



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

September 12, 2024

Licensee

Peace Homecare Services LLC

5127 53rd Avenue North

Crystal, MN 55429

RE: Project Number(s) SL35898015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on August 13, 2024, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

STATE CORRECTION ORDERS

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

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

DOCUMENTATION OF ACTION TO COMPLY

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

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the

resident(s)/employee(s) identified in the correction order.

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

CORRECTION ORDER RECONSIDERATION PROCESS

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

To submit a reconsideration request, please visit:

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

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **<https://forms.office.com/g/Bm5uQEPhVa>**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at susan.winkelmann@state.mn.us or call 651-201-5952.

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

If you have any questions, please contact me.

Sincerely,



Jodi Johnson, Supervisor

State Evaluation Team

Email: Jodi.Johnson@state.mn.us

Telephone: 507-344-2730 Fax: 1-866-890-9290

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35898	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/13/2024
NAME OF PROVIDER OR SUPPLIER PEACE HOMECARE SERVICES LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 5127 53RD AVENUE NORTH CRYSTAL, MN 55429			
(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(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:</p> <p>SL35898015</p> <p>On August 12, 2024, through August 13, 2024, the Minnesota Department of Health conducted a full survey at the above provider, and the following correction orders are issued. At the time of the survey, there were four residents; four receiving services under the provider's Assisted Living Facility license.</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>		
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements	0 480			

Minnesota Department of Health

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

TITLE

(X6) DATE

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0 480	Continued From page 1 (13) offer to provide or make available at least the following services to residents: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated August 12, 2024, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection. TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480			
0 780 SS=F	144G.45 Subd. 2 (a) (1) Fire protection and physical environment (a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: (1) for dwellings or sleeping units, as defined in the State Fire Code:	0 780			

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0 780	<p>Continued From page 2</p> <p>(i) provide smoke alarms in each room used for sleeping purposes;</p> <p>(ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms;</p> <p>(iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics;</p> <p>(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</p> <p>(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;</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide smoke alarms that functioned and are interconnected so that the actuation of one alarm causes all alarms in the dwelling unit to actuate. This deficient condition had the ability to affect all staff and residents.</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>	0 780			

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0 780	Continued From page 3 During the facility tour on August 12, 2024, with the owner/clinical nurse supervisor (CNS)-B, between 2:00 p.m. and 3:30 p.m. the following deficient condition was observed: The surveyor observed when the smoke alarms were push button tested by the CNS-B, the smoke alarm in resident room 1 did not operate. The surveyor explained to the CNS-B, that 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. The deficient condition was visually verified by the CNS-B accompanying on the tour. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 780			
01620 SS=D	144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring (c) Resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services. Ongoing resident reassessment and monitoring must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the last date of the assessment. (d) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of	01620			

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01620	<p>Continued From page 4</p> <p>services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review. (e) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the registered nurse (RN) completed a comprehensive reassessment not to exceed 90 calendar days from the last assessment, for one of one resident (R1).</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 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>R1's diagnoses included post-traumatic stress disorder (PTSD), bipolar disorder, and type II diabetes.</p> <p>R1's Service Plan (Waiver) effective August 10, 2024, indicated R1 received services including medication setup and administration, blood glucose monitoring, behavior management,</p>	01620			

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01620	<p>Continued From page 5</p> <p>housekeeping, laundry, and monitoring of vital signs.</p> <p>R1's last three assessments were requested. Assessments completed March 5, 2024, June 10, 2024, and August 10, 2024, were provided. 97 days had passed between the March 2024, and June 2024, assessments (7 days late).</p> <p>On August 13, 2024, at 10:36 a.m. clinical nurse supervisor (CNS)-B stated R1's June 2024, assessment had not been completed within 90 days.</p> <p>The licensee's 6.01 Assessments, Reviews & Monitoring policy dated August 1, 2021, indicated: 3. Resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services. Ongoing resident reassessment and monitoring must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the last date of the assessment.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	01620			
01640 SS=D	<p>144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to</p> <p>(a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan.</p> <p>(b) The service plan and any revisions must include a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. The</p>	01640			

