Electronically Delivered

August 5, 2024

Licensee
Golden Oaks Home Care LLC
7100 Maryland Avenue North
Brooklyn Park, MN 55428

RE: Project Number(s) SL35868015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on July 10, 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.

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. 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,

Renee L. Anderson

Renee Anderson, Supervisor
State Evaluation Team
Email: renee.anderson@state.mn.us
Telephone: 651-201-5871 Fax: 1-866-890-9290

JMD

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35868	A. BUILDING: _____ B. WING _____	07/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN OAKS HOME CARE LLC	7100 MARYLAND AVENUE NORTH BROOKLYN PARK, MN 55428

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments *****ATTENTION****** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER In accordance with Minnesota Statutes, section 144G.08 to 144G.95 this correction order(s) has been issued pursuant to a survey. Determination of whether a violation has been 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: SL35868015-0 On July 8, 2024, through July 10, 2024, the Minnesota Department of Health conducted an initial survey at the above provider, and the following correction orders are issued. At the time of the survey, there were four (4) residents, all of whom received services under the provider's 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 SUBDIVISION 1-3.	
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements	0 480		

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0 480	Continued From page 1 (13) offer to provide or make available at least the following services to residents: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated July 9, 2024, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection. TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		
0 800 SS=F	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds,	0 800		

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0 800	Continued From page 2 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 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, 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: During a facility tour on July 10, 2024, at 9:45 a.m., with clinical nurse supervisor (CNS)-B, the surveyor made the following observations of facility disrepair: There was not a graspable handrail provided in the stairways leading from the interior main entrance landing to the upstairs or downstairs level of the facility. Handrails are required on each flight of stairs for occupants to use while traveling up or down the flight of stairs. The handrail is required to be installed according to	0 800		

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0 800	Continued From page 3 Minnesota Fire Code in Minnesota Rules Chapter 7511. The ends of the handrail at the top and bottom is required to be returned to the wall. There was drywall tape coming off the ceiling from exposure to moisture in the basement bathroom above the shower. During a facility tour on July 10, 2024, at 9:55 a.m., CNS-B, verified the above listed observations while accompanying on the tour. TIME PERIOD FOR CORRECTION: Seven (7) days	0 800		
01880 SS=D	144G.71 Subd. 19 Storage of medications An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to store all prescription medications according to the manufacturer's directions 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) 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).	01880		

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01880	Continued From page 4 The findings include: R1 had diagnoses to include diabetes, schizo-affective disorder, and acute renal failure. R1's service plan, dated April 28, 2024, indicated R1 received services including assistance with medication management. R1's 90-day assessment dated April 28, 2024, indicated R1 received services including medication management and medication set-up. R1's medication and treatment administration record dated July 2024, indicated unlicensed personnel (ULP) would prepare 6 units of insulin via NovoLog® FlexPen U-100 (used to assist in controlling blood sugar levels), and R1 would self-administer, subcutaneous (under the skin), three times daily, before meals, at 8:00 a.m., 12:00 p.m., and 5:00 p.m. On July 9, 2024, at 11:00 a.m., the medication refrigerator was observed. Inside refrigerator were sixteen, unopened NovoLog® FlexPens which belonged to R1. The temperature reading of the thermometer in the refrigerator was 38°F. Licensee's "Facility Temperatures Overview" dated July 9, 2024, indicated, refrigerator temperature readings from June 2, 2024, through July 9, 2024, ranged from 22°F to 38°F (-5.5°C to 3.3°C). On July 9, 2024, at 12:35 p.m., clinical nurse supervisor (CNS)-B stated insulin should be stored according to manufacturer's instructions. CNS-B further stated unlicensed personnel (ULP) had been instructed to document refrigerator temperatures in RTask (electric documentation	01880		

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01880	Continued From page 5 system) daily and instructed to notify the registered nurse (RN) if the temperature was not within normal range. The NovoLog® FlexPen manufacture prescribing information dated March 2023, indicated, "Unused NovoLog® FlexPen should be stored in a refrigerator between 36°F to 46°F (2°C to 8°C). Do not freeze NovoLog® FlexPen and do not use NovoLog® FlexPen if it has been frozen." The licensee's "Medications Storage" policy dated September 1, 2023, indicated medications managed by the licensee would be kept securely locked and stored consistent with manufacture's recommendations (refrigerated, room temperature, or frozen). No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01880		
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 dispose of expired medications and ensure medications were labeled correctly for one of one resident (R1).	01890		

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01890	Continued From page 6 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 had diagnoses to include diabetes, schizo-affective disorder, and acute renal failure. R1's service plan, dated April 28, 2024, indicated R1 received services including medication administration. R1's 90-day assessment dated April 28, 2024, indicated R1 received services including medication management and medication set-up. On July 9, 2024, at 11:10 a.m., a review of the medication storage area was completed. The following was observed and confirmed with clinical nurse supervisor (CNS)-B: Expired medications: - Calcium Acetate (used for high phosphorus levels in the blood stream), prescribed to R1 had an expiration date of March 21, 2024; - omeprazole (used for stomach acid), prescribed to R1, had an expiration date of February 2022; and - Systane eye drop (used for dry, irritated eyes), prescribed to R1, had an expiration date of October 2022.	01890		

