



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

June 7, 2024

Licensee

Mission Group Home LLC
6730 Ewing Avenue North
Brooklyn Center, MN 55429

RE: Project Number(s) SL37055015

Dear Licensee:

On May 8, 2024, the Minnesota Department of Health completed a follow-up survey of your facility to determine if orders from the February 2, 2024, survey were corrected. This follow-up survey verified that the facility is in substantial compliance.

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

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Tim Hanna'.

Tim Hanna, Supervisor
State Engineering Services Section
Health Regulation Division
Email: Tim.Hanna@state.mn.us
Telephone: 507-208-8982 Fax: 1-866-890-9290

JMD

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 37055	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 05/08/2024
NAME OF PROVIDER OR SUPPLIER MISSION GROUP HOME LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 6730 EWING AVENUE NORTH BROOKLYN CENTER, MN 55429			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
{0 000}	Initial Comments *****ATTENTION***** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER In accordance with Minnesota Statutes, section 144G.08 to 144G.95, this correction order(s) has been issued pursuant to a survey. Determination of whether a violation has been corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL37055015-1 On May 08, 2024, the Minnesota Department of Health conducted a revisit at the above provider to follow-up on orders issued pursuant to a survey completed on January 30, 2024. At the time of the survey, there were 02 residents; 02 receiving services under the Assisted Living license. As a result of the revisit, the licensee is in substantial compliance.	{0 000}			
{0 470} SS=F	144G.41 Subdivision 1 Minimum requirements (11) develop and implement a staffing plan for determining its staffing level that: (i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility; (ii) ensures sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; and (iii) ensures that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster	{0 470}			

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

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{0 470}	Continued From page 1 situations affecting staff or residents in the facility; (12) ensure that one or more persons are available 24 hours per day, seven days per week, who are responsible for responding to the requests of residents for assistance with health or safety needs. Such persons must be: (i) awake; (ii) located in the same building, in an attached building, or on a contiguous campus with the facility in order to respond within a reasonable amount of time; (iii) capable of communicating with residents; (iv) capable of providing or summoning the appropriate assistance; and (v) capable of following directions; This MN Requirement is not met as evidenced by: No further action required	{0 470}			
{0 650} SS=D	144G.42 Subd. 8 Employee records (a) The facility must maintain current records of each paid employee, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following information: (1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules; (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision; (4) documentation of annual performance reviews that identify areas of improvement	{0 650}			

Minnesota Department of Health

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{0 650}	Continued From page 2 needed and training needs; (5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and (6) documentation of the background study as required under section 144.057. This MN Requirement is not met as evidenced by: No further action required	{0 650}			
{0 660} SS=D	144G.42 Subd. 9 Tuberculosis prevention and control (a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: No further action required	{0 660}			
{01620} SS=F	144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring	{01620}			

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{01620}	<p>Continued From page 3</p> <p>(c) Resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services. Ongoing resident reassessment and monitoring must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the last date of the assessment.</p> <p>(d) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review.</p> <p>(e) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier.</p> <p>This MN Requirement is not met as evidenced by: No further action required</p>	{01620}			



Protecting, Maintaining and Improving the Health of All Minnesotans

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February 22, 2024

Licensee

Mission Group Home LLC
6730 Ewing Avenue North
Brooklyn Center, MN 55429

RE: Project Number(s) SL37055015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on February 2, 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>

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

If you have any questions, please contact me.

Sincerely,



Jess Schoenecker, Supervisor

State Evaluation Team

Email: jess.schoenecker@state.mn.us

Telephone: 651-201-3789 Fax: 1-866-890-9290

HHH

Minnesota Department of Health

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0 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.</p> <p>Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p>INITIAL COMMENTS: SL37055015</p> <p>On January 29, 2024 through January 31, 2024, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were three (3) active residents receiving services under the assisted living license.</p>	0 000	<p>Minnesota Department of Health is documenting the State Licensing 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. The letter in the left column is used for tracking purposes and reflects the scope and level pursuant to 144G.31 Subd. 1, 2 and 3</p>		
0 470 SS=F	<p>144G.41 Subdivision 1 Minimum requirements</p> <p>(11) develop and implement a staffing plan for determining its staffing level that:</p> <p>(i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of</p>	0 470			

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

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0 470	<p>Continued From page 1</p> <p>staffing levels in the facility; (ii) ensures sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; and (iii) ensures that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility; (12) ensure that one or more persons are available 24 hours per day, seven days per week, who are responsible for responding to the requests of residents for assistance with health or safety needs. Such persons must be: (i) awake; (ii) located in the same building, in an attached building, or on a contiguous campus with the facility in order to respond within a reasonable amount of time; (iii) capable of communicating with residents; (iv) capable of providing or summoning the appropriate assistance; and (v) capable of following directions;</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee's written staffing plan failed to include an evaluation completed by a registered nurse at least twice a year. This had the potential to affect all residents, staff, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that</p>	0 470			

