



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

October 30, 2023

Licensee
Martha House LLC
1861 Preserve Court
Shakopee, MN 55379

RE: Project Number(s) SL36591015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on October 3, 2023, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, the MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

STATE CORRECTION ORDERS

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

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

DOCUMENTATION OF ACTION TO COMPLY

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

The correction order documentation should include the following:

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

CORRECTION ORDER RECONSIDERATION PROCESS

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

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

Please email reconsideration requests to: **Health.HRD.Appeals@state.mn.us**. Please attach this letter as part of your reconsideration request. Please clearly indicate which tag(s) you are contesting and submit information supporting your position(s).

Please address your cover letter for reconsideration requests to:

Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place
St. Paul, MN 55164-0970

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

If you have any questions, please contact me.

Sincerely,



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: 36591	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/03/2023
NAME OF PROVIDER OR SUPPLIER MARTHA HOUSE LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1861 PRESERVE COURT SHAKOPEE, MN 55379		
(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: SL36591015</p> <p>On October 2, 2023, through October 3, 2023, 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 active residents; all three were receiving services under the Assisted Living 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 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>		
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</p>	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	Continued From page 1 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 included document titled, Food and Beverage Establishment Inspection Report dated October 2, 2023, for the specific Minnesota Food Code deficiencies. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 480			
0 660 SS=F	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	0 660			

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0 660	<p>Continued From page 2</p> <p>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> <p>This MN Requirement is not met as evidenced by: Based on observation, 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 documentation of a completed health history and symptom screening, including completion of a two-step TST (tuberculin skin test) or other evidence of TB screening such as a blood test for two of two employees (unlicensed personnel (ULP)-B and ULP-C).</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 the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>ULP-B ULP-B was hired on November 23, 2020, under the licensee's comprehensive home care license and began providing services under the assisted living license on August 1, 2021.</p>	0 660			

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0 660	<p>Continued From page 3</p> <p>On October 3, 2023, at 8:59 a.m. ULP-B was observed administering medications to R2 and R3.</p> <p>ULP-B's employee record identified a symptom screening and single step TST completed on March 8, 2021. ULP-B's record lacked evidence of completion of a second step TST.</p> <p>ULP-C ULP-C was hired March 23, 2023, to provide services under the assisted living license.</p> <p>ULP-C's employee record identified a TB symptom screening completed on March 23, 2023, and TB quantiferon blood test completed on November 14, 2022. The test was 129 days prior to start of employment with the licensee.</p> <p>On October 3, 2023, at 1:40 p.m. licensed assisted living director in residency/registered nurse (LALDIR/RN)-A stated she was unaware TB testing had to be within 90 days prior to start of employment or that a two step TST was required.</p> <p>The licensee's undated, Tuberculosis Screening policy identified "Each employee or volunteer having direct contact with residents must have documentation of baseline health symptom screening prior to providing care to residents. This includes, at a minimum, the health symptom screening, TB skin testing via the Mantoux method. This testing includes the pre-placement evaluation, administration and interpretation of TB Mantoux skin tests and periodic evaluation based on facility risk assessment or a negative IGRA (blood test)". "For all employees, volunteers or contract personnel providing direct resident care, there</p>	0 660			

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0 660	Continued From page 4 shall be evidence of baseline TB screening consisting of two components: a. Assessing for current symptoms of active TB disease, (see Baseline TB Screening Tool in Sample Forms) and b. Testing for the presence of infection with <i>Mycobacterium tuberculosis</i> by administering either a two-step tuberculin skin test (TST) or a single TB blood test. If the employee has proof of a TB blood test or negative Chest X-ray within 90 days of employment, it does not have to be repeated at the time of hire." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 660			
0 950 SS=C	144G.50 Subd. 3 Designation of representative (a) Before or at the time of execution of an assisted living contract, an assisted living facility must offer the resident the opportunity to identify a designated representative in writing in the contract and must provide the following verbatim notice on a document separate from the contract: "RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES. You have the right to name anyone as your "Designated Representative." A Designated Representative can assist you, receive certain information and notices about you, including some information related to your health care, and advocate on your behalf. A Designated Representative does not take the place of your guardian, conservator, power of attorney ("attorney-in-fact"), or health care power of	0 950			

