



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

May 9, 2023

Licensee
Friendship House LLC
15872 Eastchester Road
Apple Valley, MN 55124

RE: Project Number(s) SL38760015

Dear Licensee:

This is your **official notice** that you have been **granted your assisted living facility license**. Your license effective and expiration dates remain the same as on your provisional license. Your updated status will be listed on the license certificate at renewal and **this letter serves as proof** in the meantime. If you have not received a letter from us with information regarding renewing your license within 60 days prior to your expiration date, please contact us at (651) 201-5273 or by email at Health.assistedliving@state.mn.us.

The Minnesota Department of Health completed an initial survey on April 7, 2023, for the purpose assessing compliance with state licensing statutes. At the time of the survey, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G.

STATE CORRECTION ORDERS

The enclosed State Form documents the state correction orders. The Department of Health documents state correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Home Care 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 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 . . ."

IMPOSITION OF FINES

In accordance with Minn. Stat. § 144G.31, Subd. 4, fines and enforcement actions may be imposed based on the level and scope of the violations and imposed immediately with no opportunity to correct the violation first as follows:

Level 1: no fines or enforcement.

Level 2: a fine of \$500 per violation, in addition to any enforcement mechanism authorized in § 144G.20 for widespread violations;

Level 3: a fine of \$3,000 per violation per incident, in addition to any enforcement mechanism authorized in § 144G.20.

Level 4: a fine of \$5,000 per incident, in addition to any enforcement mechanism authorized in

§ 144G.20.

In accordance with Minn. Stat. § 144G.20, Subd. 4(a)(5), the Department of Health imposes fine amounts of either \$1,000 or \$5,000 to licensees who are found to be responsible for maltreatment. The Department of Health imposes a fine of \$1,000 for each substantiated maltreatment violation that consists of abuse, neglect, or financial exploitation according to Minn. Stat. § 626.5572. Subds. 2, 9, 17. The Department of Health also may impose a fine of \$5,000 for each substantiated maltreatment violation consisting of sexual assault, death, or abuse resulting in serious injury.

In accordance with Minn. Stat. § 144G.31, Subd. 4(a)(5)(b), when a fine is assessed against a facility for substantiated maltreatment, the commissioner shall not also impose an immediate fine under this chapter for the same circumstance.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, the following fines are assessed pursuant to this survey:

St - 0 - 0110 - 144g.10 Subdivision 1a - Assisted Living Director License Required - \$500.00

The total amount you are assessed is \$500.00. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

DOCUMENTATION OF ACTION TO COMPLY

Per 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 residents/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 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 Department of Health 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

REQUESTING A HEARING

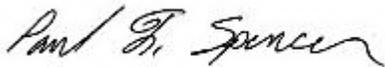
Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the Department of Health within 15 business days of the correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor. Requests for hearing may be emailed to: **Health.HRD.Appeals@state.mn.us**.

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration or a hearing, but not both.

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

If you have any questions, please contact me.

Sincerely,



Paul Spencer, Supervisor
State Rapid Response Team
Email: paul.spencer@state.mn.us
Telephone: 651-587-4460 Fax: 651-215-6894

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 38760	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/07/2023
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NAME OF PROVIDER OR SUPPLIER FRIENDSHIP HOUSE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 15872 EASTCHESTER ROAD APPLE VALLEY, MN 55124
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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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: SL38760015</p> <p>On April 3, 2023, through April 5, 2023, 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 was one active resident receiving services under the Provisional 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.</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>	
0 110 SS=F	<p>144G.10 Subdivision 1a Assisted living director license required</p> <p>Each assisted living facility must employ an</p>	0 110		