Minnesota Department of Health

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0 470	<p>Continued From page 2</p> <p>has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>During the facility tour on January 29, 2024, at approximately 12:30 p.m., the facility staffing plan was noted to be posted in a common area.</p> <p>The licensee's Facility Staffing Plan dated January 2023 lacked evidence the plan had been evaluated twice per year.</p> <p>On January 30, 2024, at approximately 2:00 p.m., clinical nurse supervisor (CNS)-C stated they were unaware of the requirement to review staffing plan twice yearly.</p> <p>The licensee's Staffing policy revised April 13, 2023, read "the staffing plan is based on an evaluation of the appropriateness of staffing levels in the Mission Group Home and is reviewed at least twice per year."</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 470			
0 650 SS=D	<p>144G.42 Subd. 8 Employee records</p> <p>(a) The facility must maintain current records of each paid employee, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following information:</p> <p>(1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this</p>	0 650			

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0 650	<p>Continued From page 3</p> <p>chapter or rules; (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision; (4) documentation of annual performance reviews that identify areas of improvement needed and training needs; (5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and (6) documentation of the background study as required under section 144.057.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the employee record contained the required content for one of two employees (unlicensed personnel (ULP)-B).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at 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>ULP-B was hired on June 9, 2022, and began providing assisted living services.</p>	0 650			

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0 650	Continued From page 4 ULP-B's employee file lacked documentation of competency evaluation. ULP-B's record included a Mission Group Home LLC form dated June 9, 2022, documenting training but lacked documentation for competency evaluation. On January 30, 2024, clinical nurse supervisor (CNS)-C stated they had forgotten to document competency validation, and it had been completed. The licensee's Staff Competency policy dated August 1, 2021, indicated the following documentation would be maintained related to competency evaluations: -facility name, location, and license number; -name of topic and methodology (verbal, observation, written, or practicum); -name and title of instructor/evaluator with signature and a statement attesting that the employee successfully passed the training and competence evaluation. -name/title of staff person completing the competency evaluation and a statement attesting that the person successfully completed the training as described. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 650			
0 660 SS=D	144G.42 Subd. 9 Tuberculosis prevention and control (a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by	0 660			

Minnesota Department of Health

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0 660	<p>Continued From page 5</p> <p>the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines.</p> <p>(b) The facility must maintain written evidence of compliance with this subdivision.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to establish and maintain a tuberculosis (TB) prevention program based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) which included baseline testing for one of two employees (unlicensed personnel (ULP)-B).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>The facility TB risk assessment dated July 23, 2023, indicated the facility was a low risk setting for TB transmission.</p> <p>ULP-B was hired on June 9, 2022, and began</p>	0 660			

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0 660	<p>Continued From page 6</p> <p>providing assisted living services.</p> <p>ULP-B's employee record included a negative TB blood test dated May 9, 2021, indicating the test had been completed greater than 90 days prior to hire date.</p> <p>On January 30, 2024, licensed assisted living director (LALD)-D stated the blood test on record had been taken twelve months prior to hire date.</p> <p>The Minnesota Department of Health (MDH) guidelines Regulations for Tuberculosis Control in Minnesota Health Care Settings dated July 2013, and based on CDC guidelines, indicated "an employee may begin working with patients (residents) after a negative TB history and symptom screen (no symptoms of active TB disease) and a negative IGRA (serum blood test) or TST (first step) dated within 90 days before hire. The second TST may be performed after the HCW (health care worker) starts working with patients. Baseline TB screening should be documented in the employee's record."</p> <p>The licensee's Tuberculosis Screening/Prevention policy, revised August 1, 2021, read "Baseline testing is completed on hire for all direct care providers and anyone who visits residents (including volunteers)."</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 660			
0 820 SS=E	144G.45 Subd. 2 (g) Fire protection and physical environment	0 820			

Minnesota Department of Health

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NAME OF PROVIDER OR SUPPLIER MISSION GROUP HOME LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 6730 EWING AVENUE NORTH BROOKLYN CENTER, MN 55429		
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0 820	<p>Continued From page 7</p> <p>(g) Existing construction or elements, including assisted living facilities that were registered as housing with services establishments under chapter 144D prior to August 1, 2021, shall be permitted to continue in use provided such use does not constitute a distinct hazard to life. Any existing elements that an authority having jurisdiction deems a distinct hazard to life must be corrected. The facility must document in the facility's records any actions taken to comply with a correction order, and must submit to the commissioner for review and approval prior to correction.</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide properly sized egress windows for resident rooms that did not create a distinct hazard for residents. This had the potential to directly affect a portion of the residents and staff.</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 pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).and was issued at a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).</p> <p>The findings include:</p> <p>On January 30, 2024, at approximately 12:30</p>	0 820			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 37055	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/02/2024
NAME OF PROVIDER OR SUPPLIER MISSION GROUP HOME LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 6730 EWING AVENUE NORTH BROOKLYN CENTER, MN 55429			
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0 820	Continued From page 8 p.m., survey staff conducted a facility tour with licensed assisted living director (LALD)-D. During facility tour, survey staff observed the following: LALD-D fully opened the proposed egress window in unoccupied resident room #1 and survey staff verified the measurement of the openable area of the window to be 29" high x 19" wide for a total of 551 square inches. LALD-D fully opened the proposed egress window in unoccupied resident room #2 and survey staff verified the measurement of the openable area of the window to be 29" high x 19.25" wide for a total of 558.25 square inches. Egress windows in existing facilities must have a minimum opening dimension of 648 square inches with an opening height and width dimension of no less than 20". LALD-D visually verified the deficient condition. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 820			
01620 SS=F	144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring (c) Resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services. Ongoing resident reassessment and monitoring must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the last date of the assessment. (d) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an	01620			

