



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

Electronically Delivered

September 25, 2023

Licensee  
H&A Assisted Living Inc.  
1020 5th Avenue  
South Saint Paul, MN 55075

RE: Project Number(s) SL39475015

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 September 6, 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.

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 and enforcement actions 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.

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

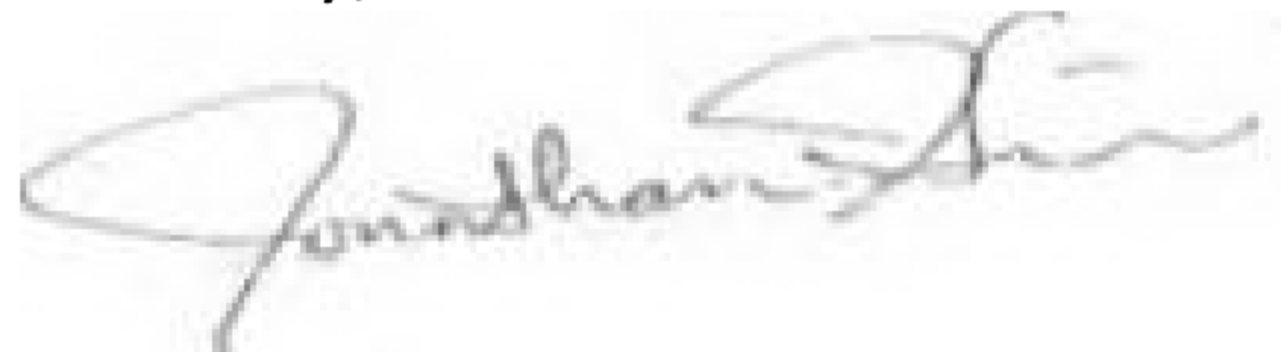
Please address your cover letter for reconsideration requests to:

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

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

If you have any questions, please contact me.

Sincerely,



Jonathan Hill, Supervisor  
State Evaluation Team  
Email: jonathan.hill@state.mn.us  
Telephone: 651-201-3993 Fax: 651-281-9796

JMD

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>39475</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>09/06/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>H AND A ASSISTED LIVING INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1020 5TH AVENUE SOUTH SAINT PAUL, MN 55075</b>			
(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: SL39475015-0</p> <p>On September 5, 2023, through September 6, 2023, the Minnesota Department of Health conducted a full survey at the above provider, and the following correction orders are issued. At the time of the survey, there 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. 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>		
0 480 SS=F	<p>144G.41 Subd 1 (13) (i) (B) Minimum requirements</p> <p>(13) offer to provide or make available at least the following services to residents: (B) food must be prepared and served according</p>	0 480			

Minnesota Department of Health

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

TITLE

(X6) DATE



Minnesota Department of Health

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0 480	<p>Continued From page 1</p> <p>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 included document titled, Food and Beverage Establishment Inspection Report dated September 5, 2023, for the specific Minnesota Food Code deficiencies.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 480			
0 550 SS=F	<p><b>144G.41 Subd. 7 Resident grievances; reporting maltreatment</b></p> <p>All facilities must post in a conspicuous place information about the facilities' grievance procedure, and the name, telephone number, and email contact information for the individuals who are responsible for handling resident grievances. The notice must also have the contact information for the Office of Ombudsman for</p>	0 550			

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0 550	<p>Continued From page 2</p> <p>Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities and must have information for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center. The notice must also state that if an individual has a complaint about the facility or person providing services, the individual may contact the Office of Health Facility Complaints at the Minnesota Department of Health.</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to post the required information related to the grievance procedure, as well as information for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center (MAARC) as required. 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 of the residents).</p> <p>The findings include:</p> <p>The licensee lacked a posting to include all the required content about the facility's grievance procedure to include the name, telephone number and email contact information for the individuals who are responsible for handling grievances; the contact information for the state and applicable regional Office of Ombudsman for Long-Term Care and the Office of Ombudsman</p>	0 550			



