



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

July 9, 2024

Licensee
Joy Living Inc
430 Niagara Lane North
Plymouth, MN 55447

RE: Project Number(s) SL35819015

Dear Licensee:

On June 14, 2024, the Minnesota Department of Health (MDH) completed a follow-up survey of your facility to determine correction of orders found on the survey completed on March 20, 2024. This follow-up survey determined your facility had not corrected all of the state correction orders issued pursuant to the March 20, 2024 survey.

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

In accordance with Minn. Stat. § 144G.31 Subd. 4 (a), state correction orders issued pursuant to the last survey, completed on March 20, 2024, found not corrected at the time of the June 14, 2024, follow-up survey and/or subject to penalty assessment are as follows:

0820-Fire Protection And Physical Environment-144g.45 Subd. 2 - \$500.00

The details of the violations noted at the time of this follow-up survey completed on June 14, 2024 (listed above), are on the attached State Form. Brackets around the ID Prefix Tag in the left hand column, e.g., {2 ----} will identify the uncorrected tags.

Also, at the time of this follow-up survey completed on June 14, 2024, we identified the following violation(s):

0470-Minimum Requirements-144g.41 Subdivision 1

The details of the violation(s) noted at the time of this follow-up survey are delineated on the attached State Form. Only the ID Prefix Tag in the left hand column without brackets will identify these state correction orders. It is not necessary to develop a plan of correction.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$500.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

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.

IMPOSITION OF FINES:

Level 1: no fines or enforcement.

Level 2: a fine of \$500 per violation, in addition to any enforcement mechanism authorized in §144G.20 for widespread violations;

Level 3: a fine of \$3,000 per violation per incident, in addition to any enforcement mechanism authorized in §144G.20.

Level 4: a fine of \$5,000 per incident, in addition to any enforcement mechanism authorized in §144G.20.

CORRECTION ORDER RECONSIDERATION PROCESS

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

A state correction order under Minn. Stat. § 144G.91, Subd. 8, Free from Maltreatment is associated with a maltreatment determination by the Office of Health Facility Complaints. If maltreatment is substantiated, you will receive a separate letter with the reconsideration process under Minn. Stat. § 626.557.

To submit a reconsideration request, please visit:

<https://forms.web.health.state.mn.us/form/HRDAppealsForm>

REQUESTING A HEARING

Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the Department of Health within 15 business days of the correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor. To submit a hearing request, please visit:

<https://forms.web.health.state.mn.us/form/HRDAppealsForm>

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration or a hearing, but not both. If you wish to contest tags without fines in

a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

We urge you to review these orders carefully. If you have questions, please contact Jess Schoenecker at 651-201-3789.

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

Sincerely,



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

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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35819	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/14/2024
NAME OF PROVIDER OR SUPPLIER JOY LIVING INC		STREET ADDRESS, CITY, STATE, ZIP CODE 430 NIAGARA LANE NORTH PLYMOUTH, MN 55447		
(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}	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER</p> <p>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.</p> <p>INITIAL COMMENTS:</p> <p>SL35819015-1</p> <p>On June 12, 2024, through June 14, 2024, the Minnesota Department of Health conducted a follow-up survey at the above provider to follow-up on orders issued pursuant to a survey completed on March 20, 2024. At the time of the survey, there were three residents; three receiving services under the Assisted Living license. As a result of the follow-up survey, the following orders were issued/reissued.</p>	{0 000}	<p>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.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>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.</p>	
0 470 SS=F	144G.41 Subdivision 1 Minimum requirements (11) develop and implement a staffing plan for	0 470		

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

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0 470	<p>Continued From page 1</p> <p>determining its staffing level that:</p> <ul style="list-style-type: none"> (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 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; <p>(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:</p> <ul style="list-style-type: none"> (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; <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop and implement a staffing plan to determine staffing levels to meet the needs of all residents and failed to ensure that one or more persons were 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.</p>	0 470		

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0 470	<p>Continued From page 2</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On June 12, 2024, at approximately 1:45 p.m., surveyor arrived at facility and was greeted by R3. Resident (R3) stated that employee (unlicensed personnel (ULP)-D) had left the facility to get food. R3 stated that he and R2 were alone at the facility.</p> <p>On June 12, 2024, at approximately 2:05 p.m., ULP-D arrived at facility with R4. ULP-D did not answer surveyor when asked why residents had been left alone.</p> <p>R2's Assessment dated April 24, 2024, read "has many home and environmental triggers that could increase his aggression behavior". R2's assessment also indicated that R2 required assistance in the event of an emergency and could not evacuate the facility without assistance.</p> <p>R3's Assessment, dated April 29, 2024, indicated R3 could experience sudden mood changes and verbal aggression, requiring de-escalation by staff. R3's assessment also indicated R3 required assistance in the event of an emergency and could not evacuate the facility without assistance.</p> <p>On June 12, 2024, at approximately 3:30 p.m., owner (O)-F stated ULP-D should not have left</p>	0 470		