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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0 110	<p>Continued From page 1</p> <p>assisted living director licensed or permitted by the Board of Executives for Long Term Services and Supports.?</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to employ a licensed assisted living director (LALD). This practice had the potential to affect the one resident who lived at the licensee.</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>Findings include:</p> <p>Registered nurse(RN)-B, who also holds a licensed assisted living director (LALD) licensure, hire date was February 17, 2022.</p> <p>The initial licensing paperwork dated January 4, 2022 listed RN-B as the facility LALD.</p> <p>An undated email provided by the licensee from the Minnesota Board of Executives for Long-Term Services and Supports (BELTSS), indicated under MN Rules 6400.7085 for an LALD to have more than one facility the facilities would need to be of common ownership or management.</p> <p>During the entrance conference on April 3, 2023, at 10:30 a.m., unlicensed personnel (ULP)-A, who also serves as a manager, stated RN-B held</p>	0 110		

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0 110	<p>Continued From page 2</p> <p>an LALD license and was listed on the original licensing paperwork as the facility LALD. ULP-A and RN-B stated they were not aware RN-B could not be an LALD for the licensee along with another facility he was currently serving as the LALD. ULP-A stated the licensee has been attempting to hire an LALD for six months. ULP-A stated a new LALD was offered the position and was coming into the facility on April 3, 2023, to start orientation and new hire process.</p> <p>During an interview on April 4, at 1:30 p.m., ULP-A stated they were unable to hire another LALD as applicants already managed another facility. ULP-A confirmed the new LALD was hired on April 3, 2023.</p> <p>During an interview on April 4, 2023, at 2:51 p.m. RN-B stated he received a phone, unsure of exact date, call stating he was ineligible to be an LALD for this licensee as he was already an LALD for another facility which is not owned and operated by the same company. RN-B stated he shared this information with ULP-A.</p> <p>On the new license application completed by ULP-D, who is also the owner, signed January 4, 2022, the facility indicated knowledge of the MN Statute Section 144G.45 requirements which reads all new license applications with five or few residents must meet the 144G.45 regulation. This same document listed RN-B, who was also the clinical RN supervisor, as the LALD.</p> <p>TIME PERIOD TO CORRECT: Two (2) Days</p>	0 110		
0 660 SS=F	144G.42 Subd. 9 Tuberculosis prevention and control	0 660		

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0 660	<p>Continued From page 3</p> <p>(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.</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 maintain a comprehensive tuberculosis (TB) infection control prevention program according to the most current guidelines issued by the Centers for Disease Control (CDC), including a baseline TB testing for the presence of the infection with a two-step tuberculin skin test (TST) or single TB blood test for three of four unlicensed personnel (ULP-A, ULP-C, and ULP-D) with records reviewed. This had the potential to affect all residents receiving assisted living services, as well as 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 was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect</p>	0 660		

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0 660	<p>Continued From page 4</p> <p>a large portion or all of the residents).</p> <p>Findings include:</p> <p>ULP-A's employee record indicated a hire date of April 8, 2022. ULP-A's employee record lacked evidence of a baseline test with either TST 2-step or a blood assay for tuberculosis upon hire for the licensee.</p> <p>ULP-C's employee record indicated a hire date of August 10, 2022. ULP-C's employee record lacked evidence of a baseline test with either TST-2 Step or a blood assay for tuberculosis upon hire for the licensee.</p> <p>ULP-D's employee record indicated a hire date of February 16, 2022. ULP-D's employee record lacked evidence of a baseline test with either TST 2-step or a blood assay for tuberculosis upon hire for the licensee.</p> <p>During an interview on April 4, 2023, at 1:30 p.m., ULP-A stated he was under the impression a TST needed to be completed yearly. ULP-A did not provide an explanation for his lack of a TST 2-step at time of hire.</p> <p>During an interview on April 3, 2023, at 10:30 a.m., registered nurse (RN)-B stated he was responsible for infection control and the tuberculosis policy. RN-B stated TST 2-step, or a blood assay is completed at a medical clinic but did not have an explanation for the missing required tests at time of hire for ULP-A, ULP-C, and ULP-D.</p> <p>A policy titled Tuberculosis Screening/Prevention, dated August 1, 2021, indicated baseline TB</p>	0 660		