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0 950	<p>Continued From page 5</p> <p>attorney ("health care agent"), if applicable."</p> <p>(b) The contract must contain a page or space for the name and contact information of the designated representative and a box the resident must initial if the resident declines to name a designated representative. Notwithstanding subdivision 1, paragraph (f), the resident has the right at any time to add, remove, or change the name and contact information of the designated representative.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide the required notice for right to designated representative on a document separate from the contract for one of one resident (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 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>R2 was admitted to the assisted living on July 1, 2023.</p> <p>R2's assisted living contract dated July 1, 2023, included a name line to identify a designated representative, but lacked the required statutory language provided on a form separate from the contract.</p>	0 950			

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0 950	Continued From page 6 On October 3, 2023, at 1:40 p.m. licensed assisted living director in residency/registered nurse (LALDIR/RN)-A stated she was unaware of the required statutory language and all contracts were the same. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 950			
01290 SS=F	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 observation, interview, and record review, the licensee failed to ensure a background study was submitted and received in affiliation with the assisted living license for one of two employees (unlicensed personnel (ULP-B). This had the potential to affect all residents living in the assisted living facility.	01290			

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01290	<p>Continued From page 7</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>ULP-B was hired on November 23, 2020, under the licensee's comprehensive home care license and began providing services under the assisted living license on August 1, 2021.</p> <p>On October 3, 2023, at 8:44 a.m. ULP-B was observed administering oral medications to R2 and R3.</p> <p>ULP-B's employee record contained a background study dated November 23, 2020. ULP-B's record lacked evidence the licensee affiliated a background study for the ALF license.</p> <p>On October 3, 2023, at 4:20 p.m. licensed assisted living director in residency/registered nurse (LALDIR/RN)-A stated ULP-B's background study had been completed under their comprehensive home care license but had not been affiliated to the assisted living license. She was aware of the requirement but did not realize ULP-B had not been affiliated.</p> <p>The licensee's undated, Background Study policy identified "Facility requires background screening to be completed on all employees, contractors, and regularly scheduled volunteers."</p>	01290		

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01290	Continued From page 8 "1. Each facility employee/volunteer or contractor who will provide direct care to residents must have a background study completed. The forms will be completed at the time of hire. If the person fails to provide the information necessary to complete the background study, their application for direct care employment will not be completed. 2. Employees may not work until the results of the background study have been received. (The law allows an individual to provide direct contact services while a study is pending IF that person is under continuous direct supervision of the employer)" No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	01290			
01610 SS=D	144G.70 Subd. 2 (a-b) Initial reviews, assessments, and monitoring (a) Residents who are not receiving any assisted living services shall not be required to undergo an initial nursing assessment. (b) An assisted living facility shall conduct a nursing assessment by a registered nurse of the physical and cognitive needs of the prospective resident and propose a temporary service plan 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. If necessitated by either the geographic distance between the prospective resident and the facility, or urgent or unexpected circumstances, the assessment may be conducted using telecommunication methods based on practice standards that meet the resident's needs and reflect person-centered	01610			

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01610	<p>Continued From page 9</p> <p>planning and care delivery.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) completed an initial assessment prior to the date on which a prospective resident executed a contract with a facility or on the day the resident moved in for one of one resident (R2).</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>R2 assisted living contract was signed on July 1, 2023.</p> <p>R2's care notes dated July 31, 2023, identified R2 moved into the facility on July 31, 2023, and began receiving services on that date.</p> <p>R2's admission assessment was completed on August 1, 2023.</p> <p>On October 3, 2023, at 8:59 a.m. unlicensed personnel (ULP)-B was observed administering medications to R2.</p> <p>On October 3, 2023, at 9:48 a.m. licensed assisted living director in residency/registered nurse (LALDIR/RN)-A stated R2 was expected to</p>	01610			