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0 470	<p>Continued From page 3</p> <p>residents unattended in facility and employee would be counseled.</p> <p>On June 14, 2024, at approximately 10:30 a.m., licensed assisted living director (LALD)-B and director (D)-A stated ULP-D had been removed from the schedule until further training could be provided.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 470		
{0 480} SS=F	<p>144G.41 Subd 1 (13) (i) (B) Minimum requirements</p> <p>(13) offer to provide or make available at least the following services to residents:</p> <p>(B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and</p> <p>This MN Requirement is not met as evidenced by: No further action required</p>	{0 480}		
{0 640} SS=F	<p>144G.42 Subd. 7 Posting information for reporting suspected c</p> <p>The facility shall support protection and safety through access to the state's systems for reporting suspected criminal activity and suspected vulnerable adult maltreatment by:</p> <p>(1) posting the 911 emergency number in common areas and near telephones provided by the assisted living facility;</p> <p>(2) posting information and the reporting number for the Minnesota Adult Abuse Reporting Center</p>	{0 640}		

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{0 640}	Continued From page 4 to report suspected maltreatment of a vulnerable adult under section 626.557; and (3) providing reasonable accommodations with information and notices in plain language. This MN Requirement is not met as evidenced by: No further action required	{0 640}		
{0 660} SS=D	144G.42 Subd. 9 Tuberculosis prevention and control (a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: No further action required	{0 660}		
{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, systems, and equipment in a continuous state of	{0 800}		

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{0 800}	Continued From page 5 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: No further action required.	{0 800}		
{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. (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.	{0 810}		

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{0 810}	<p>Continued From page 6</p> <p>(f) Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill.</p> <p>This MN Requirement is not met as evidenced by: No further action required</p>	{0 810}		
{0 820} SS=F	<p>144G.45 Subd. 2 (g) Fire protection and physical environment</p> <p>(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.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, record review, and interview, the licensee failed to provide facilities that were not a distinct hazard to life. This had the potential to directly affect all residents and staff.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or</p>	{0 820}		

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{0 820}	<p>Continued From page 7</p> <p>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 issues at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents).</p> <p>The findings include:</p> <p>On June 12, 2024, at approximately 1:50 p.m., the surveyor observed cigarettes butts on the ground outside of the front and back doors. A concrete patio outside the back door lacked approved smoking waste receptacles.</p> <p>On June 12, 2024, at approximately 2:00 p.m., R3 was observed smoking while sitting on a wooden deck in the back yard. The wooden deck lacked approved smoking waste receptacles.</p> <p>R3's Assessment dated April 29, 2024, indicated R3 was able to smoke safely, independently, and without intervention.</p> <p>On June 14, 2024, at approximately 10:00 a.m., licensed assisted living director (LALD)-B confirmed the concrete patio outside the back door was the designated smoking area for R3.</p> <p>On June 14, 2024, director (D)-A stated he was unable to locate approved smoking waste receptacles.</p> <p>No further information was provided.</p> <p>{0 830} SS=F 144G.45 Subd. 3 Local laws apply Assisted living facilities shall comply with all</p>	{0 820}	{0 830}	

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{0 830}	Continued From page 8 applicable state and local governing laws, regulations, standards, ordinances, and codes for fire safety, building, and zoning requirements. This MN Requirement is not met as evidenced by: No further action required	{0 830}		
{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 required by law. This MN Requirement is not met as evidenced by: No further action required	{0 970}		
{01470} SS=D	144G.63 Subd. 2 Content of required orientation (a) The orientation must contain the following topics: (1) an overview of this chapter; (2) an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person; (3) handling of emergencies and use of emergency services; (4) compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting	{01470}		

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{01470}	<p>Continued From page 9</p> <p>Center (MAARC);</p> <p>(5) the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights;</p> <p>(6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person;</p> <p>(7) handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints;</p> <p>(8) consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services; and</p> <p>(9) a review of the types of assisted living services the employee will be providing and the facility's category of licensure.</p> <p>(b) In addition to the topics in paragraph (a), orientation may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics:</p> <p>(1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and the challenges it poses to communication;</p> <p>(2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or</p> <p>(3) information about strategies and technology that may enhance communication and involvement, including communication strategies,</p>	{01470}		

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{01470}	Continued From page 10 assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions. This MN Requirement is not met as evidenced by: No further action required	{01470}		
{01530} SS=F	144G.64 TRAINING IN DEMENTIA CARE REQUIRED (a) All assisted living facilities must meet the following training requirements: (1) supervisors of direct-care staff must have at least eight hours of initial training on topics specified under paragraph (b) within 120 working hours of the employment start date, and must have at least two hours of training on topics related to dementia care for each 12 months of employment thereafter; (2) direct-care employees must have completed at least eight hours of initial training on topics specified under paragraph (b) within 160 working hours of the employment start date. Until this initial training is complete, an employee must not provide direct care unless there is another employee on site who has completed the initial eight hours of training on topics related to dementia care and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for consultation with the new employee until the training requirement is complete. Direct-care employees must have at least two hours of training on topics related to dementia for each 12 months of employment thereafter; This MN Requirement is not met as evidenced	{01530}		