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0 660	Continued From page 5 screening at the time of hire is required for all health care workers in Minnesota which consists of three components. The three components consist of assessing each employee at time of hire for current symptoms of active TB, assessing TB history, and TB testing for the presence of infection by administering either a two-step TST or single TB blood test. TIME PERIOD TO CORRECT: Twenty-one (21) days.	0 660		
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness (a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional	0 680		

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0 680	<p>Continued From page 6</p> <p>requirements adopted in rule.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review, the licensee failed to develop a written emergency disaster plan (EP) with all the required content. 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) 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).</p> <p>The findings include:</p> <p>On April 4, 2023, at 11:38 a.m. ULP-A provided a copy of the licensee's EP policy developed August 13, 2022 and reviewed with team. The EP policy was reviewed with ULP-A who also serves as a manager.</p> <p>Review of Friendship House LLC Emergency Guide, dated August 13,2022, lacked the following required content:</p> <ul style="list-style-type: none"> - conduct exercises at least twice a year including an annual full-scale exercise that is community based or individual based functional exercise or if facility experiences an actual emergency; and an additional annual exercise that may include a full scale exercise or mock disaster drill or table-top exercise - process for EP cooperation with state and local EP officials/organizations. 	0 680		

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0 680	<p>Continued From page 7</p> <ul style="list-style-type: none"> - a description of the population served by the licensee. - development of policies/procedures to address: <ul style="list-style-type: none"> - development of arrangements with other facilities and providers to receive residents if needed; and - the facilities role in providing care and treatment at alternative sites. -role of the facility under a waiver declared by the Secretary in accordance with section 1135 of the ACT - a communication plan that included: <ul style="list-style-type: none"> - arrangement with other facilities; - names and contact information for staff, resident physicians, other facilities; <p>On April 4, 2023, at 1:30 p.m., during an interview the ULP-A confirmed the provided emergency guide did not contain all the information required.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 680		
0 780 SS=F	<p>144G.45 Subd. 2 (a) (1) Fire protection and physical environment</p> <p>(a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:</p> <p>(1) for dwellings or sleeping units, as defined in the State Fire Code:</p> <ul style="list-style-type: none"> (i) provide smoke alarms in each room used for sleeping purposes; (ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms; (iii) provide smoke alarms on each story within a dwelling unit, including basements, but 	0 780		

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0 780	<p>Continued From page 8</p> <p>not including crawl spaces and unoccupied attics; (iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and (v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated;</p> <p>This MN Requirement is not met as evidenced by: Based on observation, the licensee failed to provide new smoke alarms and ensure smoke alarms are interconnected so that the actuation of one alarm causes all alarms in the dwelling to actuate as required. This could directly 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 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 residents).</p> <p>The findings include the following:</p> <p>On April 3, 2023, between 1120AM and 12:00 PM, survey staff toured the facility with ULP-A. During the facility tour, survey staff observed the smoke alarms on the upper level and main floor are over ten years old.</p>	0 780		

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0 780	Continued From page 9 ULP-A verbally confirmed survey staff observations during the facility tour. No further information was provided. Period FOR CORRECTION: Twenty-one (21) days.	0 780		
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 interview, and record review, the licensee had unlicensed personnel (ULP-A) without a completed background study. This had the potential to affect all residents, staff and visitors. 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	01290		

