Electronically Delivered

August 30, 2024

Licensee
Loyalty Home Health Care LLC
1712 84th Court North
Brooklyn Park, MN 55444

RE: Project Number(s) SL36735015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on July 31, 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,

Jessie Chenze

Jessie Chenze, Supervisor
State Evaluation Team
Email: Jessie.Chenze@state.mn.us
Telephone: 218-332-5175 Fax: 1-866-890-9290

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36735	A. BUILDING: _____ B. WING _____	07/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOYALTY HOME HEALTH CARE LLC	1712 84TH COURT NORTH BROOKLYN PARK, MN 55444

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments ******ATTENTION****** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL36735015 On July 29, 2024, through July 31, 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 receiving services under the provider's provisional Assisted Living Facility license.	0 000	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. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	
0 970 SS=C	144G.50 Subd. 5 Waivers of liability prohibited The contract must not include a waiver of facility	0 970		

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0 970	Continued From page 1 liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the assisted living contract did not include language waiving the facility's liability for health, safety, or personal property of a resident for three of three residents (R2, R3, R4). This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: R2 R2's diagnoses included mild intellectual disability, antisocial personality disorder, intermittent explosive disorder, impulse disorder, pedophilia disorder, and diabetes type II. R2's Service Plan dated September 1, 2021, indicated R2 received services to include reminders/cues for dressing and grooming, blood glucose monitoring, medication management, and housekeeping.	0 970		

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0 970	Continued From page 2 On July 30, 2024, at 7:40 a.m., the surveyor observed ULP-C administering R2's scheduled morning medications. R3 R3's diagnoses included schizophrenia, epilepsy, obesity, hypothyroidism (low thyroid level), and hypertension (high blood pressure). R3's Service Plan dated August 1, 2023, indicated R3 received services to include reminders/cues for dressing and grooming, medication management, and housekeeping. R4 R4's diagnoses included schizoaffective disorder, cognitive disorder, diabetes type II, and hypertension. R4's Service Plan dated September 1, 2021, indicated R4 received services to include reminders/cues for dressing and grooming, blood glucose monitoring, medication management, and housekeeping. R2, R3, and R4's Assisted Living contracts signed September 1, 2021, August 1, 2023, and September 1, 2021, respectively, included the following waiver of liability language: -under Section #6 Emergency Services/Staff Availability, indicated the licensee was not liable for the resident safety once the resident departed from the premises; and -under section, #1 Miscellaneous Provisions, indicated the resident agrees the licensee would not be liable to the resident for any personal injury or property damage (including, without limitation, damage to, or loss or theft of, automobiles, or personal property of resident) suffered by the	0 970		

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0 970	Continued From page 3 resident or the resident's agents, guests or invitees, unless and to the extent that the injury or damage is caused by the negligence of the licensee or its employees or agents. The resident hereby releases the licensee from liability for any personal injury or property damage suffered by the resident or the resident's agents, guests, or invitees, unless caused by the negligence of the licensee or its employees or agents. On July 31, 2024, at 10:37 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A, stated the licensee's assisted living contract was the same contract used for all residents. LALD/CNS-A confirmed the waiver of liability language in the assisted living contacts and was unaware of the requirement. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 970		
01060 SS=F	144G.52 Subd. 9 Emergency relocation (a) A facility may remove a resident from the facility in an emergency if necessary due to a resident's urgent medical needs or an imminent risk the resident poses to the health or safety of another facility resident or facility staff member. An emergency relocation is not a termination. (b) In the event of an emergency relocation, the facility must provide a written notice that contains, at a minimum: (1) the reason for the relocation; (2) the name and contact information for the location to which the resident has been relocated and any new service provider; (3) contact information for the Office of	01060		

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01060	Continued From page 4 Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities; (4) if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and (5) a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal. (c) The notice required under paragraph (b) must be delivered as soon as practicable to: (1) the resident, legal representative, and designated representative; (2) for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the resident's case manager; and (3) the Office of Ombudsman for Long-Term Care if the resident has been relocated and has not returned to the facility within four days. (d) Following an emergency relocation, a facility's refusal to provide housing or services constitutes a termination and triggers the termination process in this section.currently known; and This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide written notice with required content to the resident, legal representative, and designated representative, and failed to provide the notification to the Office of Ombudsman for Long-Term Care (OOLTC) when the resident did not return from the emergency relocation within four days for one of one resident (R3) reviewed for a hospitalization.	01060		