Minnesota Department of Health

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NAME OF PROVIDER OR SUPPLIER JOY LIVING INC		STREET ADDRESS, CITY, STATE, ZIP CODE 430 NIAGARA LANE NORTH PLYMOUTH, MN 55447		
(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
{01530}	Continued From page 11 by: No further action required	{01530}		



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

April 18, 2024

Licensee
Joy Living Inc
430 Niagara Lane North
Plymouth, MN 55447

RE: Project Number(s) SL35819015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on March 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 . . ."

IMPOSITION OF FINES

In accordance with Minn. Stat. § 144G.31, Subd. 4, fines and enforcement actions may be imposed based on the level and scope of the violations and may be imposed immediately with no opportunity to correct the violation first as follows:

Level 1: no fines or enforcement.

Level 2: a fine of \$500 per violation, in addition to any enforcement mechanism authorized in § 144G.20 for widespread violations;

Level 3: a fine of \$3,000 per violation per incident, in addition to any enforcement mechanism authorized in § 144G.20.

Level 4: a fine of \$5,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20.

In accordance with Minn. Stat. § 144G.31, Subd. 4(a)(5), MDH may impose fine amounts of either \$1,000 or \$5,000 to licensees who are found to be responsible for maltreatment. MDH may impose a fine of \$1,000 for each substantiated maltreatment violation that consists of abuse, neglect, or financial exploitation according to Minn. Stat. § 626.5572, Subds. 2, 9, 17. MDH also may impose a

fine of \$5,000 for each substantiated maltreatment violation consisting of sexual assault, death, or abuse resulting in serious injury.

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

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, the following fines are assessed pursuant to this survey:

St - 0 - 0820 - 144g.45 Subd. 2 (g) - Fire Protection And Physical Environment - \$3,000.00

St - 0 - 1290 - 144g.60 Subdivision 1 - Background Studies Required - \$3,000.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$6,000.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

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>

REQUESTING A HEARING

Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a

hearing must be in writing and received by the Department of Health within 15 business days of the correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor. to submit a hearing request, please visit:

<https://forms.web.health.state.mn.us/form/HRDAppealsForm>

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration or a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

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,



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

HHH

Minnesota Department of Health

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0 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.</p> <p>Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p>INITIAL COMMENTS: SL35819015</p> <p>On March 18, 2024, through March 20, 2024, 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 three (3) active residents receiving services under the assisted living license.</p> <p>An immediate correction order was identified on March 19, 2024, issued for SL35819015, tag identification 1290.</p> <p>On March 19, 2024, at 4:00 p.m., the immediacy of the order was lifted for tag identification 1290. Scope and severity remain unchanged.</p> <p>On March 19, 2024, at 5:07 p.m., an immediate correction order was issued for SL35819015 for tag identification 0820.</p>	0 000	<p>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.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>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.</p>	

Minnesota Department of Health

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

TITLE

(X6) DATE

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0 000	Continued From page 1 On March 21, 2024, at 1:18 p.m., the immediacy of the order was lifted for tag identification 0820. Scope and severity remain unchanged.	0 000		
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements (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 March 18, 2024, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.	0 480		

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0 480	Continued From page 2 TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		
0 640 SS=F	144G.42 Subd. 7 Posting information for reporting suspected c The facility shall support protection and safety through access to the state's systems for reporting suspected criminal activity and suspected vulnerable adult maltreatment by: (1) posting the 911 emergency number in common areas and near telephones provided by the assisted living facility; (2) posting information and the reporting number for the Minnesota Adult Abuse Reporting Center to report suspected maltreatment of a vulnerable adult under section 626.557; and (3) providing reasonable accommodations with information and notices in plain language. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to post the required information and phone numbers for reporting to the Minnesota Adult Abuse Reporting Center (MAARC) as required. This 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, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).	0 640		

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0 640	<p>Continued From page 3</p> <p>The findings include:</p> <p>On March 18, 2024, at 10:00 a.m., the facility entry and common areas were observed to lack the required posting of the information and reporting number for MAARC.</p> <p>On March 19, 2024, at 2:07 p.m., director (D)-A stated they thought the information had been included in the postings at entryway.</p> <p>The licensee's Vulnerable Adult policy dated August 1, 2021, indicated contact information for MAARC would be posted in the facility.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	0 640		
0 660 SS=D	<p>144G.42 Subd. 9 Tuberculosis prevention and control</p> <p>(a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines.</p> <p>(b) The facility must maintain written evidence of compliance with this subdivision.</p>	0 660		