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01640	<p>Continued From page 6</p> <p>service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities.</p> <p>(c) The facility must implement and provide all services required by the current service plan.</p> <p>(d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable.</p> <p>(e) Staff providing services must be informed of the current written service plan.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure a written service plan was revised and signed by the resident to reflect the current services provided for one of one resident (R1).</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 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>On August 13, 2024, at 10:02 a.m. licensed assisted living director (LALD)-A was observed to apply an ace wrap to R1's left knee.</p>	01640			

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01640	<p>Continued From page 7</p> <p>R1's diagnoses included post-traumatic stress disorder (PTSD), bipolar disorder, and type II diabetes.</p> <p>R1's Service Plan (Waiver) effective August 10, 2024, indicated R1 received services including medication setup and administration, blood glucose monitoring, behavior management, housekeeping, laundry, and monitoring of vital signs. The service plan did not include assistance with the ace wrap, nor was it signed by R1 as required.</p> <p>On August 13, 2024, at 10:36 a.m. clinical nurse supervisor (CNS)-B stated she had not added the ace wrap to R1's service plan because she thought the resident was applying it independently. CNS-B further stated she did not have R1 sign the service plan.</p> <p>The licensee's 6.08 Service Plan policy dated August 1, 2021, indicated: 2. The service plan and any revisions shall include a signature or other authentication by the licensee and by the resident, or resident's representative, documenting agreement on the services to be provided. 9. A service plan will include: a. A description of the services that are to be provided based on the most recent assessment and resident preferences.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	01640			
01760 SS=E	144G.71 Subd. 8 Documentation of administration of medication	01760			

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01760	<p>Continued From page 8</p> <p>Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medication procedures were followed during medication administration for 2 of 2 residents (R1, R3) observed.</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 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).</p> <p>The findings include:</p> <p>R1 R1's diagnoses included post-traumatic stress disorder (PTSD), bipolar disorder, and type II</p>	01760			

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01760	<p>Continued From page 9</p> <p>diabetes.</p> <p>R1's Service Plan (Waiver) effective August 10, 2024, indicated R1 received services including medication setup and administration.</p> <p>R1's After Visit Summary dated August 11, 2024, included the following new order: diclofenac sodium 1% gel. Apply to skin three times a day as needed. Apply to clean, dry, intact skin of affected area and rub into skin gently. Upper extremities: Apply 2 g (grams) (2.25 inches) to affected area. Lower extremities: Apply 4 g (4.5 inches) to affected area. Maximum dosage: 32 g/day over all affected area.</p> <p>R1's medication administration record (MAR) dated August 2024, included the following order: Diclofenac 1% gel. Apply to skin three times daily as needed. Apply to clean, dry, intact skin of affected area and rub into skin gently. Upper extremities: Apply 2g (2.25 inches) to affected area. Lower extremities: Apply 4g (4.5 inches) to affected area. Maximum dosage: 32 g/day over all affected area. (Starts: 08/12 10:13 AM)</p> <p>On August 13, 2024, at 9:54 a.m. R1 was observed seated on the couch in the living room removing an ace wrap from her left knee. Licensed assisted living director (LALD)-A entered the living room; R1 asked LALD-A if she could rewrap her left knee. LALD-A stated she would help her shortly and exited the room. At 10:02 a.m., LALD-A returned to the living to assist R1 with her ace wrap. R1 stated LALD-A would need to put ointment on her knee first prior to applying the ace wrap. LALD-A asked unlicensed personnel (ULP)-C to obtain the ointment from the locked medication cabinet. ULP-C obtained R1's prescribed diclofenac sodium 1% gel and</p>	01760			