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01060	Continued From page 5 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). The findings include: R3's diagnoses included schizophrenia, epilepsy, hypothyroidism (low thyroid level), obesity and hypertension (high blood pressure). R3's Service Plan dated August 1, 2023, indicated R3 received assistance with medication administration. R3's Incident Report dated July 20, 2024, indicated on July 19, 2024, R3 had a fall and was admitted to the hospital for a left foot fracture. R3's record lacked evidence a written notice was provided to R3 or R3's representative or notification was provided to the Office of Ombudsman for Long-Term Care for R3's hospitalization of four days or longer. On July 30, 2024, at 7:34 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated R3 went into the hospital July 19, 2024, and had not returned to the facility. LALD/CNS-A stated a written notice of emergency relocation was not provided to the R3 or R3's representative and notification was not sent to the Ombudsman informing of R3's hospitalization longer than four days. LALD/CNS-A stated he was not aware of the	01060		

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01060	Continued From page 6 requirement at the time the surveyor requested the required documentation noted above. The licensee's Discharge and Transfer of Residents policy dated August 1, 2023, indicated in the event of an emergency relocation, the facility would, as soon as possible, provide a written notice of Emergency Relocation to the following: -the resident; -the resident's legal representative; -the resident's designated representative; -if the resident receives home and community-based services, the resident's case manager; and -if the resident has been relocated and not returned to the licensee within four days, the Office of Ombudsman for Long-Term Care. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01060		
01370 SS=D	144G.61 Subd. 2 (a) Training and evaluation of unlicensed personn (a) Training and competency evaluations for all unlicensed personnel must include the following: (1) documentation requirements for all services provided; (2) reports of changes in the resident's condition to the supervisor designated by the facility; (3) basic infection control, including blood-borne pathogens; (4) maintenance of a clean and safe environment; (5) appropriate and safe techniques in personal hygiene and grooming, including:	01370		

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01370	Continued From page 7 (i) hair care and bathing; (ii) care of teeth, gums, and oral prosthetic devices; (iii) care and use of hearing aids; and (iv) dressing and assisting with toileting; (6) training on the prevention of falls; (7) standby assistance techniques and how to perform them; (8) medication, exercise, and treatment reminders; (9) basic nutrition, meal preparation, food safety, and assistance with eating; (10) preparation of modified diets as ordered by a licensed health professional; (11) communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family; (12) awareness of confidentiality and privacy; (13) understanding appropriate boundaries between staff and residents and the resident's family; (14) procedures to use in handling various emergency situations; and (15) awareness of commonly used health technology equipment and assistive devices. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure training and/or competency evaluations included all the required training for one of two unlicensed personnel (ULP-C). 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	01370		

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01370	Continued From page 8 was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: ULP-C had a hire date of January 20, 2024, to provide direct care services to the licensee's residents. On July 30, 2024, at 7:40 a.m., the surveyor observed ULP-C administering R2's scheduled morning medications. ULP-C's employee record lacked evidence ULP-C completed the required training for stand by assistance techniques and how to perform them. On July 30, 2024, at 1:24 p.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated ULP-C had not completed the above required training because the training had not been assigned to ULP-C to complete in Educare (online training program). The licensee's Staff Orientation and Education policy dated August 1, 2023, indicated all staff providing assisted living through the licensee would be prepared to provide safe, effective services to all residents through orientation and education program pertinent to the needs of the residents. Upon hire and before providing services to residents, all employees attend a general orientation conducted by the licensee. Those providing services would complete a competency evaluation as part of the orientation process.	01370		

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01370	Continued From page 9 No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01370		
01380 SS=D	144G.61 Subd. 2 (b) Training and evaluation of unlicensed personn (b) In addition to paragraph (a), training and competency evaluation for unlicensed personnel providing assisted living services must include: (1) observing, reporting, and documenting resident status; (2) basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel; (3) reading and recording temperature, pulse, and respirations of the resident; (4) recognizing physical, emotional, cognitive, and developmental needs of the resident; (5) safe transfer techniques and ambulation; (6) range of motioning and positioning; and (7) administering medications or treatments as required. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure training and/or competency evaluations included all the required training for one of two unlicensed personnel (ULP-C). 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	01380		