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0 660	<p>Continued From page 4</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to establish and maintain a tuberculosis (TB) prevention program based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) which included baseline screening for one of two employees (licensed assisted living director (LALD)-B).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>The Facility TB Risk Assessment form dated July 2023, identified the facility as a low risk for transmission and listed director (D)-A as responsible for maintaining TB records.</p> <p>LALD was hired on October 28, 2023, and began providing assisted living services.</p> <p>LALD-B's employee record contained a TB history and symptom screen performed by a registered nurse on October 28, 2023. LALD-B's employee record also contained a QuantiFERON TB Test (a blood test for presence of TB) dated February 9, 2023. LALD-B's QuantiFERON TB test was completed more than ninety (90) days prior to employment.</p>	0 660		

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0 660	<p>Continued From page 5</p> <p>On March 18, 2024, at 2:07 p.m., D-A stated they were unaware of the timeframe for accepting TB test results pre-hire.</p> <p>The Regulations for Tuberculosis Control in Minnesota Health Care Settings dated July 2013, read "an employee may begin working with patients after a negative TB symptom screen (i.e., no symptoms of active TB disease) and a negative Interferon Gamma Release Assay (IGRA) or tuberculin skin test (TST) (i.e., first step) dated within 90 days before hire."</p> <p>The licensee's Tuberculosis Screening/Prevention policy dated August 1, 2021, indicated "[licensee] will observe the recommended precautions related to TB prevention as identified by the CDC and Minnesota Department of Health (MDH). The precautions include the following elements:</p> <ul style="list-style-type: none"> -risk assessment; -TB screening; and -staff education <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 660		
0 800 SS=F	<p>144G.45 Subd. 2 (a) (4) Fire protection and physical environment</p> <p>(4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program.</p>	0 800		

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0 800	<p>Continued From page 6</p> <p>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.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>Findings include:</p> <p>On a facility tour on March 19, 2024, at 11:15 a.m., with director (D)-A, the surveyor made the following observations of facility hazards and disrepair:</p> <p>The FSEP floor plan was not updated to change resident room number 5 to an Office/ Training room as stated on the approved capacity reduction application.</p> <p>The resident room numbers and labels were missing or had been removed from the doors of resident sleeping room numbers 1, 3, 4 and the Office/ Training room.</p> <p>The FSEP floor plan was not updated to include accurate labeling of the breezeway between the</p>	0 800		

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0 800	Continued From page 7 house and garage. The garage was labeled on the floor plan with doors leading through it to exit. During an interview on March 20, 2024, at 11:15 a.m., D-A, stated the evacuation floor plan was not updated to include the accurate location and number of every resident sleeping room and the Office/ Training Room. During the same interview D-A, also stated the room labeled garage on the floorplan is a breezeway and the floor plan needs to be updated to reflect this change. TIME PERIOD FOR CORRECTION: Seven (7) days	0 800		
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. (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	0 810		

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0 810	<p>Continued From page 8</p> <p>their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year.</p> <p>(f) Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to develop the fire safety and evacuation plan with required content, make the plan readily available, provide required training and drills. This had the potential to directly affect all residents, staff, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On March 20, 2024, at 10:30 a.m., director (D)-A provided documents on the fire safety and evacuation plan (FSEP), fire safety and evacuation training, and evacuation drills for the facility.</p> <p>FIRE SAFETY AND EVACUATION PLAN</p>	0 810		

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0 810	<p>Continued From page 9</p> <p>The licensee FSEP dated August 4, 2023, failed to include the following:</p> <p>The FSEP included standard resident evacuation procedures, but failed to provide specific procedures for resident movement and evacuation or relocation during a fire or similar emergency including individualized unique needs of residents. The plan failed to include evacuation status and unique needs for each individual resident for evacuation in the event of a fire or similar emergency in writing and available with the FSEP.</p> <p>During an interview on March 20, 2024, at 10:55 a.m., D-A, stated the evacuation status and unique needs for each individual resident was not provided in writing and available with the FSEP.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	0 810		
0 820 SS=G	<p>144G.45 Subd. 2 (g) Fire protection and physical environment</p> <p>(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.</p>	0 820		

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0 820	<p>Continued From page 10</p> <p>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 a limited number of residents and staff.</p> <p>This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>Findings include:</p> <p>On a facility tour on March 19, 2024, at 11:00 a.m., with director (D)-A, it was observed that compliant emergency escape and rescue openings were not provided in resident sleeping rooms number 1.</p> <p>Occupied Resident Rooms</p> <p>Resident sleeping room number 1, occupied by R4, emergency escape and rescue clear window opening measurements are 34 inches wide, 17 1/2 inches in height and 595 square inches in openable area. The window was measured with D-A, and survey staff present. The window did not meet the minimum requirements for clear opening width and minimum clear opening area.</p> <p>It was explained to D-A, that at least one compliant emergency escape and rescue opening</p>	0 820		