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01760	<p>Continued From page 10</p> <p>handed it to LALD-A. LALD-A cleansed hands, donned clean gloves, and placed approximately a nickel-sized amount of the gel into the palm of her hand, then applied to R1's left knee. LALD-A did not measure the amount applied, and did not document application of the gel afterwards.</p> <p>On August 13, 2024, at 10:36 a.m. LALD-A and clinical nurse supervisor (CNS)-B were interviewed. LALD-A stated she was just trying to help out and should have checked R1's medication administration record (MAR) against the label on the diclofenac gel prior to administering. LALD-A further stated ULP-C documented the administration of R1's diclofenac gel, but she (LALD-A) should have. CNS-B stated staff should be comparing the label on medication with the MAR on all medications administered; staff who administered the medication should be documenting in the MAR.</p> <p>R3 R3's diagnoses included schizoaffective disorder and anxiety disorder.</p> <p>R3's prescriber orders signed August 8, 2024, included: escitalopram (antidepressant) 20 mg (milligrams) by mouth every night at bedtime.</p> <p>R3's Service Plan effective July 31, 2024, indicated R3 received services including medication administration.</p> <p>On August 13, 2024, at 9:47 a.m. unlicensed personnel (ULP)-C was observed setting up R3's morning medications which included escitalopram 20 mg. The surveyor questioned why this medication was being administered in the morning when it was ordered for bedtime. ULP-C stated the pharmacy had set it up for morning</p>	01760			

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(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
01760	<p>Continued From page 11</p> <p>administration and that was why it was being administered at this time. ULP-C further stated he would let the nurse know and continued to administer the medication to R3.</p> <p>On August 13, 2024, at 11:52 a.m. clinical nurse supervisor (CNS)-B stated R3's escitalopram 20 mg was ordered for bedtime administration; the pharmacy had set it up for the morning. CNS-B called the pharmacy who confirmed they had set it up incorrectly and would correct the error with the next medication setup. CNS-B stated in the meantime she would set up R3's remaining escitalopram for bedtime administration as ordered.</p> <p>The licensee's 7.22 Medication & Treatment Record - Documentation & Refusal policy dated August 1, 2021, indicated:</p> <p>1) The following must be documented in the resident's medication and/or treatment/therapy records after providing medication assistance or administration:</p> <ul style="list-style-type: none">a. The date,b. The time,c. The quantity of dosage,d. The method of administration of all <p>prescribed legend and over-the-counter medications and or treatments/therapy</p> <p>2) If medication and or treatment/therapy assistance and/or administration were not completed as prescribed, documentation must include the reason why it was not completed and any follow up procedures that were provided.</p> <p>3) Documentation of medication/treatment/therapy reminders, medication/treatment/therapy assistance or medication/treatment /therapy administration will be completed by the person who performed the task immediately after the medication</p>	01760			

Minnesota Department of Health

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01760	Continued From page 12 assistance/administration is completed. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760			
01940 SS=D	144G.72 Subd. 3 Individualized treatment or therapy managemen For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following: (1) a statement of the type of services that will be provided; (2) documentation of specific resident instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any	01940			

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01940	<p>Continued From page 13</p> <p>changes.</p> <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 treatment or therapy management plan to include all required content for one of one resident (R1).</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 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>During the entrance conference on August 12, 2024, at 11:27 a.m., clinical nurse supervisor (CNS)-B stated the licensee provided treatment management services to their residents.</p> <p>On August 13, 2024, at 10:02 a.m. licensed assisted living director (LALD)-A was observed applying an ace wrap to R1's left knee.</p> <p>R1's diagnoses included post-traumatic stress disorder (PTSD), bipolar disorder, and type II diabetes.</p> <p>R1's Service Plan (Waiver) effective August 10, 2024, indicated R1 received services including medication setup and administration, blood glucose monitoring, behavior management, housekeeping, laundry, and monitoring of vital</p>	01940			