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0 550	<p>Continued From page 3</p> <p>for Mental Health and Developmental Disabilities; and the information for reporting suspected maltreatment to MAARC.</p> <p>During a facility tour on September 6, 2023, at approximately 11:00 a.m., with owner (O)-A, the surveyor observed the main entrance and/or common areas lacked a posting of the grievance procedure, contact information for the Ombudsman offices, and information related to reporting suspected maltreatment to MAARC.</p> <p>On September 6, 2023, at approximately 11:00 a.m., O-A confirmed the required content noted above was not posted as required.</p> <p>The licensee's Grievance policy, dated January 20, 2023, noted the licensee would conspicuously post in the facility information about the licensee's complaint/grievance procedure, and the name, telephone number, and email contact information for the individuals who were responsible for handling resident complaints/grievances. The posting would also include contact information for the Ombudsman offices, and information for reporting suspected maltreatment to MAARC.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	0 550			
0 800 SS=E	<p>144G.45 Subd. 2 (a) (4) Fire protection and physical environment</p> <p>(4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the</p>	0 800			

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0 800	<p>Continued From page 4</p> <p>health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program.</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide the physical environment in a continuous state of good repair and operation with regard to the health, safety, and well-being of the residents. This had the potential to directly affect all 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).</p> <p>The findings include:</p> <p>On September 5, 2023, between 11:00 a.m. and 11:55 a.m., survey staff toured the facility with the owner (O)-A. During the facility tour, survey staff observed the following:</p> <p>1. The required handrail in the stairway to the lower level of building A had been removed to accommodate the installation of a mechanical accessible stair lift. Stairway handrails are required to be maintained as installed at the time of construction approval.</p> <p>2. Locking pins were installed on one egress window well cover for building A. Window well covers must be removable without the use of special knowledge by the building occupants and</p>	0 800			



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0 800	Continued From page 5  unobstructed access for emergency responders in the event of an emergency must be maintained.  These deficient conditions were verified by O-A accompanying on the facility tour.  TIME PERIOD FOR CORRECTION: Seven (7) days	0 800		
0 810 SS=F	144G.45 Subd. 2 (b)-(f) Fire protection and physical environment  (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) employee actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year.	0 810		



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0 810	<p>Continued From page 6</p> <p>(f) Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill.</p> <p>This MN Requirement is not met as evidenced by: Based on record review and interview, the licensee failed to develop fire safety and evacuation plans with the required elements. This had the potential to affect all staff, residents, 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 of the residents).</p> <p>The findings include:</p> <p>On September 5, 2023, at approximately 11:55 a.m., records were provided for review.</p> <p>1. Record review of the available documentation indicated that the fire safety and evacuation plans had not been developed for the facility location. The fire plans in the emergency preparedness manual binder reference pull fire alarms which were not observed during the facility tour. The meeting location was blank on the handout for residents. The evacuation plan and facility diagrams were blank.</p> <p>2. Record review of the available documentation indicated that the licensee had not developed</p>	0 810			

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0 810	Continued From page 7  plans with specific employee actions on how to move or evacuate residents in the event of a fire or similar emergency from this facility location. The plans indicated to use the RACE acronym and included vague instructions for employees. The plans did not provide complete actions for employees to take in the event of a fire or similar emergency. 3. Record review of the available documentation indicated that the licensee had not developed fire protection procedures necessary for residents. 4. Record review of the available documentation indicated that the licensee had not developed plans with procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation in the plans from this facility location.  On September 5, 2023, at approximately 12:50 p.m., the owner (O)-A verified these deficient conditions.  TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810		
0 950 SS=F	144G.50 Subd. 3 Designation of representative  (a) Before or at the time of execution of an assisted living contract, an assisted living facility must offer the resident the opportunity to identify a designated representative in writing in the contract and must provide the following verbatim notice on a document separate from the contract:  "RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES.  You have the right to name anyone as your	0 950		



