



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

May 23, 2024

Licensee
Affinity Quality Living LLC
1620 Wilking Way
Shakopee, MN 55379

RE: Project Number(s) SL39864015

Dear Licensee:

On May 21, 2024, the Minnesota Department of Health completed a follow-up survey of your facility to determine if orders from the April 16, 2024, facility were corrected. This follow-up survey verified that the facility is in substantial compliance.

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

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jodi Johnson'.

Jodi Johnson, Supervisor
State Evaluation Team
Email: Jodi.Johnson@state.mn.us
Telephone: 507-344-2730 Fax: 1-866-890-9290

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Protecting, Maintaining and Improving the Health of All Minnesotans

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April 26, 2024

Licensee
Affinity Quality Living LLC
1620 Wilking Way
Shakopee, MN 55379

RE: Project Number(s) SL39864015

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 16, 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.

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.31, Subd. 4(a)(5), MDH may impose fine amounts of either \$1,000 or \$5,000 to licensees who are found to be responsible for maltreatment. MDH may impose 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. MDH 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(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.

To submit a reconsideration request, please visit:

<https://forms.web.health.state.mn.us/form/HRDAppealsForm>

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 MDH 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. To submit a hearing request, please visit <https://forms.web.health.state.mn.us/form/HRDAppealsForm>.

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. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: <https://forms.office.com/g/Bm5uQEPhVa>. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at susan.winkelmann@state.mn.us or call 651-201-5952.

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

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,



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

JMD

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39864	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/16/2024
NAME OF PROVIDER OR SUPPLIER AFFINITY QUALITY LIVING LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1620 WILKING WAY SHAKOPEE, MN 55379		
(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>SL39864015</p> <p>On April 15, 2024, through April 16, 2024, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there was one resident; one receiving services under the provider's provisional Assisted Living license.</p> <p>0110: On April 16, 2024, the immediacy of correction order 0110 was removed; however, non-compliance remains at a scope and level of F (level 2, widespread).</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>		
0 110 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

Minnesota Department of Health

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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 ensure employment of a licensed assisted living director (LALD). This had the potential to affect the one resident receiving assisted living services. This resulted in an immediate correction order issued on April 16, 2024.</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 April 12, 2024, at 9:37 a.m. the Minnesota Board of Executives for Long-Term Services and Support (BELTSS) website was reviewed for verification of owner/assisted living director (O/ALD)-A's licensure verification. O/ALD-A was listed as having a residency permit for the licensee that expired on March 2, 2024.</p> <p>During the entrance conference on April 15, 2024, at 11:00 a.m. O/ALD-A stated she was the acting assisted living director for the facility, although her residency permit had since expired on March 2, 2024. O/ALD-A stated she was scheduled to take her exam "today" for her assisted living director</p>	0 110			

Minnesota Department of Health

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0 110	<p>Continued From page 2</p> <p>license but canceled the appointment after the announcement of the licensing survey.</p> <p>On April 16, 2024, at 7:59 a.m. clinical nurse supervisor (CNS)-B stated she had applied for a residency ALD permit due to O/ALD-A's permit expiring. CNS-B stated she still had to present for fingerprinting to complete the process.</p> <p>The licensee lacked a LALD to manage and supervise assisted living services for the one resident who received assisted living services.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: IMMEDIATE</p> <p>The immediacy was removed as confirmed by the evaluation supervisor on April 16, 2024; however, noncompliance remains at a scope and severity of F (level 2, widespread).</p>	0 110			
0 810 SS=F	<p>144G.45 Subd. 2 (b)-(f) Fire protection and physical environment</p> <p>(b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to:</p> <p>(1) location and number of resident sleeping rooms;</p> <p>(2) employee actions to be taken in the event of a fire or similar emergency;</p> <p>(3) fire protection procedures necessary for residents; and</p> <p>(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.</p>	0 810			

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0 810	<p>Continued From page 3</p> <p>(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.</p> <p>(d) Fire safety and evacuation plans shall be readily available at all times within the facility.</p> <p>(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.</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 the interview and record review, the licensee failed to develop and maintain the fire safety and evacuation plan with the required content. This had the potential to 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 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>	0 810			