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01940	<p>Continued From page 14</p> <p>signs. The service plan did not include assistance with the ace wrap.</p> <p>R1's Master Care Plan dated August 10, 2024, indicated: Resident also has a knee brace that she applies herself. She returned with brace with no new orders from orthopedist.</p> <p>R1's records lacked a treatment management plan to include the following required content for the ace wrap:</p> <ul style="list-style-type: none">- procedures for notifying a registered nurse when a problem arose with treatments or therapy services; and- any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed and monitoring of treatment or therapy to prevent possible complications or adverse reactions. <p>On August 13, 2024, at 10:36 a.m. CNS-B stated she had attempted (and provided evidence) to obtain a physician order for R1's ace wrap upon return from the treatment facility on August 7, 2024. CNS-B further stated to her knowledge, R1 was always putting the ace wrap on independently, and thus had not added it to the service plan, develop a treatment plan, or require staff to document the service.</p> <p>The licensee's 7.05 Treatment & Therapy Management Plan policy dated August 1, 2021, indicated:</p> <ol style="list-style-type: none">1. [Licensee] will develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following:<ol style="list-style-type: none">a. A statement of the type of services that will be provided.	01940			

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01940	Continued From page 15 b. Documentation of specific resident instructions relating to the treatments or therapy administration. c. Identification of treatment or therapy tasks that will be delegated to unlicensed personnel. d. Procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services. e. Any resident-specific requirements relating to documentation of treatment and therapy received. f. Verification that all treatment and therapy was administered as prescribed. g. Monitoring of treatment or therapy to prevent possible complications or adverse reactions. 2. The treatment or therapy management record must be current and updated when there are any changes. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01940			
01960 SS=D	144G.72 Subd. 5 Documentation of administration of treatments Each treatment or therapy administered by an assisted living facility must be in the resident record. The documentation must include the signature and title of the person who administered the treatment or therapy and must include the date and time of administration. When treatment or therapies are not administered as ordered or prescribed, the provider must document the reason why it was not administered and any follow-up procedures that were provided	01960			

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01960	<p>Continued From page 16</p> <p>to meet the resident's needs.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee lacked documentation of treatments for one of one resident (R1).</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 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>During the entrance conference on August 12, 2024, at 11:27 a.m., clinical nurse supervisor (CNS)-B stated the licensee provided treatment management services to their residents.</p> <p>On August 13, 2024, at 10:02 a.m. licensed assisted living director (LALD)-A was observed applying an ace wrap to R1's left knee.</p> <p>R1's diagnoses included post-traumatic stress disorder (PTSD), bipolar disorder, and type II diabetes.</p> <p>R1's Service Plan (Waiver) effective August 10, 2024, indicated R1 received services including medication setup and administration, blood glucose monitoring, behavior management, housekeeping, laundry, and monitoring of vital signs. The service plan did not include assistance with the ace wrap.</p>	01960			

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01960	<p>Continued From page 17</p> <p>R1's Master Care Plan dated August 10, 2024, indicated: Resident also has a knee brace that she applies herself. She returned with brace with no new orders from orthopedist.</p> <p>R1's Services Delivered dated August 1, 2024, to August 13, 2024, lacked documentation of ace wrap assistance.</p> <p>On August 13, 2024, at 10:36 a.m. CNS-B stated to her knowledge R1 was always putting the ace wrap on independently and thus had not required staff to document the service delivered.</p> <p>The licensee's 7.05 Treatment & Therapy Management Plan policy dated August 1, 2021, indicated:</p> <p>1. [Licensee] will develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following:</p> <p> a. A statement of the type of services that will be provided.</p> <p> b. Documentation of specific resident instructions relating to the treatments or therapy administration.</p> <p> c. Identification of treatment or therapy tasks that will be delegated to unlicensed personnel.</p> <p> d. Procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services.</p> <p> e. Any resident-specific requirements relating to documentation of treatment and therapy received.</p> <p> f. Verification that all treatment and therapy was administered as prescribed.</p> <p> g. Monitoring of treatment or therapy to prevent possible complications or adverse</p>	01960			

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01960	Continued From page 18 reactions. 2. The treatment or therapy management record must be current and updated when there are any changes. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01960			
02320 SS=E	144G.91 Subd. 4 (b) Appropriate care and services (b) Residents have the right to receive health care and other assisted living services with continuity from people who are properly trained and competent to perform their duties and in sufficient numbers to adequately provide the services agreed to in the assisted living contract and the service plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were administered according to policy and accepted standards of practice by two different staff (unlicensed personnel (ULP)-C, licensed assisted living director (LALD)-A) observed during medication administration 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 pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the	02320			