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01890	Continued From page 7 Incorrectly labeled medications: - an over-the-counter (OTC) medication bottle was observed that contained chewable gummie tablets. The bottle had a label that indicated "Immunity Gummies." The label did not indicate a resident name; - a white OTC medication bottle that contained omeprazole (used for stomach acid). The label did not indicate a resident name; and - a white OTC medication bottle that contained Systane eye drops (used for dry, irritated eyes). The label did not indicate a resident name. On July 9, 2024, at 11:20 a.m., CNS-B stated R1 had OTC medications, that had not been labeled, and had expired, in the medication cabinet; however, licensed assisted living director (LALD)-A had been responsible for ensuring stored medications had a label and were not expired. Moreover, CNS-B stated R1's medications listed above had been OTC, and not considered prescription medication, and only prescription medications required the original prescription label. The licensee's Medications - Prescribed, Not Prescribed & OTC policy, dated August 1, 2021, indicated licensee providing medication management services for OTC drugs or dietary supplements would retain those items in the original labeled container with directions for use prior to setting up for immediate or later administration. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890		

Minnesota Department of Health
Division of Environmental Health, FPLS
P.O. Box 64975
St. Paul, MN 55164-0975
651-201-4500

Type: Full
Date: *07/09/24*
Time: 09:42:53
Report: 8044241154

Food and Beverage Establishment Inspection Report

Location:
Golden Oaks Home Care Llc
7100 Maryland Avenue North
Brooklyn Park, MN55428
Hennepin County, 27

Establishment Info:
ID #: 0038284
Risk:
Announced Inspection: Yes

License Categories:

Expires on: / /

Operator:

Phone #: 9526498657
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.

3-300B Protection from Contamination: cross-contamination, eggs
3-302.11A(1) ***** Priority 1 *****
MN Rule 4626.0235A(1) Separate raw animal foods during storage, preparation, holding, and display from ready-to-eat foods to prevent cross-contamination.

Tube of raw ground turkey stored with ready-to-eat produce in vegetable drawer.

Turkey moved to a container to protect other foods.
Comply By: 07/09/24

4-500 Equipment Maintenance and Operation
4-501.114C3 ***** Priority 1 *****
MN Rule 4626.0805C3 Provide and maintain an approved quaternary ammonium compound sanitizing solution in water with 500 ppm hardness or less, a minimum temperature of 75 degrees F (24 degrees C) and a concentration specified in 21CFR.178.1010 and as indicated by the manufacturer's use directions and label.

Sanitizing wipes are not approved for use with food contact surfaces.

Spray bottle of chlorine solution provided while on site.
Comply By: 07/09/24

Food and Beverage Establishment Inspection Report

3-300C Protection from Contamination: equipment/utensils, consumers

3-304.12E

MN Rule 4626.0275E Store food preparation or dispensing utensils that are used with non-TCS foods, such as ice, in a clean, protected location.

Handle of scoop touching ice in ice machine.

Comply By: 07/09/24

Surface and Equipment Sanitizers

Hot Water: = at 180.0 Degrees Fahrenheit
Location: Dishwasher
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cold Holding
Temperature: 40.1 Degrees Fahrenheit - Location: Fridge
Violation Issued: No

Process/Item: Cold Holding
Temperature: 38.9 Degrees Fahrenheit - Location: Cream cheese in fridge
Violation Issued: No

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

HRD inspection conducted with nurse evaluator Rhonda Makela. Report reviewed on site with Steve Mandieka.

Domestic kitchen consists of vinyl floors, wooden hollow-base cabinets, laminate counters, textured ceilings and painted gypsum walls; domestic eqiuipment including a dishwasher.

Establishment Info: goldenoakshomecarellc@gmail.com

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 8044241154 of 07/09/24.

Certified Food Protection Manager: Vijay F. Palkar

Certification Number: FM112550 Expires: 08/04/25

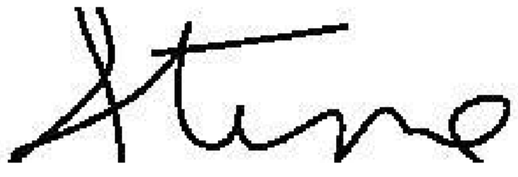
Inspection report reviewed with person in charge and emailed.

Signed: _____
Inspector signed for Steve

Signed: _____
Michael DeMars, RS
Public Health Sanitarian III
Rochester District Office
507-216-1096

Type: Full
Date: *07/09/24*
Time: 09:42:53
Report: 8044241154
Golden Oaks Home Care Llc

Food and Beverage Establishment Inspection Report



michael.demars@state.mn.us