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NAME OF PROVIDER OR SUPPLIER FRIENDSHIP HOUSE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 15872 EASTCHESTER ROAD APPLE VALLEY, MN 55124
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01290	<p>Continued From page 10</p> <p>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>Review of NETStudy on April 4, 2023, indicated for the licensee HFID 38760, ULP-A lacked evidence of fingerprint clearance for the licensee. Eligibility was established under the COVID 19 Emergency Study.</p> <p>During an interview on April 4, 2023, at 1:30 p.m., ULP-A, who also serves as the manager, stated since the background check was completed during the COVID19 exemption time there would not need to be a follow up. ULP-A stated he did not receive an email stating fingerprints were required.</p> <p>The licensee's policy titled Recruitment and Hiring, dated August 1, 2021, indicated The Criminal Background Check will be submitted to Minnesota Department of Human Services according to the following steps to include obtain fingerprint scans.</p> <p>Information obtained from the Minnesota Department of Human Services "Emergency Background Studies End", dated 1/31/23</p> <ul style="list-style-type: none"> · The status of an individual's completed emergency study will not change after Dec. 31. If the study indicates eligible on Dec. 31, it will also show eligible on Jan. 1, 2023; however, it is important to remember that as of Jan. 1, 2023, emergency studies will no longer be valid. · Study subjects with an eligible emergency study 	01290		

Minnesota Department of Health

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01290	Continued From page 11 on Dec. 31, will not be automatically removed from the roster by DHS when they are no longer in compliance on Jan. 1, 2023. No changes will occur in NETStudy 2.0 with the emergency study except that it is no longer valid. · The Background Studies Division will no longer review new records or information for an individual who only has an emergency study. · DHS may receive rap back information on individuals with emergency studies; however, no reviews or actions will be taken on this information because emergency studies will no longer be valid. TIME PERIOD FOR CORRECTION: Two (2) days	01290		
01560 SS=C	144G.64 (a, b, c) TRAINING IN DEMENTIA CARE REQUIRED (5) new employees may satisfy the initial training requirements by producing written proof of previously completed required training within the past 18 months. (b) Areas of required training include: (1) an explanation of Alzheimer's disease and other dementias; (2) assistance with activities of daily living; (3) problem solving with challenging behaviors; (4) communication skills; and (5) person-centered planning and service delivery. (c) The facility shall provide to consumers in written or electronic form a description of the training program, the categories of employees trained, the frequency of training, and the basic topics covered. This MN Requirement is not met as evidenced	01560		

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01560	<p>Continued From page 12</p> <p>by: Based on interview and record review, the licensee failed to provide evidence of the assisted living required hours for dementia completion for one of four unlicensed personnel (ULP-D) records reviewed. This had the potential to affect all residents.</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 of the residents).</p> <p>The findings include:</p> <p>ULP-D's employee record indicated a hire date of February 16, 2022. ULP-D's employee record lacked evidence of the required hours for dementia training.</p> <p>During an interview on April 4, 2023, at 1:30 p.m., ULP-A stated training is completed through online courses. ULP-A stated training needs to be completed upon hire and a printout indicates what training has been completed and number of hours for the specific training.</p> <p>The licensee's policy Personnel Records, dated August 1, 2021, indicated documentation of orientation and annual trainings are to be kept in the employee's personnel record.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days.</p>	01560		

Minnesota Department of Health

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01700	Continued From page 13	01700		
01700 SS=F	<p>144G.71 Subd. 2 Provision of medication management services</p> <p>(a) For each resident who requests medication management services, the facility shall, prior to providing medication management services, have a registered nurse, licensed health professional, or authorized prescriber under section 151.37 conduct an assessment to determine what medication management services will be provided and how the services will be provided. This assessment must be conducted face-to-face with the resident. The assessment must include an identification and review of all medications the resident is known to be taking. The review and identification must include indications for medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues.</p> <p>(b) The assessment must identify interventions needed in management of medications to prevent diversion of medication by the resident or others who may have access to the medications and provide instructions to the resident and legal or designated representatives on interventions to manage the resident's medications and prevent diversion of medications. For purposes of this section, "diversion of medication" means misuse, theft, or illegal or improper disposition of medications.</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) conducted an individualized assessment to determine what medication management services would be provided, and how the services would be administered for one of one resident (R1) records reviewed.</p>	01700		