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02320	<p>Continued From page 19</p> <p>situation has occurred repeatedly; but is not found to be pervasive).</p> <p>The findings include:</p> <p>R1's diagnoses included diabetes.</p> <p>R1's Service Plan dated August 10, 2024, included medication administration.</p> <p>R1's provider discharge orders dated August 7, 2024, included: Novolog (insulin) 100 U/ml (units per milliliter). Inject 10 units subcutaneous (under the skin) three times daily with meals.</p> <p>R1's After Visit Summary dated August 11, 2024, included an order for diclofenac sodium 1% gel. Apply to skin three times a day as needed. Apply to clean, dry, intact skin of affected area and rub into skin gently. Upper extremities: Apply 2 g (grams) (2.25 inches) to affected area. Lower extremities: Apply 4 g (4.5 inches) to affected area. Maximum dosage: 32 g/day over all affected area.</p> <p>ULP-C</p> <p>On August 12, 2024, at 2:04 p.m. ULP-C was observed administering medications to R1 including Novolog insulin. ULP-C removed the cap from R1's Novolog insulin pen and applied a needle without first using an alcohol prep pad to cleanse the port of the pen. ULP-C then dialed up the prescribed 10 units of insulin and administered to R1. ULP-C did not prime the insulin pen prior to dialing and administering the prescribed dosage. When interviewed immediately following the observation, ULP-C stated he had been trained to use alcohol to wipe the port prior to applying the needle, and also had been trained to prime the insulin pen though</p>	02320			

Minnesota Department of Health

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02320	<p>Continued From page 20</p> <p>hadn't done either.</p> <p>LALD-A On August 13, 2024, at 9:54 a.m. R1 was observed seated on the couch in the living room removing an ace wrap from her left knee. LALD-A entered the living room; R1 asked LALD-A if she could rewrap her left knee. LALD-A stated she would help her shortly and exited the room. At 10:02 a.m., LALD-A returned to the living to assist R1 with her ace wrap. R1 stated LALD-A would need to put ointment on her knee first prior to applying the ace wrap. LALD-A asked ULP-C to obtain the ointment from the locked medication cabinet. ULP-C obtained R1's prescribed diclofenac sodium 1% gel and handed to LALD-A. LALD-A cleansed hands, donned clean gloves, and placed approximately a nickel-sized amount of the gel in the palm of her hand. LALD-A then applied the gel to R1's left knee. LALD-A did not compare the label on the diclofenac gel to the R1's medication administration record (MAR), did not measure the amount applied, and did not document application of the gel afterwards.</p> <p>On August 13, 2024, at 10:36 a.m. LALD-A and clinical nurse supervisor (CNS)-B were interviewed. LALD-A stated she was just trying to help out and should have checked R1's MAR against the label on the diclofenac gel prior to administering. LALD-A further stated ULP-C documented the administration of R1's diclofenac gel, and she (LALD-A) should have. LALD-A was unaware if there was a measuring device to be utilized when measuring the amount of gel to administer. CNS-B stated staff should be comparing the label on medication with the MAR on all medications administered; staff who administered the medication should be</p>	02320			