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01380	Continued From page 10 was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: ULP-C had a hire date of January 20, 2024, to provide direct care services to the licensee's residents. On July 30, 2024, at 7:40 a.m., the surveyor observed ULP-C administering R2's scheduled morning medications. ULP-C's employee record lacked evidence ULP-C completed the required training for safe transfer techniques and ambulation. On July 30, 2024, at 1:24 p.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated ULP-C had not completed the above required training because the training had not been assigned to ULP-C to complete in Educare (online training program). The licensee's Staff Orientation and Education policy dated August 1, 2023, indicated upon hire and before providing services to residents, all employees attend a general orientation conducted by the licensee. Those providing services would complete a competency evaluation as part of the orientation process. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01380		

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01790	Continued From page 11	01790		
01790 SS=F	144G.71 Subd. 10 Medication management for residents who will (2) for unplanned time away, when the pharmacy is not able to provide the medications, a licensed nurse or unlicensed personnel shall provide medications in amounts and dosages needed for the length of the anticipated absence, not to exceed seven calendar days; (3) the resident must be provided written information on medications, including any special instructions for administering or handling the medications, including controlled substances; and (4) the medications must be placed in a medication container or containers appropriate to the provider's medication system and must be labeled with the resident's name and the dates and times that the medications are scheduled. (b) For unplanned time away when the licensed nurse is not available, the registered nurse may delegate this task to unlicensed personnel if: (1) the registered nurse has trained the unlicensed staff and determined the unlicensed staff is competent to follow the procedures for giving medications to residents; and (2) the registered nurse has developed written procedures for the unlicensed personnel, including any special instructions or procedures regarding controlled substances that are prescribed for the resident. The procedures must address: (i) the type of container or containers to be used for the medications appropriate to the provider's medication system; (ii) how the container or containers must be labeled; (iii) written information about the medications to be provided; (iv) how the unlicensed staff must document in	01790		

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01790	Continued From page 12 the resident's record that medications have been provided, including documenting the date the medications were provided and who received the medications, the person who provided the medications to the resident, the number of medications that were provided to the resident, and other required information; (v) how the registered nurse shall be notified that medications have been provided and whether the registered nurse needs to be contacted before the medications are given to the resident or the designated representative; (vi) a review by the registered nurse of the completion of this task to verify that this task was completed accurately by the unlicensed personnel; and (vii) how the unlicensed personnel must document in the resident's record any unused medications that are returned to the facility, including the name of each medication and the doses of each returned medication. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure two of two unlicensed personnel ([ULP]-B, ULP-C) were trained and had demonstrated competency to prepare and give medications for residents having unplanned time away. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).	01790		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36735	A. BUILDING: _____ B. WING _____	07/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOYALTY HOME HEALTH CARE LLC	1712 84TH COURT NORTH BROOKLYN PARK, MN 55444

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01790	Continued From page 13 The findings include: ULP-B ULP-B had a hire date of April 12, 2023, to provide direct care services to residents of the assisted living facility which include medication administration. On July 29, 2024, at 4:24 p.m., the surveyor observed ULP-B administering R2's afternoon scheduled medications. ULP-C ULP-C had a hire date of January 20, 2024, to provide direct care services to residents of the assisted living facility which include medication administration. On July 30, 2024, at 7:40 a.m., the surveyor observed ULP-C administering R2's scheduled morning medications. ULP-B and ULP-C's employee records lacked evidence to indicate ULP-B and ULP-C had been trained and demonstrated competency to the registered nurse (RN) to provide medications to residents for unplanned times away from home. On July 30, 2024, at 1:24 p.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated the licensee had a policy and a written procedure in place for planned and unplanned time away and trained staff on the procedure during orientation; however, does not document training or competency. The licensee's Medication Management Plan for Residents Away from Home policy dated August 1, 2023, indicated the RN would train the home	01790		

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01790	Continued From page 14 health aide and determine the home heath aide competent to follow procedures for giving medications to residents. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01790		
01890 SS=D	144G.71 Subd. 20 Prescription drugs A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were maintained bearing the original prescription label with information regarding the direction for use, medication name, medication dosage, resident's name, and the pharmacy in which it had been issued for one of two residents (R2). 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).	01890		