Minnesota Department of Health

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0 810	<p>Continued From page 4</p> <p>On April 16, 2024, at 12:00 p.m., clinical nurse supervisor (CNS)-B and owner/assisted living director (O/ALD)-A provided documentation on the fire safety and evacuation plan (FSEP), fire safety and evacuation training for the facility, and fire safety and evacuation drills for the facility.</p> <p>The FSEP included the following discrepancies:</p> <p>The FSEP indicated the building is equipped with an addressable fire alarm system that includes automatic smoke detection in the corridors and other selected locations for early warning. The FSEP indicated when the automatic smoke detector is activated, the exact location of the device activated will be identified at the fire alarm annunciator panel(s) located on the ceiling of each room. This facility was a residential home and did not have a fire alarm system or fire alarm annunciator panel.</p> <p>The FSEP indicated the fire alarm system is connected to an "automatic dialer" or digital communicator. Upon actuation of the fire alarm system, this dialer automatically dials a monitoring agency and gives them a recorded message. This facility was a residential home and did not have digital communicator system to auto communicate to monitoring agency.</p> <p>The FSEP indicated the building's main air handling units are also inter-connected to the fire alarm system. Thus, when the fire alarm is activated, all main air handling units within the fire zone are automatically shut down to prevent the spread of smoke through the air handling system. This facility was a residential home and did not have an air handling unit connected to the fire alarm system.</p>	0 810			

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0 810	<p>Continued From page 5</p> <p>The FSEP indicated the building is protected by an automatic fire sprinkler system, which is inter-connected with the building fire alarm system. This facility did not have the sprinkler system installed.</p> <p>The FSEP indicated residents should be evacuated to the safest exit or nearest set of smoke compartment doors away from fire and smoke. This facility was a residential home and did not contain any sort of smoke compartments or smoke compartment doors to contain fire and smoke.</p> <p>The FSEP indicated when the fire alarm is triggered, all fire doors on magnetic holders will automatically close to contain smoke and fire and residents are to remain behind these doors. The facility did not have any doors that are on magnetic door holders or doors that are rated for smoke and fire. The facility also did not have a fire alarm system that supports the use of magnetic door holders.</p> <p>The FSEP included standard employee procedures but failed to provide specific employee actions to take in the event of a fire or similar emergency relative to the facility's building layout and environmental risks. The FSEP was provided by a third-party consultant, and it was not updated to meet the facility-specific layout.</p> <p>During the interview on April 16, 2024, at 1:00 p.m., O/ALD-A stated the fire safety and evacuation plan was from a third-party provider and verified the facility needed to update the fire safety and evacuation plan, including the facility-specific fire safety protocols.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one</p>	0 810			

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0 810	Continued From page 6 (21) days	0 810			
0 950 SS=C	<p>144G.50 Subd. 3 Designation of representative</p> <p>(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:</p> <p>"RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES.</p> <p>You have the right to name anyone as your "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 the assisted living</p>	0 950			

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0 950	<p>Continued From page 7</p> <p>contract included the designation of representative statutory language for the licensee's one resident (R1).</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>R1 began receiving assisted living services on October 20, 2023.</p> <p>R1's Resident Contract for Assisted Living was signed on October 21, 2023.</p> <p>R1's contract and record lacked the following required content:</p> <p>- 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.</p> <p>You have the right to name anyone as your "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</p>	0 950			

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0 950	Continued From page 8 attorney ("health care agent"), if applicable." On April 16, 2024, at 9:58 a.m. owner/assisted living director (O/ALD)-A stated R1's contract and record lacked the required verbatim content as listed above and was unaware of the requirement. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 950			
01380 SS=F	144G.61 Subd. 2 (b) Training and evaluation of unlicensed personn (b) In addition to paragraph (a), training and competency evaluation for unlicensed personnel providing assisted living services must include: (1) observing, reporting, and documenting resident status; (2) basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel; (3) reading and recording temperature, pulse, and respirations of the resident; (4) recognizing physical, emotional, cognitive, and developmental needs of the resident; (5) safe transfer techniques and ambulation; (6) range of motioning and positioning; and (7) administering medications or treatments as required. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure training and competency evaluations were completed as required prior to	01380			