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0 820	<p>Continued From page 11</p> <p>is required within each resident sleeping room.</p> <p>Existing emergency escape and rescue openings are required to meet a minimum clear opening area of 648 square inches and have a minimum dimension of 20 inches in height and a minimum dimension of 20 inches in width. And have a windowsill height from the floor to the clear opening of not more than 48 inches.</p> <p>These deficient conditions were visually verified by D-A, accompanying on the tour. Survey staff explained that an immediate correction order was issued for the above findings.</p> <p>TIME PERIOD FOR CORRECTION: Immediate.</p> <p>Immediacy is removed as confirmed by provider's plan of correction on March 20, 2024, and reviewed by evaluation supervisor on March 21, 2024, however noncompliance remains at a scope and severity level G.</p> <p>Cigarette Butt Disposal</p> <p>On the same facility tour on March 19, 2024, at 11:15 a.m., it was observed that used cigarette butts were disposed of on the ground around the back patio (designated smoking area) near and around the door and next to the outside wall of the building. There was an appropriate cigarette dispenser near the designated smoking area at the back patio.</p> <p>During an interview on March 20, 2024, at 11:00 a.m., LALD-A, stated cigarette butts were discarded on the ground around the back patio and next to the exterior wall of the building and this was not in compliance with the licensee smoking policy.</p>	0 820		

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0 820	Continued From page 12 TIME PERIOD FOR CORRECTION: Two (2) days.	0 820		
0 830 SS=F	144G.45 Subd. 3 Local laws apply Assisted living facilities shall comply with all applicable state and local governing laws, regulations, standards, ordinances, and codes for fire safety, building, and zoning requirements. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to follow applicable state and local laws, regulations, standards, ordinances, and codes related to using an activated electronic delivery device (vaping (inhaling) nicotine) for one of one resident (R4). 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 is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: R4 was admitted on December 20, 2020, under licensee's former comprehensive license and began receiving assisted living services on August 1, 2021. On March 18, 2024, at approximately 11:15 a.m.,	0 830		

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0 830	<p>Continued From page 13</p> <p>surveyor observed R4 sitting in the common area (living room). Surveyor noted a white plume of smoke from R4's mouth and R4 was holding what appeared to be a vaping device.</p> <p>On March 18, 2024, at approximately 11:55 p.m., director (D)-A and licensed assisted living director (LALD)-B arrived at the facility. At which time, staff members escorted R4 from the common area.</p> <p>On March 18, 2024, at approximately 12:10 p.m., D-A and LALD-B stated smoking and vaping were not allowed in the facility and the designated smoking area was on the back patio.</p> <p>The Minnesota Clean Indoor Air Act (MCIAA) indicated, "The Freedom to Breathe (FTB) provisions amended the Minnesota Clean Indoor Air Act (MCIAA) further protect employees and the public from the health hazards of secondhand smoke. These provisions went into effect on October 1, 2007. In 2019, the MCIAA was amended again to expand the definition of smoking to include vaping, the use of electronic delivery devices (also known as e-cigarettes or vapes). The amendment is effective on August 1, 2019. On August 1, 2023, adult-use cannabis was legalized in Minnesota. Vaping and smoking cannabis products is included in the definition of smoking under the MCIAA. Minnesota's cannabis law and local ordinances have additional requirements regarding the use of these products in the indoor environment. For more information, please contact the Office of Cannabis Management."</p> <p>The MCIAA defines smoking as inhaling, exhaling, burning, or carrying any lighted or heated cigar, cigarette, pipe or any other lighted</p>	0 830		

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0 830	<p>Continued From page 14</p> <p>or heated product containing, made or derived from nicotine, tobacco, marijuana, or other plant intended for inhalation. As of August 1, 2019, this definition includes carrying or using an activated electronic delivery device.</p> <p>The licensee's contract read "there is no smoking in [licensee]."</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: 2 days</p>	0 830		
0 970 SS=C	<p>144G.50 Subd. 5 Waivers of liability prohibited</p> <p>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 required by law.</p> <p>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 that waived the licensee's liability for the health, safety, or personal property of a resident for two of two residents (R1, R2).</p> <p>This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive</p>	0 970		

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0 970	<p>Continued From page 15</p> <p>or represent a systemic failure that has affected or has potential to affect a large portion or all the residents).</p> <p>The findings include:</p> <p>R1</p> <p>R1 was admitted on June 8, 2022, and began receiving assisted living services.</p> <p>R1's Assisted Living Contract, signed and dated June 8, 2022, under section Indemnification read "[Licensee] shall not be liable for any damage or injury to the resident ... or to the property, occurring on the premises, or any part thereof, or in common areas thereof, and the resident agrees to hold [licensee] harmless for any claims or damages unless caused solely by negligence of [licensee]."</p> <p>R2</p> <p>R2 was admitted on February 4, 2022, and began receiving assisted living services.</p> <p>R2's Assisted Living Contract signed and dated February 4, 2022, under section Indemnification read "[Licensee] shall not be liable for any damage or injury to the resident ... or to the property, occurring on the premises, or any part thereof, or in common areas thereof, and the resident agrees to hold [licensee] harmless for any claims or damages unless caused solely by negligence of [licensee]."</p> <p>On March 19, 2022, at 2:07 p.m., director (D)-A stated they thought the language had been removed from the contract and the contract would be amended to remove any statement of liability.</p> <p>No further information was provided.</p>	0 970		

