered nurse (RN)-B stated the medication had been discontinued because it was not covered by R1's insurance. RN-B further stated R1's record lacked a prescriber order to discontinue the medication. The licensee's Medication Orders policy, undated, indicated if a medication was on hold due to financial limitations or other reasons the provider would be updated, the medication profile would be updated, and an order would be obtained. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760		
01830 SS=D	144G.71 Subd. 14 Renewal of prescriptions Prescriptions must be renewed at least every 12 months or more frequently as indicated by the assessment in subdivision 2. Prescriptions for controlled substances must comply with chapter	01830		

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01830	Continued From page 12 152. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the facility failed to renew prescriptions at least every 12 months for one of one resident (R1). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: R1's record lacked an annual renewal of prescriber orders for medications. R1's diagnoses included schizophrenia (disorder that affects a person's ability to think, feel and behave clearly), anxiety, and depression. R1's service plan dated October 10, 2023, indicated R1 received assistance with medication management. On November 14, 2023, at 1:55 p.m., the surveyor observed unlicensed personnel (ULP)-D administer R1's oral medications. The following physician orders lacked evidence of being renewed annually: -atenolol 25 milligrams (mg); take one tablet by mouth daily, per physician order dated October	01830		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	26047	A. BUILDING: _____ B. WING _____	11/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOTIVATE HOME SERVICES	14665 CHILI AVENUE WEST ROSEMOUNT, MN 55068

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01830	Continued From page 13 17, 2022. -pantoprazole 40 mg; take one tablet by mouth twice daily, per physician order dated October 17, 2022. -tamsulosin 0.4 mg; take one capsule by mouth daily, per physician order dated October 17, 2022. -thiamin 100 mg; take one tablet by mouth daily, per physician order dated October 17, 2022. On November 14, 2023, at 1:18 p.m., registered nurse (RN)-B stated R1's prescriber orders listed above had not been renewed at least annually as required. The licensee's Medication Prescriptions and Refills policy, undated, indicated the nurse would assure the prescriber renewed medication orders at least every 12 months. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01830		
02290 SS=F	144G.91 Subd. 2 Legislative intent The rights established under this section for the benefit of residents do not limit any other rights available under law. No facility may request or require that any resident waive any of these rights at any time for any reason, including as a condition of admission to the facility. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee included language within the residency agreement contract which limited the	02290		

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02290	Continued From page 14 rights of all residents residing within the facility. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: R1 R1 was admitted for services on October 17, 2022, with diagnoses including schizophrenia (disorder that affects a person's ability to think, feel and behave clearly), anxiety, and depression. R1's service plan dated October 10, 2023, indicated R1 received assistance with medication management. R2 R2 was admitted for services on August 30, 2023, with diagnoses including schizophrenia (disorder that affects a person's ability to think, feel and behave clearly), and anxiety. R2's service plan signed August 30, 2023, indicated R2 received assistance with bathing, dressing, grooming, housekeeping, laundry, meals, and medication management. R3 R3 was admitted for services on April 15, 2019, with diagnoses including attention deficit hyperactivity disorder (condition including attention difficulty, hyperactivity, and impulsiveness), anxiety and depression.	02290		

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	26047	A. BUILDING: _____ B. WING _____	11/15/2023