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0 950	<p>Continued From page 8</p> <p>"Designated Representative." A Designated Representative can assist you, receive certain information and notices about you, including some information related to your health care, and advocate on your behalf. A Designated Representative does not take the place of your guardian, conservator, power of attorney ("attorney-in-fact"), or health care power of attorney ("health care agent"), if applicable."</p> <p>(b) The contract must contain a page or space for the name and contact information of the designated representative and a box the resident must initial if the resident declines to name a designated representative. Notwithstanding subdivision 1, paragraph (f), the resident has the right at any time to add, remove, or change the name and contact information of the designated representative.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure one of one resident (R1) designated a representative or initialed declining to designate a representative within the assisted living contract.</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 admitted to the licensee April 26, 2023, with</p>	0 950			

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0 950	<p>Continued From page 9</p> <p>diagnoses that included traumatic brain injury. R1's service plan, dated April 26, 2023, indicated the resident received services that included medication administration.</p> <p>R1's assisted living contract dated April 26, 2023, lacked an area for R1 to designate a representative or initial to decline to name a representative.</p> <p>During an interview on September 6, 2023, at 1:45 p.m., owner (O)-A stated he could not locate designated representative language in the licensee's current assisted living contract, and a designated representative section should have been added to the licensee's assisted living contract.</p> <p>The licensee's undated designated representative policy directed a resident had the right to appoint a designated representative at any time.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) Days</p>	0 950			



Type: Full  
Date: 09/05/23  
Time: 13:00:00  
Report: 1005231199

## Food and Beverage Establishment Inspection Report

Page 1

**Location:**

H and A Assisted Living Inc  
1020 5th Avenue  
South St Paul, MN55075  
Dakota County, 19

**Establishment Info:**

ID #: 0041987  
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.

### 3-500B Microbial Control: hot and cold holding

#### 3-501.16A2 **\*\* Priority 1 \*\***

MN Rule 4626.0395A2 Maintain all cold, TCS foods at 41 degrees F (5 degrees C) or below under mechanical refrigeration.

TCS FOODS IN THE REFRIGERATOR WERE ABOVE 41 DEGREES F. OPERATOR TURNED FRIDGE TO A COLDER SETTING.

*Comply By: 09/05/23*

### 4-300 Equipment Numbers and Capacities

#### 4-302.12A **\*\* Priority 2 \*\***

MN Rule 4626.0705A Provide a readily accessible food temperature measuring device to ensure attainment and maintenance of food temperatures.

NO FOOD THERMOMETER ON SITE.

*Comply By: 09/19/23*

### 4-300 Equipment Numbers and Capacities

#### 4-302.13B **\*\* Priority 2 \*\***

MN Rule 4626.0710B Provide a readily accessible, irreversible registering temperature indicator for measuring the utensil surface temperature in mechanical hot water warewashing operations.

PROVIDE A MAXIMUM REGISTERING THERMOMETER, OR TEMPERATURE SENSITIVE STRIPS, TO ENSURE THE DISHWASHER IS SANITIZING (160 DEGREES F OR ABOVE).

*Comply By: 09/19/23*



Type: Full  
Date: 09/05/23  
Time: 13:00:00  
Report: 1005231199  
H and A Assisted Living Inc

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# Food and Beverage Establishment Inspection Report

Page 2

## 2-100 Supervision

### 2-102.12DMN

MN Rule 4626.0033D Post the certified food protection manager certificate.

MN CFPM CERTIFICATE NOT POSTED ON SITE.

*Comply By: 09/12/23*

## 4-500 Equipment Maintenance and Operation

### 4-501.19CMN

MN Rule 4626.0780C Discontinue the use of a food preparation sink for anything other than food preparation.

OPERATOR STATED THAT DISHES ARE WASHED BY HAND IN THE SINK, AND THEN SANITIZED WITH CHLORINE. DISCONTINUE THIS PRACTICE, AND USE DISHWASHER TO WASH, RINSE, AND SANITIZE ALL DISHES.

*Comply By: 09/05/23*

## 6-300 Physical Facility Numbers and Capacities

### 6-301.14A

MN Rule 4626.1457 Provide a sign or poster at all handwashing sinks used by food employees that notifies them to wash their hands

SIGN IS NOT POSTED AT HANDWASHING SINK IN UNIT A.