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02320	<p>Continued From page 21</p> <p>documenting in the MAR. CNS-B further stated to her knowledge R1's diclofenac gel did not come with a measuring device. CNS-B also stated would expect staff to use an alcohol pad to cleanse insulin pens prior to applying the needle, and also prime the insulin pen with two units prior to dialing up the dose and administering.</p> <p>ULP-C's Skill Competency Medication & Treatment Insulin Pens form, signed by the CNS-B on March 16, 2023, included:</p> <p>8. Remove the pen cap and clean tip with an alcohol wipe or per manufacturer guidelines.</p> <p>The NovoLog FlexPen Instructions for Use package insert dated revised April 2015, indicated:</p> <p>Preparing you NovoLog FlexPen</p> <p>A. Pull off the pen cap. Wipe the rubber stopper with an alcohol swab.</p> <p>Giving the airshot before each injection.</p> <p>Before each injection small amounts of air may collect in the cartridge during normal use. To avoid injection air and to ensure proper dosing:</p> <p>E. Turn the dose selector to select 2 (two) units.</p> <p>F. Hold your NovoLog FlexPen with the needle pointing up. Tap the cartridge gently with your finger a few times to make any air bubbles collect at the top of the cartridge.</p> <p>G. Keep the needle pointing upwards, press the push-button all the way in. The dose selector returns to 0 (zero). A drop of insulin should appear at the needle tip. If not, change the needle and repeat the procedure no more than 6 times. If you do not see a drop of insulin after 6 times, do not use the NovoLog FlexPen and contact Novo Nordisk at 1-800-727-6500.</p> <p>The licensee's 7.08 Medication Management - Administration & Setup policy dated August 1,</p>	02320			

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02320	<p>Continued From page 22</p> <p>2021, indicated:</p> <p>1. Documentation of a medication reminder, medication assistance or medication administration will be completed immediately after that task has been performed.</p> <p>3. Assistance with medication and medication administration will be documented on the MAR by entering the ULP's initials under the date and opposite the medication and dose given and include the full signature and title of the person who provided the medication administration.</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	02320			



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

Type: Full
Date: 08/12/24
Time: 13:00:00
Report: 1025241149

Food and Beverage Establishment Inspection Report

Page 1

Location:

Peace Homecare Services Llc
5127 53rd Avenue North
Crystal, MN55429
Hennepin County, 27

Establishment Info:

ID #: 0037693
Risk:
Announced Inspection: Yes

License Categories:

Expires on: / /

Operator:

Phone #: 9084141849
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.

4-300 Equipment Numbers and Capacities

4-302.12B **** Priority 2 ****

MN Rule 4626.0705B Provide a readily accessible food temperature measuring device with a small diameter probe to measure the temperature in thin foods such as meat patties and fish fillets.

Provide a food thermometer for the establishment

Comply By: 08/16/24

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.

Provide a means of testing the internal contact temperature of the dishwasher sanitize cycle

Comply By: 08/16/24

2-100 Supervision

2-102.12AMN

MN Rule 4626.0033A Employ a certified food protection manager (CFPM) for the establishment.

Employ a CFPM for the establishment and post a certificate copy

Comply By: 08/12/24

Food and Equipment Temperatures

Process/Item: Milk

Temperature: 41 Degrees Fahrenheit - Location: Refrigerator

Violation Issued: No

Type: Full
Date: 08/12/24
Time: 13:00:00
Report: 1025241149
Peace Homecare Services Llc

Food and Beverage Establishment Inspection Report

Page 2

Process/Item: Potato, cooked

Temperature: 202 Degrees Fahrenheit - Location: On stove for lunch (hot holding)

Violation Issued: No

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

FACILITY

Appliances are residential, laminate countertop, painted cabinets

SINK USAGE

Facility has a two (2) compartment sink

Facility has a dishwasher with a sanitize cycle

Facility does not have a 3 compartment sink

Facility does not have a dedicated food preparation sink

COUNTERTOPS AND FOOD CONTACT SURFACES

Provide a smooth, non-porous food contact surface (e.g. cutting boards) that can be easily washed, rinsed, and sanitized (e.g. run through the dishwasher). Soap and water can be used to clean non-food contact surfaces. By provided a cutting board or other non-porous food contact surface, the countertops can be kept clean without the use of substances which may damage the finish. Do not use wood as a food contact surface.