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02290	Continued From page 15 R3's service plan dated January 25, 2023, indicated R3 received assistance with medication management. Right to Refuse Care or Services: R1 and R3's contracts signed on October 10, 2023, and January 25, 2023, respectively, under "House Rules" and "Medication" indicated: -All clients must be medication compliant. If you want to refuse a medication, especially a psychiatric medication, we ask that you discuss this with your doctor before refusing. -All clients must allow the involvement of nursing and follow through on any scheduled doctor's appointments. -Client will take all medication in the living room or kitchen with staff, followed by a mouth check. On November 14, 2023, at 1:55 p.m., the surveyor observed unlicensed personnel (ULP)-D call R1 to the kitchen and administered R1's oral medications. ULP-D then directed R1 to open his mouth and move his tongue around to ensure R1 swallowed the medications. At 3:00 p.m., ULP-D administered R3 his oral medications in his video gaming room. ULP-D then directed R3 to open his mouth and move his tongue around to ensure R3 swallowed the medication. -ULP-D stated all residents were required to take their medications in the kitchen or in the living room but administered R3 his medications in his gaming room today because he was on a virtual therapy appointment. ULP-D further stated the residents were required to do a mouth check after taking medications to ensure they swallowed them. -When the surveyor inquired what would happen if the resident refused to perform mouth check, ULP-D stated if they refused the mouth check,	02290		

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MOTIVATE HOME SERVICES	14665 CHILI AVENUE WEST ROSEMOUNT, MN 55068

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02290	Continued From page 16 then the resident was required to stay in a common area where they were supervised by staff for a minimum of 15 minutes. On November 15, 2023, at 9:19 a.m., registered nurse (RN)-B stated when residents refused medications, they had potential to have significant behaviors, which was why the medication restrictions had been put in place for all residents. Right to Come and Go Freely: R1 and R2's contracts signed on October 10, 2023, and August 30, 2023, respectively, under "House Rules" and "Leaving the Premises" indicated: -Clients must sign in and out when leaving, even if for a walk. A return time must be provided. If a client is going to be late from scheduled return time a call must be placed to house manager or house staff with new time. - Clients are allowed only two overnights a month. All other authorized leave of absences (LOA) are per individual care plans and may vary according to clients. - Nursing must be notified 72 hours ahead of planned LOA for medication set up. - No overnight absences are permitted without direct approval from client's case worker and administration - Curfew is 10 p.m., without exception. On November 15, 2023, at 8:59 a.m., R2 stated he was not allowed to leave without getting permission from the staff and had to be home by 10:00 p.m., every night. Right to Visitors and Social Participation: R1 and R2's contracts signed on October 10,	02290		

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02290	Continued From page 17 2023, and August 30, 2023, respectively, under "House Rules" and "Visitors" indicated: -Visiting hours are between 10:00 a.m. and 6 p.m., unless otherwise arranged with administration. -All visitors must be registered with administration and placed on the approved visitor list. This list will require the visitor giving verifiable information about themselves and making a copy of their picture ID. -Approved visitors must show proper identification to house staff prior to entering the premises. -all visitors under 18 must be accompanied by an outside adult party. -any unusual, disruptive, or inappropriate behavior from visitors will result in police/or administration being called to remove visitor. House staff has the right to ask a visitor to leave the premises. -Visitors may not eat, or drink food purchased by agency. On November 15, 2023, at 8:59 a.m., R2 stated he was allowed to have visitors but only if they were pre-approved and during certain hours of the day. Right to access food: R1 and R2's contracts signed on October 10, 2023, and August 30, 2023, respectively, under "House Rules" and "Meals" indicated: -Kitchen hours are between 7:00 a.m. and 10:00 p.m. -There will be three meals provided by staff each day with one alternative. -Each week a list of approved snacks will be available between 7:00 a.m. and 10:00 p.m. -Clients may assist in cooking with staff's involvement and approval for scheduled meals.	02290		

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02290	Continued From page 18 On November 15, 2023, at 8:59 a.m., R2 stated he could access food when the kitchen was open but he had to supply his own snacks if he wanted to eat outside of the kitchen hours. On November 15, 2023, at 9:19 a.m., licensed assisted living director (LALD)-A and RN-B stated they were aware of the content within the Assisted Living Bill of Rights but due to the clientele they served, they felt it was necessary to have restrictions in place for their safety. LALD-A further stated all residents received the same contract. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	02290		

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

Type: Full
Date: *11/15/23*
Time: 11:00:07
Report: 1004231197

Food and Beverage Establishment Inspection Report

Location:
Roseview
14665 Chili Avenue West
Rosemount, MN55068
Dakota County, 19

Establishment Info:
ID #: 0039038
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 9528480935
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.

