Electronically Delivered

May 24, 2023

Licensee
Syncare Grande
13245 45th Avenue North
Plymouth, MN 55442

RE: Project Number(s) SL33880015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on May 18, 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 and enforcement actions 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.

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

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,

Casey DeVries, Supervisor
State Evaluation Team
Email: casey.devries@state.mn.us
Telephone: 651-201-5917 Fax: 651-281-9796

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	33880	A. BUILDING: _____ B. WING _____	05/18/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SYNCARE GRANDE	13245 45TH AVE N PLYMOUTH, MN 55442

(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: SL33880015-0 On May 15, 2023, through May 18, 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 six active residents; five of whom received services under the Assisted Living with Dementia Care license.	0 000	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 with Dementia Care 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.	
0 780 SS=E	144G.45 Subd. 2 (a) (1) Fire protection and physical environment	0 780		

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0 780	Continued From page 1 (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, 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 smoke alarms in each sleeping room, and failed to provide smoke alarms outside and in the immediate vicinity of all sleeping rooms. This deficient condition had the ability to affect all staff and residents. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a	0 780		

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0 780	Continued From page 2 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 facility the tour with the Licensed Assisted Living Director (LALD)-A on May 17, 2023, at approximately 10:00 a.m., it was observed that a smoke alarm was not installed in the bedrooms #6 in the lower level. It was also observed that a smoke alarm was not installed outside and in the immediate vicinity of the bedrooms #5 in the lower level. These deficient conditions were visually verified by LALD-A accompanying the tour. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 780		
0 810 SS=F	144G.45 Subd. 2 (b)-(f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) employee actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation.	0 810		

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0 810	Continued From page 3 (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 conduct the required evacuation drills. This had the potential to affect all staff, residents, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). Findings include: An interview and record review of the available	0 810		

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0 810	Continued From page 4 documentation were conducted on May 16, 2023, at approximately 10:00 a.m. with Licensed Assisted Living Director (LALD)-E. on the fire safety and evacuation plan, fire safety and evacuation training for the facility, and fire safety and evacuation drills for the facility. Record review of the available documentation indicated that the licensee did not have fire protection procedures necessary for residents included in the fire safety and evacuation plan. During the interview, LALD-A indicated the fire safety and evacuation plan lacked fire protection procedures for the resident. Record review of the available documentation indicated that the licensee did not conduct evacuation drills twice per year per shift and every other month as required by statute. Provided documentation indicated that the drills were conducted on 5-10-23 (1 pm), 3/15/23 (7 am), and 1/18/23 (7 am), with no further drills being documented. LALD-A verified that there were no further documented drills for the facility and verified this deficient condition. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810		
0 970 SS=C	144G.50 Subd. 5 Waivers of liability prohibited The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is	0 970		

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0 970	Continued From page 5 required by law. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract did not include language waiving the facility's liability for health, safety, or personal property of a resident. This had the potential to affect all six (6) residents living within the assisted living with Dementia Care facility. 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: On May 15, 2023, at 12:30 p.m., licensed assisted living director/registered nurse (LALD/RN)-A provided the surveyor with R1's Assisted Living with Dementia Care Housing Contract, Lease Agreement, and indicated the contract was used by licensee for all residents residing at licensee's facility. Page 8 section 19 of R1's contract titled Personal Property included: "Landlord is not responsible for damage to Tenant's personal property due to fire, water, tornado, or other acts or nature and events beyond Landlord's control." Page 12 section 23 of R1's contract titled Indemnification included:	0 970		

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0 970	Continued From page 6 "Tenant will indemnify and hold harmless Landlord, its employees, and agents from and against any and all claims, actions, damages, and liability and expense in connection with loss of life, personal injury or damage to property, arising from or out of the use by Tenant of the rented premises or any other part of Landlord's property, or caused wholly or in part by an act or omission of Tenant or Tenant's guests or agents." Page 12 section 23 of R1's contract titled Liability included: "Landlord is not liable to Tenant or Tenant's guests for any injury, death or property damage occurring in the Room or on Landlord's premises unless such injury, death or property damage occurs as the result of Landlord's own negligent acts or those of its employees or agents. Landlord is also not liable for any injury, death or damage occurring as the result of Tenant's receipt of health-related, supportive, or other services from third party providers. Unless caused by one of the aforementioned excepted reasons, Tenant agrees to hold Landlord harmless from any and all claims for injuries, property damage, or any other loss resulting from an accident or other occurrence in the Room or on Landlord's premises." On May 15, 2023, at 12:40 p.m., LALD/RN-A stated she thought the contract was revised, realized the contract was not revised, and stated the contract was on her list of items to update. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 970		

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01880	Continued From page 7	01880		
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 ensure refrigerated medications were maintained at manufacturer recommended temperatures, by failing to monitor and document medication refrigerator temperatures located in one of one refrigerator in R2's room where unopened insulin's were stored. 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: On May 16, 2023, at 9:21 a.m., the surveyor observed unlicensed personnel (ULP)-B remove an opened Lantus SoloStar insulin pen and Victoza insulin pen from R2's locked cupboard in R2's room. ULP-B prepared and administered the Lantus and Victoza insulin to R2. On May 16, 2023, at 9:30 a.m., surveyor along with licensed assisted living director/registered nurse (LALD/RN)-A, observed R2's refrigerator in	01880		