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01700	<p>Continued From page 14</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>R1 began receiving assisted living services on August 21, 2022. R1's diagnoses included type II diabetes, depression, and pain.</p> <p>R1's service plan, dated and signed August 21, 2022, indicated R1 received services which included medication administration and blood glucose checks to be completed by trained unlicensed personnel or the registered nurse.</p> <p>R1's diabetic assessment, dated August 21, 2022, indicated blood glucose monitoring once a day. The assessment lacked a documented observation of R1 checking his own blood glucose to ensure he was performing the task correctly and no assessment had been conducted to determine if R1 safety and correctly be responsible for his own as needed medication or supplements.</p> <p>R1's medication and treatment orders, for effective dates August 21, 2022, through August 21, 2023, and signed by medical provider on August 29, 2022, indicated R1 to have blood glucose checked once a day and Vitamin C and Vitamin D were to be administered one time daily.</p> <p>During an interview on April 4, 2023, at 2:51 p.m.,</p>	01700		

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01700	<p>Continued From page 15</p> <p>RN-B stated an assessment had not been completed for self-administering R1's own vitamin supplements and storing them in his room and no assessment was completed or documented to determine if R1 was able to properly take his own blood glucose.</p> <p>During an interview on July 27, 2022, at 1:58 p.m., RN-C confirmed a medication assessment was not completed for R1 or R2 and RN-C was in the process of completing those assessments.</p> <p>The licensee's policy titled Assessment of Medications, dated August 1, 2021, indicated the licensee RN must conduct a face-to-face resident assessment to determine what medication management or treatment/therapy services will be provided and how those services will be provided. The licensee will prepare and include in the Service Plan a written statement of the medication management or treatment/therapy that will be provided to the resident. An RN must specify, in writing, instructions for each resident and document those instructions in the resident's record.</p> <p>The licensee's policy titled Medication documentation, dated August 1, 2021, indicated residents' needs will be met related to the medication Management Plan and as needed medications documentation will include, when appropriate, the reason for the medication and follow-up to determine its effectiveness.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01700		
01730 SS=F	144G.71 Subd. 5 Individualized medication management plan	01730		

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01730	<p>Continued From page 16</p> <p>(a) For each resident receiving medication management services, the assisted living facility must prepare and include in the service plan a written statement of the medication management services that will be provided to the resident. The facility must develop and maintain a current individualized medication management record for each resident based on the resident's assessment that must contain the following:</p> <ol style="list-style-type: none"> (1) a statement describing the medication management services that will be provided; (2) a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; (3) documentation of specific resident instructions relating to the administration of medications; (4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis; (5) identification of medication management tasks that may be delegated to unlicensed personnel; (6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and (7) any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions. <p>(b) The medication management record must be current and updated when there are any changes.</p> <p>(c) Medication reconciliation must be completed when a licensed nurse, licensed health</p>	01730		

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01730	<p>Continued From page 17</p> <p>professional, or authorized prescriber is providing medication management.</p> <p>This MN Requirement is not met as evidenced by: Based interview, and record review, the licensee failed to have an updated individualized medication plan for self-administration of vitamin supplements for one resident (R1) with record review.</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>R1's diagnoses included type II diabetes, depression, and pain.</p> <p>R1's admission evaluation dated August 21, 2022, indicated R1 required medication set up and administration and medications are to be locked and employee on duty would have access to the medication. The document lacked a completed medication profile of the medications, dose, route, frequency, purpose, side effects, interactions, and instructions.</p> <p>R1's admission medication and treatment orders signed August 29, 2022, by medical provider indicated R1 took vitamin C 1000 mg daily and vitamin D 2000 units daily.</p>	01730		