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01890	Continued From page 15 The findings include: R2's diagnosis included type II diabetes. R2's Medication/Treatment/Therapy Management Plan dated September 1, 2021, indicated R2 received medication administration to include insulin administration. R2's prescriber orders dated May 9, 2024, included Novolog (rapid-acting) insulin 100 units/milliliters (u/ml) at lunch and supper per sliding scale and Ozempic (injection to lower blood sugar levels) 1 milligram (mg) weekly on Wednesdays. R2's July 2024, Medication Administration Record (MAR), indicated R2 received Novolog insulin 100 u/ml per sliding scale twice a day and Ozempic 1 mg weekly. On July 29, 2024, at 12:01 p.m., the surveyor observed the medication storage file cabinet with licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A. LALD/CNS-A confirmed R2's Novolog pre-filled insulin pens lacked an original prescription label with information regarding the direction for use, medication name, medication dosage, resident's name, and the pharmacy in which it had been issued. LALD/CNS-A stated the pharmacy sends the insulin pens in a box with the prescription label on the box; however, the pharmacy does not label each insulin pen. LALD/CNS-A stated he would contact the pharmacy to request labels for R2's insulin pens. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7)	01890		

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01890	Continued From page 16 days	01890		
01910 SS=D	144G.71 Subd. 22 Disposition of medications (a) Any current medications being managed by 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. (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. (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. 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 required content on disposition of the medications for one of one resident (R1) upon discharge. 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	01910		

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01910	Continued From page 17 residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: During entrance conference on July 29, 2024, at 11:14 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated the licensee provided medication management services to the residents at the facility. The licensee's Discharged or Deceased Resident Roster dated March 1, 2024, indicated R1 was admitted to the facility on July 26, 2022, and discharged on March 1, 2024. R1's diagnoses included antisocial personality disorder, mood disorder, and intellectual disability. R1's February and March 2024, Medication Administration Records (MAR) indicated R1 received the following medications: -omeprazole 20 milligrams (mg) one tablet by mouth twice a day before meals to reduce stomach acid; -rosuvastatin 20 mg one tablet by mouth at bedtime for high cholesterol; and -Banophen 50 mg one capsule by mouth three times a day as needed for anxiety. R1's prescriber orders dated February 8, 2024, included the above noted medications. R1's Discharge Summary dated March 1, 2024, indicated R1 was discharged to move closer to family and the following medication were given to R1 and R1's representative at the time discharge:	01910		

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01910	Continued From page 18 -Banophen 50 milligrams tablets; -rosuvastatin 20 mg tables; and -omeprazole 20 mg tablets R1's record lacked documentation for the disposition medications to include the quantity and prescription number if applicable, of the medications given to the resident at discharge. On July 30, 2024, at 8:35 a.m., LALD/CNS-A stated R1 only had a couple of medications prescribed so he just wrote the names and dosages of the medications given to R1's representative at discharge. The licensee's Disposition and Disposal of Medications policy dated August 1, 2023, indicated upon disposition, the licensee would document the following in the clinical record: -the name, strength and prescription number of medications, as applicable; -quantity; -method of disposition; -names, signature of staff or other individuals involved in disposition; and -if applicable, to whom the medications were given. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01910		
02550 SS=F	144G.911 RESTRICTIONS UNDER HOME AND COMMUNITY-BASED W The resident's rights in section 144G.91, subdivisions 12, 13, and 18, may be restricted for an individual resident only if determined	02550		

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02550	Continued From page 19 necessary for health and safety reasons identified by the facility through an initial assessment or reassessment under section 144G.70, subdivision 2, and documented in the written service plan under section 144G.70, subdivision 4. Any restrictions of those rights for people served under chapter 256S and section 256B.49 must be documented by the case manager in the resident's support plan, as defined in sections 256B.49, subdivision 15, and 256S.10. Nothing in this section affects other laws applicable to or prohibiting restrictions on the resident's rights in section 144G.91, subdivisions 12, 13, and 18. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to respect resident's individual autonomy and choices when the licensee required residents who reside in the facility to sign and follow House Rules/Expectation for three of three residents (R2, R3, R4). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) 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). Findings include: R2 R2's diagnoses included mild intellectual disability, antisocial personality disorder, intermittent explosive disorder, impulse disorder, pedophilia disorder, and diabetes type II.	02550		