Minnesota Department of Health

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01620	<p>Continued From page 9</p> <p>individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review.</p> <p>(e) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a registered nurse (RN) completed a comprehensive reassessment to include all required content identified per Minnesota Administrative Rule 4659.0150 Uniform Assessment Tool 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 was admitted on October 3, 2021.</p> <p>R2's Service Plan dated March 31, 2023,</p>	01620			

Minnesota Department of Health

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01620	<p>Continued From page 10</p> <p>indicated R2 received the services for medication management, behavior monitoring, assistance with meals, and homemaker services.</p> <p>R2's record contained a Home Care Assessment dated October 4, 2021. The assessment lacked the following content required on the Uniform Assessment Tool:</p> <ul style="list-style-type: none">-advanced healthcare directives and end of life preferences;-a review of medications according to Minnesota Statutes, section 144G.71, subd, 2, including prescriptions, over-the-counter medications, and supplements, and for each:<ul style="list-style-type: none">-the reason taken;-any side effects, contraindications, allergic or adverse reactions, and actions to address these issues;-the dosage;-the route administered or taken;-any difficulties the resident faces in taking the medication;-whether the resident self-administers the medication;-the resident's preferences in how to take medication;-interventions needed in management of medications to prevent diversion of medication by resident or others who may have access to the medications; and-provide instructions to the resident and resident's legal or designated representatives on interventions to manage the resident's medications and prevent diversion of medication. <p>R2's Monitoring and Reassessment forms dated June 30, September 29, November 3, and December 29, 2023, were each a single page assessment and each lacked portions of the required content identified on the uniform</p>	01620			

Minnesota Department of Health

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01620	<p>Continued From page 11</p> <p>assessment tool. The assessments indicated specific activities of daily living (ADL) to be completed and marked with a checkmark to indicate self (independent) or assist (assistance needed). The assessments failed to be developed and address the required content per Minnesota Administrative Rule 4659.0150.</p> <p>On January 30, 2023, at approximately 2:00 p.m., licensed assisted living director (LALD)-D and clinical nurse supervisor (CNS)-C stated they were not aware of the requirements of Minnesota Administrative Rule 4659.0150 Uniform Assessment Tool.</p> <p>The licensee's Comprehensive Nursing Assessment policy dated August 1, 2021, indicated a RN will conduct a comprehensive assessment for all resident admitted to [licensee]to determine the services required and to develop an individualized are plan for staff to implement. The assessment addresses the resident's physical, mental, and cognitive needs. The policy included the required contents of Minnesota Administrative Rule 4659.0150 Uniform Assessment Tool.</p> <p>The Minnesota Administrative Rule 4659.0150 dated August 11, 2021, indicated the topics required as part of a uniform assessment tool.</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01620			



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

Type: Full
Date: 01/31/24
Time: 10:28:11
Report: 8044241033

Food and Beverage Establishment Inspection Report

Page 1

Location:

Mission Group Home LLC
6730 Ewing Avenue North
Brooklyn Center, MN55429
Hennepin County, 27

Establishment Info:

ID #: 0039423
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #:
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

Chlorine: = 100 ppm at Degrees Fahrenheit
Location: Bucket
Violation Issued: No

Hot Water: = at Degrees Fahrenheit
Location: Dishwasher
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cold Holding
Temperature: 39.0 Degrees Fahrenheit - Location: Milk in refrigerator
Violation Issued: No

Process/Item: Cold Holding
Temperature: 38.0 Degrees Fahrenheit - Location: Refrigerator
Violation Issued: No

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

HRD inspection conducted with nurse evaluator Michelle Winters. Report reviewed on site with owner, Mohamed Hassan.

Establishment kitchen consists of hardwood floors, sheetrock walls and ceilings, and domestic appliances, including a sani-rinse dishwasher.

Type: Full
Date: 01/31/24
Time: 10:28:11
Report: 8044241033
Mission Group Home LLC

Food and Beverage Establishment Inspection Report

Page 2


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 8044241033 of 01/31/24.

Certified Food Protection Manager: _____

Certification Number: _____ Expires: ____/____/____

Signed:  _____
Inspector signed for Mohamed

Signed:  _____
Michael DeMars, RS
Public Health Sanitarian III
Rochester District Office
507-216-1096
michael.demars@state.mn.us