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0 970	Continued From page 16 TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 970		
01290 SS=G	144G.60 Subdivision 1 Background studies required (a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information. (b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12. (c) Termination of an employee in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a current background study (BGS) was submitted and a clearance received in affiliation with the assisted living current health facility identification (HFID) for one of one employee (unlicensed personnel (ULP)-D). This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death) and was issued at an isolated scope (when one or a limited number of residents are affected or one or	01290		

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01290	<p>Continued From page 17</p> <p>a limited number of staff are involved, or the situation has occurred only occasionally)</p> <p>The findings include:</p> <p>ULP-D was hired on March 17, 2022, and began providing assisted living services.</p> <p>ULP-D's employee record contained a Minnesota Department of Human Services Background Study notice for HFID 35278 (another licensee owned by the same owner) dated August 17, 2020.</p> <p>On March 19, 2024, at approximately 9:45 a.m., the Minnesota Department of Human Services NETStudy 2.0 website indicated on the roster for HFID 35819, ULP-D's BGS was a Covid-19 study and had expired on December 31, 2022. The Minnesota Department of Human Services NETStudy 2.0 website further indicated on the roster for HFID 35278, ULP-D's BGS was a Covid-19 study and had expired on December 31, 2022.</p> <p>ULP-D's record lacked a current eligible and affiliated BGS.</p> <p>On March 19, 2024, at approximately 10:20 a.m., director (D)-A stated they were unaware the BGS for ULP-D had expired and it would be corrected today.</p> <p>The licensee's Recruitment and Hiring policy dated August 1, 2021, indicated the licensee complies with all state regulations for pre-employment background checks/studies required for all employees.</p> <p>No further information was provided.</p>	01290		

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01290	Continued From page 18 TIME PERIOD FOR CORRECTION: IMMEDIATE On March 19, 2024, at 4:00 p.m., the immediacy of the order was lifted for tag identification 1290. Scope and severity remain unchanged.	01290		
01470 SS=D	144G.63 Subd. 2 Content of required orientation (a) The orientation must contain the following topics: (1) an overview of this chapter; (2) an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person; (3) handling of emergencies and use of emergency services; (4) compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC); (5) the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; (6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person; (7) handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints; (8) consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services; and	01470		

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01470	<p>Continued From page 19</p> <p>(9) a review of the types of assisted living services the employee will be providing and the facility's category of licensure.</p> <p>(b) In addition to the topics in paragraph (a), orientation may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics:</p> <p>(1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and the challenges it poses to communication;</p> <p>(2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or</p> <p>(3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure employees received orientation to include all required content for one of two employees (licensed assisted living director (LALD)-B).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) 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</p>	01470		

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01470	<p>Continued From page 20 only occasionally).</p> <p>The findings include:</p> <p>LALD-B was hired October 28, 2023, and provided assisted living services for residents of the facility.</p> <p>LALD-B's employee record lacked documentation of the following orientation topics required by Minnesota Statute 144G.63 Subdivision 2:</p> <ul style="list-style-type: none"> -assisted living bill of rights; -handling of resident complaints, reporting of complaints, where to report; -consumer advocacy services; and -principles of person-centered planning/service delivery. <p>On March 19, 2024, at 2:07 p.m., director (D)-A stated they were unaware of incomplete orientation for LALD-B and planned to implement an orientation checklist.</p> <p>The licensee's Staff Orientation and Education policy dated August 1, 2021, indicated orientation would include the following topics:</p> <ul style="list-style-type: none"> -the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; -grievance policy and process, including reports to the Office of Health Facility Complaints; -consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates or other relevant advocacy services; and -the principles of person-centered planning and service delivery and how they apply to direct 	01470		

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01470	Continued From page 21 support services provided by staff. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01470		
01530 SS=F	144G.64 TRAINING IN DEMENTIA CARE REQUIRED (a) All assisted living facilities must meet the following training requirements: (1) supervisors of direct-care staff must have at least eight hours of initial training on topics specified under paragraph (b) within 120 working hours of the employment start date, and must have at least two hours of training on topics related to dementia care for each 12 months of employment thereafter; (2) direct-care employees must have completed at least eight hours of initial training on topics specified under paragraph (b) within 160 working hours of the employment start date. Until this initial training is complete, an employee must not provide direct care unless there is another employee on site who has completed the initial eight hours of training on topics related to dementia care and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for consultation with the new employee until the training requirement is complete. Direct-care employees must have at least two hours of training on topics related to dementia for each 12 months of employment thereafter; This MN Requirement is not met as evidenced by:	01530		