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02550	Continued From page 20 R2's Service Plan dated September 1, 2021, indicated R2 received services to include reminders/cues for dressing and grooming, blood glucose monitoring, medication management, and housekeeping. R2's Service Plan indicated R2 received the Assisted Living Bill of Rights. R3 R3's diagnoses included schizophrenia, epilepsy, obesity, hypothyroidism (low thyroid level), and hypertension (high blood pressure). R3's Service Plan dated August 1, 2023, indicated R3 received services to include reminders/cues for dressing and grooming, medication management, and housekeeping. R3's Service Plan indicated R3 received the Assisted Living Bill of Rights. R4 R4's diagnoses included schizoaffective disorder, cognitive disorder, diabetes type II, and hypertension. R4's Service Plan dated September 1, 2021, indicated R4 received services to include reminders/cues for dressing and grooming, blood glucose monitoring, medication management, and housekeeping. R4's Service Plan indicated R2 received the Assisted Living Bill of Rights. R2, R3, and R4's Assisted Living Contracts were signed September 1, 2021. The licensee's contract included House Rules/Expectation document. The document indicated the following House Rules: -the licensee encourages a bedtime of 10:00 p.m., and to consult with program director if provision is needed; -no visiting in rooms of other clients;	02550		

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02550	Continued From page 21 -visitation only in common areas and consult with program director if provision is needed; -all meals and snacks are to be consumed in the dining room; -living room is for entertainment only, no sleeping or laying on the sofa; and -everyone was expected to adhere strictly to the House contract. On July 21, 2024, at 10:37 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated the license's current residents were court ordered to live in a supervised setting and required additional House Rules to follow that the licensee created. LALD/CNS-A stated the House Rules were for all residents who resided at the facility with or without a court order to reside in a supervised setting. LALD/CNS-A stated residents were not allowed to eat in their rooms as a way of pest control, residents were not allowed to have visitors in their rooms for overall safety, unless approved by staff, and residents had a set bedtime to allow quiet time at night in the house. The licensee's Minnesota Bill of Rights for Assisted Living dated August 1, 2023, indicated the following; -the residents have the right to individual autonomy, initiative, and independence in making life choice, including establishing a daily schedule and choosing with whom to interact; -residents have the right to meet with or receive visitors at any time by the resident's family, guardian, conservator, health care agent, attorney, advocate, or religious or social work counselor, or any person of the resident's choosing. The right may be restricted in certain circumstances if necessary for the resident's health and safety and if documented in the	02550		

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02550	Continued From page 22 resident's service plan; and -residents have the right to communicate privately with persons of their choice. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	02550		

Minnesota Department of Health
Food, Pools, & Lodging Services
P.O. Box 64975
Saint Paul, MN 55164-0975
651-201-4500

Type: Full
Date: *07/30/24*
Time: 13:02:48
Report: 1021241208

Food and Beverage Establishment Inspection Report

Location:
Loyalty Home Health Care Llc
1712 84th Court North
Brooklyn Park, MN55444
Hennepin County, 27

Establishment Info:
ID #: 0037475
Risk:
Announced Inspection: Yes

License Categories:

Expires on: / /

Operator:

Phone #: 7635379199
ID #:

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

No NEW orders were issued during this inspection.

Surface and Equipment Sanitizers

Quaternary Ammonia: = 400PPM at Degrees Fahrenheit
Location: SANI BUCKET
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cold Holding
Temperature: 40 Degrees Fahrenheit - Location: MILK - REFRIGERATOR
Violation Issued: No

Process/Item: Ambient Temperature
Temperature: 38 Degrees Fahrenheit - Location: REFRIGERATOR
Violation Issued: No

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

ALL FINDINGS ON THIS REPORT WERE DISCUSSED WITH LALD, CHARLES AGU AND HEALTH REGULATION DIVISION NURSE EVALUATOR, SATIVA BUSHEY.

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

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

THE KITCHEN HAS RESIDENTIAL EQUIPMENT, POPCORN CEILING, LAMINATE COUNTERTOPS AND FLOOR. PHYSICAL FACILITY ITEMS WILL BE MONITORED DURING FUTURE INSPECTIONS.

Type: Full
Date: *07/30/24*
Time: 13:02:48
Report: 1021241208
Loyalty Home Health Care 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 1021241208 of 07/30/24.

Certified Food Protection Manager: CHARLES C. AGU

Certification Number: FM107313 Expires: 08/14/27

Inspection report reviewed with person in charge and emailed.

Signed: _____

CHARLES AGU
LALD

Signed: _____

Melissa Ramos
Environmental Health Specialist
Metro District Office
651-201-4495
Melissa.Ramos@state.mn.us