No NEW orders were issued during this inspection.

Surface and Equipment Sanitizers

Utensil Surface Temp.: = at >160 Degrees Fahrenheit
Location: DISH MACHINE
Violation Issued: No

Quaternary Ammonia: = 200PPM at Degrees Fahrenheit
Location: BUCKET
Violation Issued: No

Food and Equipment Temperatures

Process/Item: EGG BAKE
Temperature: 41 Degrees Fahrenheit - Location: REFRIGERATOR
Violation Issued: No

Process/Item: CHEESE
Temperature: 41 Degrees Fahrenheit - Location: REFRIGERATOR
Violation Issued: No

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

INSPECTION WAS CONDUCTED BY MOLLY DOUGHERTY (FPLS) IN CONJUNCTION WITH A HEALTH REGULATIONS DIVISION (HRD) SURVEY CONDUCTED BY KASSIE MARKING.

DISCUSSED:
-EMPLOYEE ILLNESS POLICY AND LOG
-HANDWASHING
-SANITIZER USE AND TEST KITS
-CLEANING/SANITIZING FOOD CONTACT SURFACES AND UTENSILS
-HIGH TEMPERATURE SANITIZING DISH MACHINE TEMPERATURE VERIFICATION

-THERMOMETER USE AND CALIBRATION
-SERVING A HIGHLY SUSCEPTIBLE POPULATION (NO RAW/UNDERCOOKED ANIMAL FOODS, NO UNPASTEURIZED JUICE, MILK, ETC)
-VOMIT/FECAL INCIDENT CLEAN UP PROCEDURES
-FOOD SOURCE
-FOOD SERVICE PROCEDURES
-PEST CONTROL
-LOGS (TEMPERATURE SANITIZER, HIGH TEMP. DISH MACHINE ETC)
-PHYSICAL FACILITIES AND MAINTENANCE

*NO VIOLATIONS OBSERVED DURING TIME OF INSPECTION

*REPORT WAS DISCUSSED WITH OPERATORS, LUISO AND TENNA, AND WITH THE NURSE EVALUATOR, KASSIE.

*FLOORS ARE HARDWOOD, WALLS ARE PAINTED DRYWALL AND CEILING IS "POPCORN" TEXTURE. COUNTERTOPS ARE LAMINATE AND CABINETS ARE VARNISHED WOOD WITH HALLOW BASE. ALL ARE FOUND TO BE IN GOOD CONDITION AND WILL BE MONITORED AT FUTURE INSPECTIONS. IF AT SUCH A TIME THEY ARE FOUND TO BE A CONCERN OR RISK OF CONTAMINATION, THEY WILL BE ORDERED TO BE REPLACED AND BROUGHT UP TO CODE.

*KITCHEN HAS A 2-BASIN SINK. ONE BASIN IS DESIGNATED AS THE HANDWASHING SINK. THIS BASIN MAY ONLY BE USED FOR HANDWASHING PURPOSES.

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*IF ANY RESIDENT COMPLAINS OF ILLNESS, CONTACT THE MINNESOTA DEPARTMENT OF HEALTH AND PROVIDE THE FOODBORNE ILLNESS HOTLINE PHONE NUMBER TO THE RESIDENT. THE FOODBORNE ILLNESS HOTLINE PHONE NUMBER IS 1-877-366-3455.

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 1004231197 of 11/15/23.

Certified Food Protection Manager COLLEEN JOHNSON

Certification Number: FM119028 Expires: 10/04/26

Inspection report reviewed with person in charge and emailed.

Signed: _____
TENNA
OPERATOR

Signed: Molly Dougherty
Molly Dougherty
Public Health Sanitarian
Metro District Office
651-201-3978
molly.dougherty@state.mn.us