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01530	<p>Continued From page 22</p> <p>Based on interview and record review, the licensee failed to ensure the required hours of dementia care training was received by two of two employees (unlicensed personnel (ULP)-D and licensed assisted living director (LALD)-B).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents).</p> <p>The findings include:</p> <p>LALD-B LALD-B was hired on October 28, 2023, and began providing assisted living services.</p> <p>LALD-B's employee record contained an EduCare transcript dated March 19, 2024, indicating LALD-B received four (4) hours of dementia care training on September 19 and September 20, 2022. LALD did not receive the eight (8) hours of initial training required by Minnesota 144G assisted living statutes.</p> <p>ULP-D ULP-D was hired on August 17, 2020, under the licensee's former comprehensive license and began providing assisted living services on August 1, 2021.</p> <p>ULP-D's undated EduCare transcript indicated ULP-D received seven (7) hours of dementia related training in November 2022 and 9 hours of dementia related training in November 2023.</p>	01530		

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01530	<p>Continued From page 23</p> <p>ULP-D's record lacked documentation that employee received eight (8) hours of dementia care training in 2021 as required by Minnesota 144G assisted living statutes.</p> <p>On March 19, 2024, director (D)-A stated they were unaware of the required hours of dementia training upon hire.</p> <p>The licensee's Dementia Education policy dated August 1, 2021, indicated the following:</p> <ul style="list-style-type: none"> -supervisors of direct-care staff must have at least 8 hours of initial dementia education within 120 working hours of employment start date; and -direct care staff must have completed at least 8 hours of initial training within 160 working hours of the employment start date. <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01530		

Type: Full
Date: 03/18/24
Time: 14:28:54
Report: 1021241051

Food and Beverage Establishment Inspection Report

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Location:
Joy Living Inc
430 Niagara Lane North
Plymouth, MN55447
Hennepin County, 27

Establishment Info:
ID #: 0037623
Risk:
Announced Inspection: No

License Categories:

Operator:

Expires on: / /

Phone #: 6126079109
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.

7-200 Toxic Supplies and Applications

7-204.11 **** Priority 1 ****

MN Rule 4626.1620 Discontinue using chemical sanitizers, including chemical sanitizing solutions generated on site and other chemical antimicrobials on food-contact surfaces that do not meet the requirements specified in 40 CFR part 180, section 180.940, or part 180, subpart E, section 180.2020.

THE BLEACH ON-SITE IS SPLASHLESS AND THAT SANITIZER IS NOT APPROVED TO USE WITH FOOD CONTACT SURFACES. STAFF WILL GET APPROVED BLEACH TO BE ABLE TO SANITIZE. FACT SHEET SENT WITH REPORT.

Comply By: 03/18/24

2-500 Responding to contamination events

2-501.11 **** Priority 2 ****

MN Rule 4626.0123 Provide employees with procedures to follow for cleanup of vomit or fecal matter in the establishment. The procedures must minimize the spread of contamination to food and surfaces within the facility, and minimize the exposure of employees and consumers to contamination.

ESTABLISHMENT DOES NOT HAVE PROCEDURES TO CLEAN-UP VOMITING/FECAL ACCIDENTS. INFORMATION SENT WITH REPORT. TRAIN EMPLOYEES TO PROPERLY CLEAN UP VOMITING/FECAL ACCIDENTS.

Comply By: 03/25/24

4-300 Equipment Numbers and Capacities

4-302.13B **** Priority 2 ****

MN Rule 4626.0710B Provide a readily accessible, irreversible registering temperature indicator for measuring the utensil surface temperature in mechanical hot water warewashing operations.

ESTABLISHMENT DOES NOT HAVE A MEASURING DEVICE THAT INDICATES THE FINAL

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UTENSIL SURFACE TEMPERATURE IN DISH MACHINE. THERMOLABEL LEFT ON-SITE. PROVIDE.

Comply By: 03/25/24

4-300 Equipment Numbers and Capacities

MN Rule 4626.0715 Provide an appropriate test kit to accurately measure sanitizing solutions.

NO TEST KIT ON-SITE TO MEASURE THE CONCENTRATION OF BLEACH. PROVIDE.

Comply By: 03/25/24

6-300 Physical Facility Numbers and Capacities

6-301.12 **** Priority 2 ****

MN Rule 4626.1445 Provide and maintain a supply of individual disposable towels, a continuous towel system, a heated-air hand drying device, or an approved ambient air temperature hand drying device at each handwashing sink or group of adjacent handwashing sinks.

NO PAPER TOWELS AT THE KITCHEN HANDWASHING SINK. STAFF PROVIDED PAPER TOWELS DURING INSPECTION. CORRECTED ON-SITE. MAINTAIN A SUPPLY OF PAPER TOWELS AT ALL HANDWASHING SINKS DURING ALL HOURS OF OPERATION.

Comply By: 03/18/24

4-200 Equipment Design and Construction

4-201.11AMN

MN Rule 4626.0506A Provide or replace food service equipment with equipment that is certified or classified for sanitation by an American National Standards Institute (ANSI) accredited certification program.

