Electronically Delivered

December 6, 2024

Licensee
Joy Care Homes LLC
4301 78th Avenue North
Brooklyn Park, MN 55443

RE: Project Number(s) SL35701015

Dear Licensee:

On November 4, 2024, the Minnesota Department of Health completed a follow-up survey of your facility to determine if orders from the August 20, 2024, survey were corrected. This follow-up survey verified that the facility is in substantial compliance.

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

Please feel free to call me with any questions.

Sincerely,

Jess Schoenecker, Supervisor
State Evaluation Team
Email: jess.schoenecker@state.mn.us
Telephone: 651-201-3789 Fax: 1-866-890-9290

JMD

Electronically Delivered

September 20, 2024

Licensee
Joy Care Homes LLC
4301 78th Avenue North
Brooklyn Park, MN 55443

RE: Project Number(s) SL35701015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on August 20, 2024, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, 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.

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

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **https://forms.office.com/g/Bm5uQEpHVa**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at susan.winkelmann@state.mn.us or call 651-201-5952.

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,

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

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35701	A. BUILDING: _____ B. WING _____	08/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOY CARE HOMES LLC	4301 78TH AVENUE NORTH BROOKLYN PARK, MN 55443

(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: SL35701015-0 On August 19, 2024, through August 20, 2024, the Minnesota Department of Health conducted a full survey at the above provider, and the following correction orders are issued. At the time of the survey, there were 2 resident(s); 2 receiving services under the provider's Assisted Living Facility license.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators ' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	
0 800 SS=D	144G.45 Subd. 2 (a) (4) Fire protection and physical environment	0 800		

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0 800	Continued From page 1 (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. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain the facility's physical environment in a continuous state of good repair and operation regarding the health, safety, and well-being of the residents. This had the potential to affect a limited number of 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 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). Findings include: On a facility tour on August 19, 2024, from 1:15 p.m. to 2:15 p.m., with licensed assisted living director (LALD-A, and clinical nurse supervisor (CNS)-B, the surveyor made the following observations of facility hazards and disrepair: A light fixture cover and light bulb was missing on the ceiling in resident sleeping room 4. The light fixture cover and bulb are required to be maintained installed in order to prevent contact	0 800		

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0 800	Continued From page 2 with the electrical socket in the fixture. During a facility tour on August 19, 2024, at 2:15 p.m., LALD-A, and CNS-B, verified the above listed observations while accompanying on the tour. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 800		
0 820 SS=E	144G.45 Subd. 2 (g) Fire protection and physical environment (g) Existing construction or elements, including assisted living facilities that were registered as housing with services establishments under chapter 144D prior to August 1, 2021, shall be permitted to continue in use provided such use does not constitute a distinct hazard to life. Any existing elements that an authority having jurisdiction deems a distinct hazard to life must be corrected. The facility must document in the facility's records any actions taken to comply with a correction order, and must submit to the commissioner for review and approval prior to correction. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide facilities that were not a distinct hazard to life. This had the potential to directly affect more than a limited number of 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	0 820		

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0 820	Continued From page 3 resident's health or safety) and was issued at a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive). Findings include: On a facility tour on August 19, 2024, from 1:15 p.m. to 2:15 p.m., with licensed assisted living director (LALD-A, and clinical nurse supervisor (CNS)-B, the following distinct hazards were observed: OCCUPIED RESIDENT SLEEPING ROOMS Resident sleeping room 1, emergency escape and rescue clear window opening measurements are 22.25 inches wide, 17 inches in height, and 378 square inches in openable area. The window was measured with LALD-A, CNS-B, and the surveyor present. The window did not meet the minimum requirements for clear opening height and total square inch openable area. Resident sleeping room 2, emergency escape and rescue clear window opening measurements are 22.25 inches wide, 17 inches in height, and 378 square inches in openable area. The window was measured with LALD-A, CNS-B, and the surveyor present. The window did not meet the minimum requirements for clear opening height and total square inch openable area. During the tour on August 19, 2024, LALD-A, and CNS-B, provided documentation a fire watch was implemented at the facility before the survey date. During an interview on August 19, 2024, at 2:00	0 820		

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0 820	Continued From page 4 p.m., LALD-A, and CNS-B, stated the emergency escape and rescue windows did not meet the minimum requirements for clear opening total openable area and opening height and a fire watch was implemented before the surveyor arrived on site. TIME PERIOD FOR CORRECTION: Two (2) days.	0 820		
01760 SS=D	144G.71 Subd. 8 Documentation of administration of medication Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to document medication administration and failed to ensure medications were administered as ordered 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	01760		

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01760	Continued From page 5 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: MEDICATION DOCUMENTATION R1's diagnosis included borderline personality disorder, asthma and depression. R1's Service plan dated November 2, 2023, indicated R1 received medication administration three times daily. R1's 90-day assessment dated August 8, 2024, indicated resident is unable to safely self-administer medications and staff makes sure that resident has taken medications. R1's prescriber orders dated July 17, 2024, included the following: -hydroxyzine hydrochloride (HCL) 50 milligram (mg) tablets, take one tablet by mouth three times a daily for anxiety; -olanzapine 5 mg tablet, take one tablet by mouth twice daily for borderline personality disorder; and -sertraline 100 mg tablet, take one tablet by mouth once daily for depression. R1's July 2024, electronic medication administration record (EMAR), indicated R1 receives hydroxyzine HCL 50 mg tablets, 1 tablet by mouth at 2:00 p.m. The EMAR lacked medication administration documentation on July 2, July 13, and July 21 for the 2:00 p.m dose. INCORRECT MEDICATION ADMINISTRATION	01760		