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01880	Continued From page 8 her room, and found it contained one unopened Lantus SoloStar insulin pen and one unopened Victoza insulin pen. Licensee lacked monitoring and documentation of medication refrigerator temperatures for R2's unopened, refrigerated Lantus SoloStar and Victoza insulin pens. R2's Lantus SoloStar insulin pen manufacturer's instructions dated August 2022, indicated, before opening, store Lantus SoloStar insulin pens in the refrigerator between 36 to 46 degrees F., and do not allow Lantus SoloStar insulin pens to freeze. R2's Victoza insulin pen manufacturer's instructions dated September 2022, indicated, before opening, store Victoza insulin pens in the refrigerator between 36 to 46 degrees F., and do not allow Victoza insulin pens to freeze. On May 16, 2023, at 9:33 a.m., LALD/RN-A stated licensee did not monitor or document refrigerated medication temperatures because medications kept in the refrigerator would not freeze. LALD/RN-A further stated licensee was unaware of manufacturer's recommendations for storage of insulin. The licensee's Medication Storage policy dated August 1, 2021, indicated medications would be stored consistent with each resident's medication management plan, and medications would be stored consistent with manufacturer's recommendations (refrigerated, room temperature, or frozen). No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01880		

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02310	Continued From page 9	02310		
02310 SS=D	144G.91 Subd. 4 (a) Appropriate care and services (a) Residents have the right to care and assisted living services that are appropriate based on the resident's needs and according to an up-to-date service plan subject to accepted health care standards. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the care and services were provided according to a suitable and up-to-date plan, and subject to acceptable health care and medical, or nursing standards for one of one resident (R2), by failing to ensure oxygen cylinders were secured in a rack to prevent tipping or damage. 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). R2's diagnoses included Alzheimer's disease, atrial fibrillation, hypertension with chronic kidney disease stage 3, type 2 diabetes mellitus, depression, hyperlipidemia, osteoarthritis, obstructive sleep apnea, microscopic colitis, lactose intolerance, and vitamin D deficiency. R2's Individualized Treatment and Therapy Plan dated May 17, 2023, indicated supplemental	02310		

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02310	Continued From page 10 oxygen 2L/min was to be applied via nasal cannula (a device used to deliver supplemental oxygen or increased airflow to a person in need of respiratory) if O2 sats (the fraction of oxygen saturation in hemoglobin protein in red blood cells that carries oxygen in a person's body relative to total hemoglobin in the blood) went below 92%, registered nurse would notify MD. On May 16, 2023, at 9:21 a.m., the surveyor observed R2 lying in bed. Two green-colored, metal oxygen cylinders approximately 4" (inches) in diameter and 2' (feet) long were upright and unsecured, on the living room floor. There was an oxygen concentrator, not in use, near R2's bed. On May 16, 2023, at 10:00 a.m., licensed assisted living director/registered nurse (LALD/RN)-A stated she was aware the oxygen cylinders were in R2's room, and she was not aware the oxygen cylinders needed to be secured in a rack to prevent tipping or damage. LALD/RN-A stated R2 was not using them, and that she was planning on having them picked up. The licensee's Oxygen policy dated August 1, 2021, indicated oxygen cylinders and vessels would remain upright at all times, never be tipped, or rolled to another location. Minnesota Department of Health Oxygen Cylinder Storage Requirements dated April 16, 2020, indicated; - Volumes less than 300 ft³ of oxygen may be stored per smoke compartment in any room or alcove without special requirements for that room, and; - Cylinders must be secured (chains or racks) to prevent them from falling over.	02310		

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02310	Continued From page 11 No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	02310		

Minnesota Department of Health

625 North Robert Street
Saint Paul, MN
651-201-5000

Type: Full
Date: *05/17/23*
Time: 16:00:00
Report: 8087231103

Food and Beverage Establishment Inspection Report

Location:
Syncare Grande
13245 45th Ave N
Plymouth, MN55442
Hennepin County, 27

Establishment Info:
ID #: 0039211
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 6127473263
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: Ambient Air
Temperature: 3 Degrees Fahrenheit - Location: STAND-UP FREEZER
Violation Issued: No

Process/Item: Ambient Air
Temperature: 39 Degrees Fahrenheit - Location: STAND-UP REFIGERATOR
Violation Issued: No

Process/Item: Cold Holding: SOUR CREAM
Temperature: 40 Degrees Fahrenheit - Location: STAND-UP REFIGERATOR
Violation Issued: No

Process/Item: Cold Holding: CUT LFY GRN
Temperature: 40 Degrees Fahrenheit - Location: STAND-UP REFIGERATOR
Violation Issued: No

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

THIS WAS AN ANNOUNCED AND SCHEDULED FULL INSPECTION.

FLOORS AND CABINETS ARE HARDWOOD AND CEILING APPEARS TO BE DURABLE, SMOOTH IN TEXTURE AND EASILY CLEANABLE. 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.

KITCHENAID BRAND DISHWASHER IS RESIDENTIAL BUT HAS SANITIZING RINSE CYCLE

OPTION.

HOT WATER TEMPERATURE AT THE KITCHEN SINK REACHED 122 DEGREES.

DESIGNATED HAND WASHING SINK IN THE KITCHEN, LEFT SIDE OF THE 2-BIN, STAINLESS STEEL RESIDENTIAL KITCHEN SINK.

INSPECTION REPORT EMAILED TO RHONDA MAKELA (NURSE EVALUATOR).

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 8087231103 of 05/17/23.

Certified Food Protection Manager: CHAD E. HENNINGS

Certification Number: FM115206 Expires: 02/20/26

Inspection report reviewed with person in charge and emailed.

Signed: _____

CHAD E. HENNINGS
KITCHEN MANAGER

Signed: 

John Boettcher
Public Health Sanitarian 3
St. Paul, MN / Freeman
651-201-5076
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