THE RESIDENTIAL DISH MACHINE DOES NOT SPECIFY IT IS NSF/ANSI STANDARD 184. THE DISH MACHINE DOES NOT HAVE A SANITIZING CYCLE. ESTABLISHMENT HAS THERMOLABELS ON-SITE. THEY ARE GOING TO USE ONE AND E-MAIL A PICTURE TO INSPECTOR. SEE COMMENTS.

Comply By: 03/25/24

4-500 Equipment Maintenance and Operation

4-501.11AB

MN Rule 4626.0735AB All equipment and components must be in good repair and maintained and adjusted in accordance with manufacturer's specifications.

THE TOP FRONT PANEL OF THE KITCHEN REFRIGERATOR IS REMOVED. DUST IS VISIBLE INSIDE THE TOP COMPARTMENT. PLACE THE PANEL BACK SO IT IS EASIER TO CLEAN.

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4-600 Cleaning Equipment and Utensils

4-601.11C

MN Rule 4626.0840C Clean non-food contact surfaces of equipment and maintain free of accumulations of dust, dirt, food residue, and other debris.

VENTILATION FILTERS UNDER THE MICROWAVE AND ABOVE THE STOVE CONTAINS ACCUMULATION OF GREASE. STAFF REMOVED FILTERS AND CLEANED THEM DURING INSPECTION. CORRECTED ON-SITE. MAINTAIN CLEAN.

Comply By: 03/18/24

6-300 Physical Facility Numbers and Capacities

6-301.14A

MN Rule 4626.1457 Provide a sign or poster at all handwashing sinks used by food employees that notifies them to wash their hands

HANDWASHING SINK IN THE DOWNSTAIRS BATHROOM IS MISSING A HANDWASHING SIGN/POSTER THAT REMINDS FOOD EMPLOYEES TO WASH HANDS BEFORE RETURNING TO WORK. PROVIDE AS DESCRIBED IN RULE ABOVE.

Comply By: 03/22/24

6-500 Physical Facility Maintenance/Operation and Pest Control

6-501.12A

MN Rule 4626.1520A Clean and maintain all physical facilities clean.

LIGHT FIXTURE IN THE KITCHEN CONTAINS ACCUMULATION OF DUST AND OTHER DEBRIS. REMOVE LIGHT PANEL AND CLEAN.

Comply By: 03/25/24

6-500 Physical Facility Maintenance/Operation and Pest Control

6-501.16

MN Rule 4626.1540 Hang mops to dry after each use and do not store mops in a manner that will soil walls, equipment or supplies.

WET MOP FOUND STORED INSIDE THE MOP BUCKET WITH STANDING WATER. ONCE STAFF ARE DONE USING THE MOP, HANG THE MOPS TO AIR DRY. COMPLY WITH RULE ABOVE.

Comply By: 03/19/24

Food and Equipment Temperatures

Process/Item: Cold Holding

Temperature: 40 Degrees Fahrenheit - Location: MILK - KITCHEN REFRIGERATOR

Violation Issued: No

Process/Item: Cold Holding

Temperature: 41 Degrees Fahrenheit - Location: CUT FRUIT - KITCHEN REFRIGERATOR

Violation Issued: No

Process/Item: Ambient Temperature

Temperature: 40 Degrees Fahrenheit - Location: KITCHEN REFRIGERATOR

Violation Issued: No

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Total Orders In This Report	Priority 1	Priority 2	Priority 3
	1	4	6

ALL FINDINGS ON THIS REPORT WERE DISCUSSED WITH DIRECTOR, ALI ISSE AND HEALTH REGULATION DIVISION NURSE EVALUATOR, MICHELLE WINTERS.

THIS FACILITY IS A RESIDENTIAL HOME AND THEY CURRENTLY HAVE 3 CLIENTS AND THE FACILITY CAN HAVE UP TO 4 CLIENTS.

PER CONVERSATION WITH DIRECTOR, FOOD IS MADE FOR SAME DAY SERVICE. NO LEFTOVERS ARE KEPT.

CONTINUATION OF MN Rule 4626.0506A

IF THE DISH MACHINE DOES NOT REACH A FINAL UTENSIL SURFACE TEMPERATURE OF AT LEAST 160F THEN ESTABLISHMENT WILL NEED TO MANUALLY SANITIZE MANUALLY UNTIL THEY CAN REPLACE THE DISH MACHINE. FACT SHEET SENT WITH REPORT.

THE KITCHEN HAS RESIDENTIAL EQUIPMENT, WOOD CABINETS, LAMINATE COUNTERTOPS, AND TEXTURED CEILING. PHYSICAL FACILITY ITEMS WILL BE MONITORED AT FUTURE INSPECTIONS.

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 1021241051 of 03/18/24.

Certified Food Protection Manager ALI YASIN ISSE

Certification Number: FM112066 Expires: 07/26/25

Inspection report reviewed with person in charge and emailed.

Signed: _____

ALI ISSE
DIRECTOR

Signed: _____ 

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