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01610	Continued From page 10 admit to the facility on August 1, 2023. However, the family brought him in on July 31, 2023, and she completed the assessment the next day. The licensee's undated, Nursing Assessment and Reassessment policy identified "The facility will conduct a nursing assessment prior to the date on which a resident executes a contract with a facility or the day the resident moves in, whichever is earlier. The assessment will be done by a registered nurse and will assess the physical and cognitive needs of the prospective resident and propose a temporary service plan." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01610			
01650 SS=F	144G.70 Subd. 4 (f) Service plan, implementation and revisions to (f) The service plan must include: (1) a description of the services to be provided, the fees for services, and the frequency of each service, according to the resident's current assessment and resident preferences; (2) the identification of staff or categories of staff who will provide the services; (3) the schedule and methods of monitoring assessments of the resident; (4) the schedule and methods of monitoring staff providing services; and (5) a contingency plan that includes: (i) the action to be taken if the scheduled service cannot be provided; (ii) information and a method to contact the facility; (iii) the names and contact information of persons	01650			

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01650	<p>Continued From page 11</p> <p>the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency; and</p> <p>(iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to have all required content on the service plan for one of one resident (R2).</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>R2 assisted living contract was signed on July 1, 2023.</p> <p>R2's care notes dated July 31, 2023, identified R2 moved into the facility on July 31, 2023, and began receiving services.</p> <p>On October 3, 2023, at 8:59 a.m. unlicensed</p>	01650			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36591	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 10/03/2023
NAME OF PROVIDER OR SUPPLIER MARTHA HOUSE LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1861 PRESERVE COURT SHAKOPEE, MN 55379			
(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
01650	<p>Continued From page 12</p> <p>personnel (ULP)-B was observed administering medications to R2.</p> <p>R2's Admission Consent, Release & Authorization Service Plan dated June 30, 2023, failed to include the following required content:</p> <p>(1) a description of the services to be provided, the fees for services, and the frequency of each service, according to the resident's current assessment and resident preferences;</p> <p>(2) the identification of staff or categories of staff who will provide the services;</p> <p>(3) the schedule and methods of monitoring assessments of the resident;</p> <p>(4) the schedule and methods of monitoring staff providing services; and</p> <p>(5) a contingency plan that includes:</p> <p>(i) the action to be taken if the scheduled service cannot be provided;</p> <p>(ii) information and a method to contact the facility;</p> <p>(iii) the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency; and</p> <p>(iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters.</p> <p>On October 4, 2023, at 9:48 a.m. licensed assisted living director in residency/registered nurse (LALDIR/RN)-A stated she was unaware the service plan was missing the required content and all of the service plans used the same template.</p>	01650			

Minnesota Department of Health

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01650	Continued From page 13 The licensee's undated, Service Plan policy identified "The service plan will include: a. A description of the services to be provided b. The staff or categories of staff that will provide the services i. The charges the individual may have to pay j. A contingency plan for circumstances when services cannot be provided 5. Plan for contingency action shall include: a. The action to be taken by the provider if scheduled services cannot be provided b. Information and a method for a resident or their representative to contact the facility c. Name and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification and information as to who has authority to sign for the resident in an emergency d. The circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters 6. A medical emergency plan is established which identifies any advance directives the resident might have made as well as code status. 7. The Service Plan shall be signed by the resident or financially responsible party. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01650			
01910 SS=F	144G.71 Subd. 22 Disposition of medications (a) Any current medications being managed by	01910			

Minnesota Department of Health

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01910	<p>Continued From page 14</p> <p>the assisted living facility must be provided to the resident when the resident's service plan ends or medication management services are no longer part of the service plan. Medications for a resident who is deceased or that have been discontinued or have expired may be provided for disposal.</p> <p>(b) The facility shall dispose of any medications remaining with the facility that are discontinued or expired or upon the termination of the service contract or the resident's death according to state and federal regulations for disposition of medications and controlled substances.</p> <p>(c) Upon disposition, the facility must document in the resident's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to document in the resident's record the disposition of the medication including the medication's prescription number as applicable for one of one discharged 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) 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 of the residents).</p> <p>The findings include:</p>	01910			