DISHWASHING – NSF 184

Dishwasher has a sanitizing rinse option (NSF/ANSI Standard 184) – use this option to sanitize utensils

Provide a means of testing the internal contact temperature of utensil in the dishwasher

If the sanitize cycle on the dishwasher will not be used, provide an alternate means of chemical sanitizing (e.g. a bus tub or other basin, to be filled with water and sanitizing solution e.g. chlorine bleach (non-scented, labeled for Sanitizing Food Contact Surfaces) at 50-100 PPM; provide a test kit for chemical sanitizing)

Recommend having an alternative means of sanitizing available case of emergency or service interruption

EQUIPMENT

MN 4626.0506 includes alternate equipment and finish requirements for adult care facilities which serve TCS foods for same-day service only:

MN 4626.0506 G. A food establishment that is an adult care center, child care center, or boarding establishment does not need to comply with item A [certified or classified for sanitation by an American National Standards Institute (ANSI) accredited certification program for food service equipment] if approved by the regulatory authority and the food establishment:

(1) serves only non-TCS food; or

(2) prepares TCS foods only for same-day service.

Discontinue any service of TCS food for multiple day service (e.g. cooling and reservice of leftovers of prepared and cooked TCS food), or upgrade finishes and equipment in the kitchen

GENERAL COMMENTS

CFPM (Certified Food Protection Manager)

For information, please search "MDH CFPM"

Type: Full
Date: 08/12/24
Time: 13:00:00
Report: 1025241149
Peace Homecare Services Llc

Food and Beverage Establishment Inspection Report

Page 3

Discussed employee health and hygiene, exclusion for individuals from the kitchen with vomiting and/or diarrheal illness, sore throat with fever, or reportable illness; food cooking and holding temperatures, cross-contamination, allergens, food storage order in refrigerator, separating resident food from medication or staff food, avoiding bare hand contact with foods which will not be cooked (cut fruit, deli sandwiches), chemical label, use, and storage, pest control, quarantine meals

Date marking TCS foods (when packages are opened or food is prepared, date mark and discard after 7 days, except for certain cultured dairy products)

Discussed food source, recalls, and refusing food which has signs of tampering or temperature abuse
Information on food recalls available "MDA Food Recall"

<https://www.mda.state.mn.us/food-feed/food-recalls-consumer-advisories-minnesota>

FACT SHEETS

Please search "MDH Fact Sheets" for the Food Business fact sheets page

"Cleaning and Sanitizing" <https://www.health.state.mn.us/communities/environment/food/docs/fs/cleansanfs.pdf>

"Food Cooking Temperatures"

<https://www.health.state.mn.us/communities/environment/food/docs/fs/timetempfs.pdf>

"Date Marking TCS foods"

<https://www.health.state.mn.us/communities/environment/food/docs/fs/datemarkingfs.pdf>

"Highly Susceptible Populations" - no service or raw or undercooked animal food, use Pasteurized eggs when preparing eggs raw or undercooked or batching scrambled eggs

<https://www.health.state.mn.us/communities/environment/food/docs/fs/highsuspopfs.pdf>

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 1025241149 of 08/12/24.

Certified Food Protection Manager: _____

Certification Number: _____ Expires: ____/____/____

Signed: _____

Establishment Representative

Signed:  _____

Casey Kipping
Public Health Sanitarian III
Freeman Building St Paul
651-201-4513
casey.kipping@state.mn.us

Report #: 1025241149

DEPARTMENT OF HEALTH

Minnesota Department of Health

Division of Environmental Health, FPLS

P.O. Box 64975

St. Paul, MN 55164-0975

No. of RF/PHI Categories Out

1

Date

08/12/24

No. of Repeat RF/PHI Categories Out

0

Time In

13:00:00

Legal Authority MN Rules Chapter 4626

Time Out

Peace Homecare Services Llc

Address

5127 53rd Avenue North

City/State

Crystal, MN

Zip Code

55429

Telephone

9084141849

License/Permit #

0037693

Permit Holder

Purpose of Inspection

Full

Est Type

Risk Category

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item

Mark "X" in appropriate box for COS and/or R

IN= in compliance OUT= not in compliance N/O= not observed N/A= not applicable COS=corrected on-site during inspection R= repeat violation

