



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically Delivered

April 25, 2024

Licensee  
Scott Care Home Inc  
5742 West 143rd Street  
Savage, MN 55378

RE: Project Number(s) SL39374015

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](mailto:Health.assistedliving@state.mn.us).

The Minnesota Department of Health completed an initial survey on April 9, 2024, 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.

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

#### **STATE CORRECTION ORDERS**

The enclosed State Form documents the state correction orders. The 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 . . ."

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**

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.

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](mailto: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.

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If you have any questions, please contact me.

Sincerely,



Jodi Johnson, Supervisor  
State Evaluation Team  
Email: [jodi.johnson@state.mn.us](mailto:jodi.johnson@state.mn.us)  
Telephone: 507-344-2730 Fax: 1-866-890-9290

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  39374	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  04/09/2024
NAME OF PROVIDER OR SUPPLIER  SCOTT CARE HOME INC		STREET ADDRESS, CITY, STATE, ZIP CODE 5742 WEST 143RD STREET SAVAGE, MN 55378			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
0 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.</p> <p>Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p>INITIAL COMMENTS:</p> <p>SL39374015</p> <p>On April 8, 2024, through April 9, 2024, the Minnesota Department of Health conducted a full survey at the above provider, and the following correction orders are issued. At the time of the survey, there were three residents; three receiving services under the provider's provisional Assisted Living license.</p>	0 000	<p>Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3.</p>		
0 470 SS=C	<p>144G.41 Subdivision 1 Minimum requirements</p> <p>(11) develop and implement a staffing plan for determining its staffing level that:</p>	0 470			

Minnesota Department of Health

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

TITLE

(X6) DATE



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0 470	<p>Continued From page 1</p> <p>(i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility;</p> <p>(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</p> <p>(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;</p> <p>(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:</p> <p>(i) awake;</p> <p>(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;</p> <p>(iii) capable of communicating with residents;</p> <p>(iv) capable of providing or summoning the appropriate assistance; and</p> <p>(v) capable of following directions;</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review the licensee failed to ensure the staff posting included all the required elements, potentially affecting all the licensee's current residents, staff, and visitors.</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</p>	0 470			

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0 470	<p>Continued From page 2</p> <p>or represent a systemic failure that has affected or has potential to affect a large portion or all the residents).</p> <p>The findings included:</p> <p>During the entrance conference on April 8, 2024, at 11:15 a.m. owner/house manager (O/HM)-A stated the staffing shift hours were as follows: Day/evening shift: 7:00 a.m. - 7:00 p.m., and evening/night shift: 7:00 p.m. - 7:00 a.m.</p> <p>On April 8, 2024, at 12:24 p.m. the staff schedule was observed written on a whiteboard on the wall in the living room area.</p> <p>The staff schedule included how many unlicensed staff were working for the AM and PM shift; the schedule did not indicate the specific times of each shift. O/HM-A reviewed the staff schedule and stated the shift times were not included.</p> <p>The licensee's Staffing policy dated March 7, 2023, indicated:</p> <p>6. A daily staffing schedule is prepared by the clinical nurse supervisor and addresses: Home health aide work schedules for each home health aide showing all work shifts with days/hours worked.</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 470			
0 480 SS=F	<p>144G.41 Subd 1 (13) (i) (B) Minimum requirements</p> <p>(13) offer to provide or make available at least the</p>	0 480			

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0 480	<p>Continued From page 3</p> <p>following services to residents: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code.</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>Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated April 9, 2024, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.</p> <p>TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.</p>	0 480			
0 485 SS=C	<p>144G.41 Subdivision 1. (13)(i)(A)and(C) Minimum Requirements</p> <p>(13) offer to provide or make available at least the following services to residents: (i) at least three nutritious meals daily with snacks</p>	0 485			



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0 485	<p>Continued From page 4</p> <p>available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The following apply:</p> <p>(A) menus must be prepared at least one week in advance and made available to all residents. The facility must encourage residents' involvement in menu planning. Meal substitutions must be of similar nutritional value if a resident refuses a food that is served. Residents must be informed in advance of menu changes; and</p> <p>(C) the facility cannot require a resident to include and pay for meals in their contract;</p> <p>(ii) weekly housekeeping;</p> <p>(iii) weekly laundry service;</p> <p>This MN Requirement is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the licensee failed to ensure at least three nutritious meals daily according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines. This had the potential to affect all three residents.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On April 8, 2024, at 12:24 p.m. the surveyor</p>	0 485			