*Comply By: 09/12/23*

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## Food and Equipment Temperatures

Process/Item: Cold Hold/CREAM

Temperature: 46 Degrees Fahrenheit - Location: UNIT A REFRIGERATOR

Violation Issued: Yes

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Process/Item: Cold Hold/PASTA

Temperature: 44 Degrees Fahrenheit - Location: UNIT A REFRIGERATOR

Violation Issued: Yes

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

INSPECTION COMPLETED WITH OPERATOR AND REVIEWED WITH HRD NURSE EVALUATOR, ROBYN WOOLLEY.

DISCUSSED ORDERS ON REPORT. FACILITY CURRENTLY HAS ONE RESIDENT AND GETS ALL MEALS CATERED FROM A LOCAL RESTAURANT.

KITCHEN HAS A TWO BASIN SINK, AND A DISHWASHER. USE ONE BASIN OF THE SINK FOR HANDWASHING AND THE OTHER BASIN FOR FOOD PREP. USE THE DISHWASHER FOR ALL DISHES.

THIS FACILITY HAS TWO KITCHENS BUT IS CURRENTLY ONLY USING THE KITCHEN IN UNIT "A."



Type: Full  
Date: 09/05/23  
Time: 13:00:00  
Report: 1005231199  
H and A Assisted Living Inc

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# Food and Beverage Establishment Inspection Report

Page 3

KITCHEN IS RESIDENTIAL AND FOOD IS PREPARED FOR SAME DAY SERVICE.

FLOORING IS LAMINATE, CABINETS ARE WOOD WITH HOLLOW BASE, AND COUNTERS ARE LAMINATE. ALL ARE FOUND TO BE IN GOOD CONDITION AND WILL BE MONITORED AT FUTURE INSPECTIONS. IF AT SUCH A TIME THEY ARE FOUND TO BE A CONCERN OR RISK OF CONTAMINATION, THEY WILL BE ORDERED TO BE REPLACED AND BROUGHT UP TO CODE.

**NOTE: Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.**

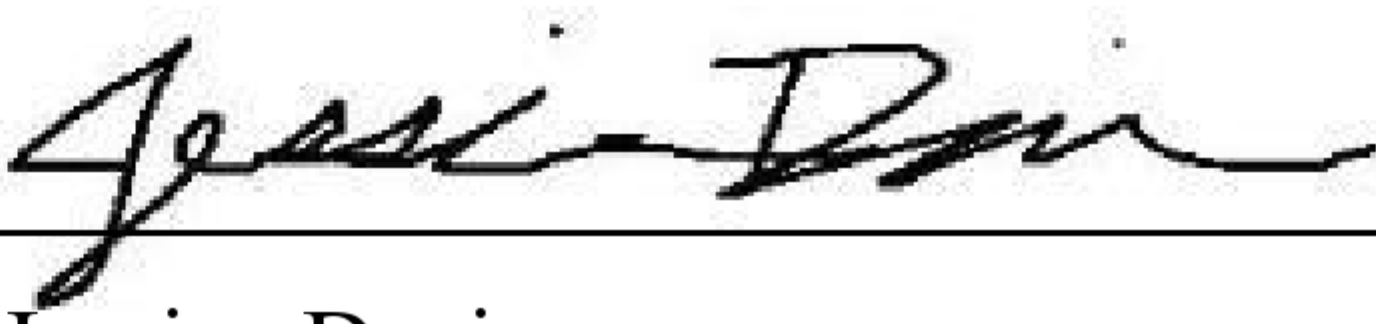
I acknowledge receipt of the Minnesota Department of Health inspection report number 1005231199 of 09/05/23.

Certified Food Protection Manager Abdirisag Abdulqadir Hussein

Certification Number: FM107289 Expires: 04/22/24

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

Signed: \_\_\_\_\_  
AHMED HUSSEIN

Signed:  \_\_\_\_\_  
Jessica Davis  
Public Health Sanitarian III  
651-201-3961  
jessica.davis@state.mn.us