Compliance Status

COS

R

Supervision

1

IN

OUT

PIC knowledgeable; duties & oversight

2

IN

OUT

N/A

Certified food protection manager, duties

Employee Health

3

IN

OUT

Mgmt/Staff;knowledge,responsibilities&reporting

4

IN

OUT

Proper use of reporting, restriction & exclusion

5

IN

OUT

Procedures for responding to vomiting & diarrheal events

Good Hygienic Practices

6

IN

OUT

N/O

Proper eating, tasting, drinking, or tobacco use

7

IN

OUT

N/O

No discharge from eyes, nose, & mouth

Preventing Contamination by Hands

8

IN

OUT

N/O

Hands clean & properly washed

9

IN

OUT

N/A

N/O

No bare hand contact with RTE foods or pre-approved alternate pprocedure properly followed

10

IN

OUT

Adequate handwashing sinks supplied/accessible

Approved Source

11

IN

OUT

Food obtained from approved source

12

IN

OUT

N/A

N/O

Food received at proper temperature

13

IN

OUT

Food in good condition, safe, & unadulterated

14

IN

OUT

N/A

N/O

Required records available; shellstock tags, parasite destruction

Protection from Contamination

15

IN

OUT

N/A

N/O

Food separated and protected

16

IN

OUT

N/A

Food contact surfaces: cleaned & sanitized

17

IN

OUT

Proper disposition of returned, previously served, reconditioned, & unsafe food

Compliance Status

COS

R

Time/Temperature Control for Safety

18

IN

OUT

N/A

N/O

Proper cooking time & temperature

19

IN

OUT

N/A

N/O

Proper reheating procedures for hot holding

20

IN

OUT

N/A

N/O

Proper cooling time & temperature

21

IN

OUT

N/A

N/O

Proper hot holding temperatures

22

IN

OUT

N/A

Proper cold holding temperatures

23

IN

OUT

N/A

N/O

Proper date marking & disposition

24

IN

OUT

N/A

N/O

Time as a public health control: procedures & records

Consumer Advisory

25

IN

OUT

N/A

Consumer advisory provided for raw/undercooked food

Highly Susceptible Populations

26

IN

OUT

N/A

Pasteurized foods used; prohibited foods not offered

Food and Color Additives and Toxic Substances

27

IN

OUT

N/A

Food additives: approved & properly used

28

IN

OUT

Toxic substances properly identified, stored, & used

Conformance with Approved Procedures

29

IN

OUT

N/A

Compliance with variance/specialized process/HACCP

Risk factors (RF) are improper practices or proceeedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions (PHI) are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is not in compliance Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection R= repeat violation

COS

R

Safe Food and Water

30

IN

OUT

N/A

Pasteurized eggs used where required

31

Water & ice obtained from an approved source

32

IN

OUT

N/A

Variance obtained for specialized processing methods

Food Temperature Control

33

Proper cooling methods used; adequate equipment for temperature control

34

IN

OUT

N/A

N/O

Plant food properly cooked for hot holding

35

IN

OUT

N/A

N/O

Approved thawing methods used

36

X

Thermometers provided & accurate

Food Identification

37

Food properly labeled; original container

Prevention of Food Contamination

38

Insects, rodents, & animals not present

39

Contamination prevented during food prep, storage & display

40

Personal cleanliness

41

Wiping cloths: properly used & stored

42

Washing fruits & vegetables

COS

R

Proper Use of Utensils

43

In-use utensils: properly stored

44

Utensils, equipment & linens: properly stored, dried, & handled

45

Single-use/single service articles: properly stored & used

46

Gloves used properly

Utensil Equipment and Vending

47

Food & non-food contact surfaces cleanable, properly designed, constructed, & used

48

X

Warewashing facilities: installed, maintained, & used; test strips

49

Non-food contact surfaces clean

Physical Facilities

50

Hot & cold water available; adequate pressure

51

Plumbing installed; proper backflow devices

52

Sewage & waste water properly disposed

53

Toilet facilities: properly constructed, supplied, & cleaned

54

Garbage & refuse properly disposed; facilities maintained

55

Physical facilities installed, maintained, & clean

56

Adequate ventilation & lighting; designated areas used

57

Compliance with MCIAA

58

Compliance with licensing & plan review

Food Recalls:

Person in Charge (Signature)

Date:

08/12/24

Inspector (Signature)