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01730	<p>Continued From page 18</p> <p>R1's medication list dated, October 7, 2022, did not list vitamin supplements for R1 or an order for the vitamins to be taken independently and as needed.</p> <p>Review of R1's medication administration records (MAR) from August 21, 2022, through April 3, 2023, did not list either vitamin C or vitamin D.</p> <p>Review of R1's progress notes dated August 21, 2022, through April 3, 2023, lacked documentation of an order from the primary medical provider to discontinue the vitamin supplements, nor did it list the resident could self-administer or take as needed.</p> <p>Interview on April 4, 2023, at 2:51 p.m., registered nurse (RN)-B stated R1 was admitted with vitamin orders but later stated he wanted to keep the vitamins in his room and take when needed. RN-B stated he did not complete an assessment for self-administration of medication or supplements and R1's record did not contain a change to the supplements to as needed.</p> <p>The licensee's policy titled Assessment of Medications, dated August 1, 2021, indicated the RN will provide and document a face-to-face assessment with the resident to include identification of all medications, including over-the-counter and herbal/dietary supplements.</p> <p>The licensee's policy titled Storage/Control of Medications, dated August 1, 2021, indicated over the counter medications and dietary supplements that are not prescribed should be retained in their original, labeled container with directions for use. will be kept in the original labeled containers and</p>	01730		

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01730	Continued From page 19 TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01730		



Type: Full
Date: 04/04/23
Time: 11:47:31
Report: 1018231064

Food and Beverage Establishment Inspection Report

Page 1

Location:

FRIENDSHIP HOUSE LLC
15872 EASTCHESTER ROAD
Apple Valley, MN55124
Dakota County, 19

Establishment Info:

ID #: 0041169
Risk:
Announced Inspection: No

License Categories:

Expires on: 12/31/23

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.

The following orders were issued during this inspection.

3-300B Protection from Contamination: cross-contamination, eggs

3-302.11A(1)

**** Priority 1 ****

MN Rule 4626.0235A(1) Separate raw animal foods during storage, preparation, holding, and display from ready-to-eat foods to prevent cross-contamination.

RAW EGGS STORED OVER READY TO EAT FOODS IN THE REFRIGERATOR. DISCUSSED PROPER STACKING ORDER WITH MANAGER.

Comply By: 04/04/23

2-100 Supervision

2-102.12AMN

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

ESTABLISHMENT DOES NOT CURRENTLY HAVE A CERTIFIED FOOD PROTECTION MANAGER. APPLICATION SENT TO MANAGER.

Comply By: 06/01/23

4-200 Equipment Design and Construction

4-201.11GMN

MN Rule 4626.0506G Discontinue serving TCS foods that are held for more than same-day service in an adult or child care center or boarding establishment or provide equipment that is certified or classified for sanitation by an American National Standards Institute (ANSI) accredited certification program.

ESTABLISHMENT IS NOT CURRENTLY DOING ONLY SAME DAY SERVICE FOR FOODS PREPARED IN THE FACILITY. DISCUSSED SAME DAY SERVICE WITH MANAGER.

Comply By: 04/04/23

Food and Equipment Temperatures

Type: Full
Date: 04/04/23
Time: 11:47:31
Report: 1018231064
FRIENDSHIP HOUSE LLC

Food and Beverage Establishment Inspection Report

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

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

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

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

INSPECTION CONDUCTED WITH JULIA SERBUS (MDH) PRESENT.

PHYSICAL FACILITIES WERE OBSERVED IN GOOD CONDITION.

FIRM HAS SEPARATE SINKS FOR HAND WASHING AND FOOD PREP.

DISHWASHER HAS SANITIZE FUNCTION AVAILABLE.

VIEWED EMPLOYEE ILLNESS LOG AND DISCUSSED ILLNESS POLICY.

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 1018231064 of 04/04/23.

Certified Food Protection Manager: _____

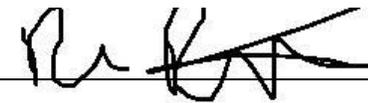
Certification Number: _____ Expires: ____/____/____

Inspection report reviewed with person in charge and emailed.

Signed: _____

NURA DHINBIL
MANAGER

Signed: _____



Rebecca Prestwood
Sanitarian 3
6512013777
rebecca.prestwood@state.mn.us