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01910	Continued From page 15 R1's discharge summary dated June 21, 2023, identified R1 was discharged to care by a family member and medications were given to the family member. R1's Current Medications at Discharge dated June 21, 2023, identified the following medications: brexpiprazole (used to treat mental conditions), melatonin (sleep), multivitamin, acetaminophen (pain), ibuprofen (pain), and senna-docusate (constipation). The licensee failed to identify the prescription number for any of the identified medications. On October 2, 2023, at 1:20 p.m. licensed assisted living director in residency/registered nurse (LALDIR/RN)-A stated she was unaware that she was required to record the prescription number and therefore, she had not been placing that on the form. The licensee's undated, Medication Disposition or Disposal policy "Documentation of the destruction, listing the date, quantity, name of drug, prescription number, signature of person destroying the drugs and signature of witness to the destruction must be recorded in the client's record." No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01910			
02240 SS=F	144G.90 Subdivision 1 Assisted living bill of rights; notification (a) An assisted living facility must provide the	02240			

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02240	<p>Continued From page 16</p> <p>resident a written notice of the rights under section 144G.91 before the initiation of services to that resident. The facility shall make all reasonable efforts to provide notice of the rights to the resident in a language the resident can understand.</p> <p>(b) In addition to the text of the assisted living bill of rights in section 144G.91, the notice shall also contain the following statement describing how to file a complaint or report suspected abuse: "If you want to report suspected abuse, neglect, or financial exploitation, you may contact the Minnesota Adult Abuse Reporting Center (MAARC). If you have a complaint about the facility or person providing your services, you may contact the Office of Health Facility Complaints, Minnesota Department of Health. If you would like to request advocacy services, you may contact the Office of Ombudsman for Long-Term Care or the Office of Ombudsman for Mental Health and Developmental Disabilities."</p> <p>(c) The statement must include contact information for the Minnesota Adult Abuse Reporting Center and the telephone number, website address, email address, mailing address, and street address of the Office of Health Facility Complaints at the Minnesota Department of Health, the Office of Ombudsman for Long-Term Care, and the Office of Ombudsman for Mental Health and Developmental Disabilities. The statement must include the facility's name, address, email, telephone number, and name or title of the person at the facility to whom problems or complaints may be directed. It must also include a statement that the facility will not retaliate because of a complaint.</p> <p>(d) A facility must obtain written acknowledgment from the resident of the resident's receipt of the assisted living bill of rights or shall document why</p>	02240			

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02240	<p>Continued From page 17</p> <p>an acknowledgment cannot be obtained. Acknowledgment of receipt shall be retained in the resident's record.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the correct Minnesota Bill of Rights for Assisted Living Residents was provided to one of one resident (R2).</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 the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>R2 assisted living contract was signed on July 1, 2023.</p> <p>R2's care notes dated July 31, 2023, identified R2 moved into the facility on July 31, 2023, and began receiving services on that date.</p> <p>R2's Minnesota Bill of Rights for Assisted Living Residents signed June 30, 2023, failed to include the the required statement "If you want to report suspected abuse, neglect, or financial exploitation, you may contact the Minnesota Adult Abuse Reporting Center (MAARC). If you have a complaint about the facility or person providing your services, you may contact the Office of Health Facility Complaints, Minnesota Department of Health. If you would like to request advocacy services, you may contact the Office of</p>	02240			

Minnesota Department of Health

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02240	<p>Continued From page 18</p> <p>Ombudsman for Long-Term Care or the Office of Ombudsman for Mental Health and Developmental Disabilities."</p> <p>On October 2, 2023, at 1:20 p.m. licensed assisted living director in residency/registered nurse (LALDIR/RN)-A stated the facility used the same Bill of Rights document for all residents and she was unaware it was missing the required statement.</p> <p>The licensee's undated, Assisted Living Bill of Rights policy identified "The designated admitting professional shall provide the resident with a written notice of the Assisted Living Bill of Rights, including their right to complain and the person to contact with complaints at the time of admission." "The Assisted Living Bill of Rights shall be redistributed to residents following any revisions or modifications."</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	02240			

Type: Full
Date: 10/02/23
Time: 13:00:00
Report: 8041231329

Food and Beverage Establishment Inspection Report

Page 1

Location:

Martha House Llc
1861 Preserve Court
Shakopee, MN55379
Scott County, 70

Establishment Info:

ID #: 0037759
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 9525821067
ID #:

The violations listed in this report include any previously issued orders and deficiencies identified during this inspection. Compliance dates are shown for each item.