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0 485	<p>Continued From page 5</p> <p>observed the posted Weekly Menu Plan dated January 8-14, 2024. The menu identified the following foods listed for each meal:</p> <p>Monday: Breakfast: Eggs omelet sandwich Lunch: Spaghetti with meat sauce Dinner: Cold tuna past Snacks: Apples</p> <p>Tuesday: Breakfast: Cold cereal Lunch: Chili beans or noodles Dinner: Lasagna Snacks: Oranges</p> <p>Wednesday: Breakfast: Pancakes &amp; eggs Lunch: Battered fish fillets Dinner: Spaghetti with meat sauce Snacks: Grapes</p> <p>Thursday: Breakfast: Hot cereal Lunch: Hamburger sandwich Dinner: Salmon with veggies Snacks: Blueberry</p> <p>Friday: Breakfast: Bagels with cream cheese Lunch: Tuna sandwich with fruits Dinner: Chicken salad Snacks: Bananas</p> <p>Saturday: Breakfast: French toast Lunch: Ground beef tacos Dinner: Pizza &amp; chicken wings Snacks: Apples</p>	0 485			



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0 485	<p>Continued From page 6</p> <p>Sunday: Breakfast: Cold cereal Lunch: Egg sandwich with fruits Dinner: Macaroni with meat sauce Snacks: Oranges</p> <p>The bottom of the page indicated: Meals will include: Seasonal fruits and dairy option each meal. Options to switch meals or snacks upon request.</p> <p>On April 9, 2024, at 2:15 p.m. unlicensed personnel (ULP)-C reviewed the posted Weekly Menu Plan with the surveyor. ULP-C stated the options listed were "suggestions" of what the residents could have for each meal, but they usually chose to eat something else depending upon what was available.</p> <p>On April 9, 2024, at 2:30 p.m. owner/house manager (O/HM)-A stated though the menu only identified the main course for each meal, side options were also available. O/HM-A stated a side salad was always available with each meal, but this had not been included on the menu. O/HM-A further stated specific side options/desserts, substitution choices, and beverages were not identified on the menu, and the menu did not consistently include the daily recommended dietary allowances to be served for protein, grains, vegetable, fruit and dairy according to the USDA guidelines.</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 485			

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01610	Continued From page 7	01610			
01610 SS=D	<p>144G.70 Subd. 2 (a-b) Initial reviews, assessments, and monitoring</p> <p>(a) Residents who are not receiving any assisted living services shall not be required to undergo an initial nursing assessment.</p> <p>(b) An assisted living facility shall conduct a nursing assessment by a registered nurse of the physical and cognitive needs of the prospective resident and propose a temporary service plan prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. If necessitated by either the geographic distance between the prospective resident and the facility, or urgent or unexpected circumstances, the assessment may be conducted using telecommunication methods based on practice standards that meet the resident's needs and reflect person-centered planning and care delivery.</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 initial assessment for one of one resident (R1) prior to initiation of services.</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>	01610			



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01610	<p>Continued From page 8</p> <p>R1's diagnoses included type II diabetes and seizure disorder.</p> <p>R1's start of care date for services was May 19, 2023.</p> <p>R1's assisted living contract was signed by the resident on May 19, 2023.</p> <p>R1's admission assessment completed by the RN was dated May 20, 2023. The assessment was not completed prior to initiation of services on May 19, 2023.</p> <p>On April 8, 2024, at 2:25 p.m. clinical nurse supervisor (CNS)-B stated R1 had admitted later in the evening on May 19, 2023, and had already taken his bedtime medications. CNS-B stated she did not complete R1's admission assessment until the following morning because she thought she had up to five days from admission to complete.</p> <p>The licensee's Assessment and Reassessment policy dated March 7, 2023, indicated: 2. The initial RN assessment shall be completed prior to the date on which the prospective resident executes a contract or on the date on which the prospective resident moves in, whichever is earlier. If necessary, based on geography or urgent or unexpected circumstances, the assessment may be conducted via telecommunications based on practice standards that meet the resident's needs and reflect person-centered planning and care delivery.</p> <p>No further information was provided.</p>	01610			