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01760	Continued From page 6 R1's August 2, 2024, electronic medication administration record (EMAR), indicated R1 received the following medication from unlicensed personnel (ULP-C) at 10:00 a.m. with a scheduled medication note: -hydroxyzine HCL 50 mg tablets, take one tablet by mouth three times a day for anxiety. Delayed administration since the client wanted to have more sleep, she took the medicines in her room to take it, the staff did not physically observe her taking the medicine; -olanzapine 5 mg tablet, take one tablet by mouth twice daily. Delayed administration since the client wanted to have more sleep, she took the medicines in her room to take it, the staff did not physically observe her taking the medicine; and -sertraline 100 mg tablet, take one tablet by mouth once daily. Delayed administration since the client wanted to have more sleep, she took the medicines in her room to take it, the staff did not physically observe her taking the medicine. On August 20, 2024, at 11:34 a.m., surveyor reviewed R1's July and August 2024 EMARS with clinical nurse supervisor (CNS)-B. CNS-B stated if a resident refuses to take medications, staff are trained to document the resident refused. CNS-B stated R1 refuses medications at times, and this medication [hydroxyzine HCL] was at 2:00 p.m., so the staff will wait and ask again, and with shift change at 3:00 p.m., staff may have forgot to document the refusal. Additionally, CNS-B stated staff should not leave medications with residents, and staff are to watch residents take the medications. CNS-B stated R1 may have grabbed the medication cup from the staff member, however, if this is what happened, the staff member should have called the nurse. The licensee's 7.22 Medication & Treatment	01760		

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01760	Continued From page 7 Record-Documentation and Refusal Policy dated August 1, 2021, indicated if medication and or treatment/therapy assistance and/ or administration were not completed as prescribed, documentation must include the reason why it was not completed and any follow-up procedures that were provided. The licensee's 7.15 Medication & Treatment-Administration & Delegation policy dated August 1, 2021, indicated the documentation after assistance with medication reminder or medication administration, of the date, time, dosage, and method of administration of all medications, or the reason for not assisting with medication administration as ordered, and the initials of the nurse or authorized person who assisted or administered and observed the same. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760		
01890 SS=D	144G.71 Subd. 20 Prescription drugs A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were maintained bearing the original prescription	01890		

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01890	Continued From page 8 label with information regarding the direction for use, medication name, medication dosage, resident's name, and the pharmacy in which it had been issued for one of two residents (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 diagnosis included borderline personality disorder, asthma and depression. R1's Service plan dated November 2, 2023, indicated R1 received medication administration. R1's prescriber orders dated July 17, 2024, included Dulera Aer (aerosol) 100-5 milligrams (mg) (prevents wheezing), inhale two (2) puffs into the lungs twice daily for asthma. R1's August 2024, electronic medication administration record (EMAR), indicated R1 received Dulera Aer 100-5 mcg, inhale 2 puffs into the lungs twice daily. On August 19, 2024, at 12:15 p.m., the surveyor observed the medication storage file cabinet with clinical nurse supervisor (CNS)-B. CNS-B confirmed R1's Dulera inhaler lacked an original prescription label with information regarding the direction for use, medication name, medication dosage, resident's name, and the pharmacy in	01890		

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01890	Continued From page 9 which it had been issued. CNS-B stated the pharmacy label must have fell off. The licensee's 7.13 Medications-Prescription Drugs & Prohibition policy dated August 1, 2021, indicated the prescription drug must be kept in the original container in which it was dispensed by the pharmacy bearing the original label with legible information including the expiration or beyond-use date of a time-dated drug. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890		

Minnesota Department of Health

3333 Division St #212
St. Cloud
320 223-7300

Type: Full
Date: *08/19/24*
Time: 11:40:00
Report: 1051241088

Food and Beverage Establishment Inspection Report

Location:

Joy Care Homes Llc
4301 78th Avenue North
Brooklyn Park, MN55443
Hennepin County, 27

Establishment Info:

ID #: 0038164
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 6513543127
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.

Food and Equipment Temperatures

Process/Item: Upright Cooler
Temperature: 38 Degrees Fahrenheit - Location: MILK
Violation Issued: No

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

MET WITH NURSE EVALUATOR, ANN BOUTWELL.

DISCUSSED THE FOLLOWING WITH THE PERSON IN CHARGE, JOY:

EMPLOYEE ILLNESS LOG
VOMIT CLEAN-UP PROCEDURE

THE KITCHEN HAS A NSF 184 DISHMACHINE, POPCORN TEXTURE CEILING, VINYL WOOD FLOORS, LAMINATE COUNTERTOPS, AND MDF WOOD CABINETS.

Type: Full
Date: *08/19/24*
Time: 11:40:00
Report: 1051241088
Joy Care Homes Llc

Food and Beverage Establishment Inspection Report

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

I acknowledge receipt of the Minnesota Department of Health inspection report number 1051241088 of 08/19/24.

Certified Food Protection Manager: Joy M. Morabu

Certification Number: FM110188 Expires: 02/09/25

Inspection report reviewed with person in charge and emailed.

Signed: _____
Joy Morabu

Signed: _____
Kai Yang
Public Health Sanitarian 1
St. Cloud
320 640-3532
Kai.Yang@state.mn.us