The following orders were issued during this inspection.

3-500C Microbial Control: date marking

3-501.17B

**** Priority 2 ****

MN Rule 4626.0400B Mark the refrigerated, ready-to-eat, TCS food prepared and packaged in a processing plant and opened and held for more than 24 hours in the food establishment using an effective method to indicate the date by which the food must be consumed on the premises, sold, or discarded. The date must not exceed the manufacturer's use-by-date.

PACKAGES OF DELI MEAT AND MILK MARKED WITH THE DATE PURCHASED BUT NOT THE OPEN DATE. DATE MARK THESE ITEMS AND OTHER TCS FOODS WHEN THE PACKAGE IS OPENED TO ENSURE THEY ARE USED WITHIN 7 DAYS.

Comply By: 10/02/23

2-100 Supervision

2-102.12AMN

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

ESTABLISHMENT DOES NOT HAVE A CERTIFIED FOOD PROTECTION MANAGER. STAFF TOOK AN APPROVED FOOD SAFETY CLASS WITHIN THE LAST SIX MONTHS. SUBMIT CFPM APPLICATION TO MDH.

Comply By: 10/09/23

Surface and Equipment Sanitizers

Utensil Surface Temp.: = at 160 Degrees Fahrenheit
Location: bosh/nsf residential dish machine
Violation Issued: No

Food and Equipment Temperatures

Type: Full
Date: 10/02/23
Time: 13:00:00
Report: 8041231329
Martha House Llc

Food and Beverage Establishment Inspection Report

Page 2

Process/Item: Cold Holding

Temperature: 37 Degrees Fahrenheit - Location: samsung refrigerator: turkey

Violation Issued: No

Process/Item: Cold Holding

Temperature: 38 Degrees Fahrenheit - Location: samsung refrigerator: milk

Violation Issued: No

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

Inspection was completed with Shukri Osman (Director) and Myra Poss (Food Manager). Stacy Haag was the lead Health Regulation Division Nurse Evaluator. Facility had three residents on site at time of inspection. Meals are prepared on site.

This establishment has a residential kitchen on the main floor that is used for food service. The kitchen area in the basement is not used. Food must be prepared for same day service only.

The kitchen has wood cabinets with a hollow base and a solid surface countertop and tile flooring. All found to be in good condition.

Discussed the following:

- Employee illness policy and logging requirements
- Handwashing
- Glove-use and bare hand contact
- Food storage and preventing cross contamination
- Date marking
- Vomit clean up procedures
- Restrictions concerning serving a highly susceptible population

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 8041231329 of 10/02/23.

Certified Food Protection Manager: _____

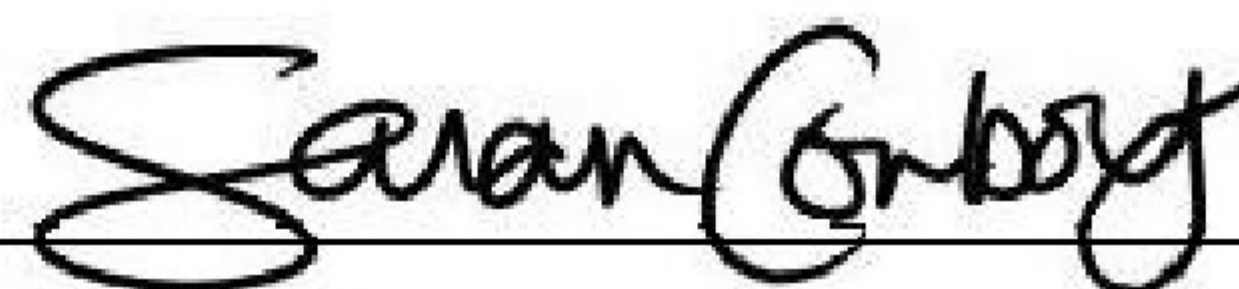
Certification Number: _____ Expires: ____ / ____ / ____

Inspection report reviewed with person in charge and emailed.

Signed: _____

Shukri Osman
Director

Signed: _____


Sarah Conboy
Public Health Sanitarian III
651-201-3984
sarah.conboy@state.mn.us