



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

September 6, 2024

Licensee
Lightcare Group Homes LLC
7539 16th Avenue South
Richfield, MN 55423

RE: Project Number(s) SL36020015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on August 6, 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: 36020	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/06/2024
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NAME OF PROVIDER OR SUPPLIER LIGHTCARE GROUP HOMES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 7539 16TH AVENUE SOUTH RICHFIELD, MN 55423
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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
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>SL36060015</p> <p>On August 5, 2024, through August 6, 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 three residents; three 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 _____

Minnesota Department of Health

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0 480	<p>Continued From page 1</p> <p>(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</p> <p>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 5, 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.</p>	0 480		
0 780 SS=F	<p>144G.45 Subd. 2 (a) (1) Fire protection and physical environment</p> <p>(a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:</p> <p>(1) for dwellings or sleeping units, as defined in the State Fire Code:</p>	0 780		

Minnesota Department of Health

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0 780	<p>Continued From page 2</p> <ul style="list-style-type: none"> (i) provide smoke alarms in each room used for sleeping purposes; (ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms; (iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics; (iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and (v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated; <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide smoke alarms that 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		

Minnesota Department of Health

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0 780	<p>Continued From page 3</p> <p>On August 6, 2024, at 12:30 p.m., survey staff toured the facility with the licensed assisted living director/ registered nurse (LALD/RN)-A. During the facility tour, it was observed the sleeping rooms that were equipped with smoke alarms were not interconnected upon testing, so the actuation of one alarm would cause all alarms to operate.</p> <p>During the interview on August 6, 2024, at 1:00 p.m., LALD/RN-A stated the smoke alarms in the facility were not interconnected, and the actuation of one alarm would not cause all alarms to operate.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days.</p>	0 780		



Minnesota Department of Health

625 Robert Street North
St Paul
651-201-4500

Type: Full
Date: 08/05/24
Time: 13:04:25
Report: 7994241142

Food and Beverage Establishment Inspection Report

Page 1

Location:

Lightcare Group Homes Llc
7539 16th Avenue South
Richfield, MN55423
Hennepin County, 27

Establishment Info:

ID #: 0038950
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 9522889420
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.

5-200C Plumbing: Maintenance, fixture location

5-205.11AB ** Priority 2 **

MN Rule 4626.1110AB The handwashing sink must be accessible at all times for employee use, and must be used only for handwashing.

STRAINER FOUND IN HANDWASHING SINK. ENSURE THE HANDWASH SIDE OF TWO COMPARTMENT SINK IS ONLY USED FOR HANDWASHING.

Comply By: 08/05/24

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

INSPECTION CONDUCTED IN THE PRESENCE OF HRD STAFF AND FINDINGS SHARED AT THE END OF INSPECTION.

WILL EMAIL SUPPORTING DOCUMENTS AND LINKS TO HRD STAFF AT THE END OF THE DAY.

KITCHEN IS RESIDENTIAL AND FOOD IS PREPARED FOR SAME DAY SERVICE. FLOOR IS VINYL, CABINETS ARE WOOD WITH HALLOWED ENCLOSED BASES, LAMINATE COUNTER TOPS AND SMOOTH CEILING. ALL ARE FOUND TO BE IN GOOD CONDITION AND WILL BE MONITORED AT FUTURE INSPECTIONS. IF AT ANY TIME THERE IS FOUND TO BE A RISK OF CONTAMINATION OR CONCERN THE PHYSICAL FACILITIES WILL BE REQUIRED TO BE BROUGHT UP TO CODE.

Type: Full
Date: 08/05/24
Time: 13:04:25
Report: 7994241142
Lightcare Group Homes Llc

Food and Beverage Establishment Inspection Report

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

I acknowledge receipt of the Minnesota Department of Health inspection report number 7994241142 of 08/05/24.

Certified Food Protection Manager: Maryam Mohamed

Certification Number: 107536 Expires: 07/29/27

Inspection report reviewed with person in charge and emailed.

Signed: _____

Maryam Mohamed

Signed: 

Crystal Elva
Public Health Sanitarian 3
St Paul
651-201-3981
Crystal.Elva@state.mn.us

Report #: 7994241142

Food Establishment Inspection Report



Minnesota Department of Health
625 Robert Street North
St Paul

No. of RF/PHI Categories Out	1	Date	08/05/24
No. of Repeat RF/PHI Categories Out	0	Time In	13:04:25
Legal Authority MN Rules Chapter 4626		Time Out	

Lightcare Group Homes Llc	Address 7539 16th Avenue South	City/State Richfield, MN	Zip Code 55423	Telephone 9522889420
License/Permit # 0038950	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	Compliance Status	COS	R
Supervision			Time/Temperature Control for Safety		
1	<input checked="" type="radio"/>		18	<input checked="" type="radio"/>	
2	<input checked="" type="radio"/>		19	<input checked="" type="radio"/>	
Employee Health			Consumer Advisory		
3	<input checked="" type="radio"/>		20	<input checked="" type="radio"/>	
4	<input checked="" type="radio"/>		21	<input checked="" type="radio"/>	
5	<input checked="" type="radio"/>		22	<input checked="" type="radio"/>	
Good Hygienic Practices			Highly Susceptible Populations		
6	<input checked="" type="radio"/>		23	<input checked="" type="radio"/>	
7	<input checked="" type="radio"/>		24	<input checked="" type="radio"/>	
Preventing Contamination by Hands			Food and Color Additives and Toxic Substances		
8	<input checked="" type="radio"/>		25	<input checked="" type="radio"/>	
9	<input checked="" type="radio"/>		Conformance with Approved Procedures		
10	<input checked="" type="radio"/>		26	<input checked="" type="radio"/>	
Approved Source			27	<input checked="" type="radio"/>	
11	<input checked="" type="radio"/>		28	<input checked="" type="radio"/>	
12	<input checked="" type="radio"/>		29	<input checked="" type="radio"/>	
13	<input checked="" type="radio"/>		Risk factors (RF) are improper practices or procedures 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.		
14	<input checked="" type="radio"/>				
Protection from Contamination					
15	<input checked="" type="radio"/>				
16	<input checked="" type="radio"/>				
17	<input checked="" type="radio"/>				

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

Compliance Status	COS	R	Compliance Status	COS	R
Safe Food and Water			Proper Use of Utensils		
30	<input checked="" type="radio"/>		43		
31			44		
32	<input checked="" type="radio"/>		45		
Food Temperature Control			46		
33			Utensil Equipment and Vending		
34	<input checked="" type="radio"/>		47		
35	<input checked="" type="radio"/>		48		
36			49		
Food Identification			Physical Facilities		
37			50		
Prevention of Food Contamination			51		
38			52		
39			53		
40			54		
41			55		
42			56		
			57		
			58		

Food Recalls:

Person in Charge (Signature)

Date: 08/05/24

Inspector (Signature)