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	TIME PERIOD FOR CORRECTION: Twenty-One (21) days				
01620 SS=D	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 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. (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.  This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the registered nurse (RN) completed a resident assessment within 14 days of admission for one of one resident (R1).  This practice resulted in a level two violation (a	01620			



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01620	<p>Continued From page 10</p> <p>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>R1's was admitted on May 19, 2023, with diagnoses including type II diabetes and seizure disorder.</p> <p>R1's Service Plan dated May 19, 2023, indicated services included medication set-up and administration, blood glucose checks, weight and vital signs, assistance with compression stockings, behavior monitoring, therapeutic exercises, assistance with activities of daily living, housekeeping, and laundry.</p> <p>R1's record included a 14-day assessment dated June 3, 2023 (15 days after start of services).</p> <p>On April 8, 2024, at 2:25 p.m. clinical nurse supervisor (CNS)-B stated she completed R1's 14-day assessment 15 days after the admission assessment which was one day late.</p> <p>The licensee's Assessment and Reassessment policy dated March 7, 2023, indicated: 7. The RN will provide a reassessment visit to update the evaluation of the resident and services no more than 14 days after initiation of services.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one</p>	01620			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>39374</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/09/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>SCOTT CARE HOME INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5742 WEST 143RD STREET SAVAGE, MN 55378</b>			
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01620	Continued From page 11  (21) days	01620			





Minnesota Department of Health  
Environmental Health, FPLS  
P.O. Box 64975  
St. Paul, MN 55164-0975  
6512014500

Type: Full  
Date: 04/09/24  
Time: 10:30:00  
Report: 1047241090

## Food and Beverage Establishment Inspection Report

Page 1

### Location:

Scott Care Home Inc  
5472 West 143rd Street  
Savage, MN55378  
Scott County, 70

### Establishment Info:

ID #: 0042560  
Risk:  
Announced Inspection: No

### License Categories:

Expires on: 12/31/24

### Operator:

Phone #: 6125325301  
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.

### 4-600 Cleaning Equipment and Utensils

#### 4-601.11C

MN Rule 4626.0840C Clean non-food contact surfaces of equipment and maintain free of accumulations of dust, dirt, food residue, and other debris.

FOOD DEBRIS BUILD UP ON INSIDE DOOR & BOTTOM OF OVEN.

Comply By: 04/16/24

### Surface and Equipment Sanitizers

Hot Water: = at 160 Degrees Fahrenheit  
Location: Dishmachine  
Violation Issued: No

### Food and Equipment Temperatures

Process/Item: Cold Holding  
Temperature: 38 Degrees Fahrenheit - Location: Refrigerator-milk  
Violation Issued: No

Process/Item: Cold Holding  
Temperature: 39 Degrees Fahrenheit - Location: Refrigerator-turkey  
Violation Issued: No

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

The inspection was completed with the operator & reviewed with MDH Nurse Evaluator W. Buckholz.

State CFPM information was submitted to the state; MDH is still processing so operator will receive their certification shortly.



Type: Full  
Date: 04/09/24  
Time: 10:30:00  
Report: 1047241090  
Scott Care Home Inc

# Food and Beverage Establishment Inspection Report

Page 2

The establishment has a residential kitchen & serves food that is prepared that day. The kitchen has laminate floor, cabinets, painted walls, solid counter top, & a painted ceiling.

A two basin sink is located in the kitchen. One sink basin is designated for hand washing.

A residential dish machine is located in the kitchen.

Discussed hand washing, ware washing, staff illness policy, temperature control, final cook temperatures, cleaning, serving highly susceptible populations, & food handling procedures.

**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 1047241090 of 04/09/24.

Certified Food Protection Manager: \_\_\_\_\_

Certification Number: \_\_\_\_\_ Expires: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Inspection report reviewed with person in charge and emailed.**

Signed: \_\_\_\_\_  
Deeqo Qanyare  
Program Manager

Signed:  \_\_\_\_\_  
Holly Sievers  
Public Health Sanitarian 2  
Metro Office  
6512015946  
Holly.Sievers@state.mn.us