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01380	<p>Continued From page 9</p> <p>providing direct care for two of two unlicensed personnel (ULP-C, ULP-D).</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>ULP-C ULP-C was hired on October 18, 2023, to provide assisted living direct care services.</p> <p>ULP-C's Staff Supervision Summary completed by clinical nurse supervisor (CNS)-B on October 30, 2023, included observation of ULP-C administering medication to R1.</p> <p>ULP-D ULP-D was hired on October 19, 2023, to provide assisted living direct care services.</p> <p>ULP-D's Staff Supervision Summary completed by CNS-B on November 24, 2023, included observation of ULP-D administering medication to R1.</p> <p>ULP-C and ULP-D's record lacked evidence the following competencies had been completed prior to providing direct cares: - administering medications or treatments as required.</p> <p>On April 16, 2024, at 8:38 a.m. CNS-B stated she</p>	01380			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39864	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/16/2024
NAME OF PROVIDER OR SUPPLIER AFFINITY QUALITY LIVING LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1620 WILKING WAY SHAKOPEE, MN 55379		
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01380	Continued From page 10 conducted a supervisory visit with ULP-C and ULP-D and watched them pass medications at that time. CNS-B stated the ULP completed training on Educare related to medication administration and she also trained them on medication administration for different routes; although did not have documentation of her training or competency testing. The licensee's undated Qualifications, Training and Competency policy indicated training and competency evaluation for unlicensed personnel providing comprehensive home care services will include: g. Administering medications or treatments as required. This is a delegated task and would have individualized training and competency testing. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01380			
01530 SS=E	144G.64 TRAINING IN DEMENTIA CARE REQUIRED (a) All assisted living facilities must meet the following training requirements: (1) supervisors of direct-care staff must have at least eight hours of initial training on topics specified under paragraph (b) within 120 working hours of the employment start date, and must have at least two hours of training on topics related to dementia care for each 12 months of employment thereafter; (2) direct-care employees must have completed at least eight hours of initial training on topics specified under paragraph (b) within 160 working	01530			

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01530	<p>Continued From page 11</p> <p>hours of the employment start date. Until this initial training is complete, an employee must not provide direct care unless there is another employee on site who has completed the initial eight hours of training on topics related to dementia care and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for consultation with the new employee until the training requirement is complete. Direct-care employees must have at least two hours of training on topics related to dementia for each 12 months of employment thereafter;</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure two of two employees (unlicensed personnel (ULP)-C and ULP-D) received the required amount of dementia care training in the required time frame.</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 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>The licensee provided services under an Assisted Living license.</p> <p>ULP-C</p>	01530			

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01530	<p>Continued From page 12</p> <p>ULP-C was hired on October 18, 2023, to provide direct care services to the licensee's residents.</p> <p>ULP-C's employee record contained evidence the employee received seven hours and 45 minutes of dementia care training, not at least eight hours of training within 160 working hours of the employment start date as required.</p> <p>ULP-D</p> <p>ULP-D was hired on October 19, 2023, to provide direct care services to the licensee's residents.</p> <p>ULP-D's employee record contained evidence the employee received seven hours and 45 minutes of dementia care training, not at least eight hours of training within 160 working hours of the employment start date as required.</p> <p>On April 16, 2024, at 12:42 p.m. clinical nurse supervisor (CNS)-B reviewed ULP-C and ULP-D's Educare training transcripts and stated they had not completed the required eight hours of dementia training within 160 hours of the employment start date. CNS-B further stated note realizing the assigned training did not add up to eight hours.</p> <p>The licensee's undated, Dementia Care Training policy indicated:</p> <p>2. Direct care employees must have completed at least eight hours of initial training on required topics in the 160 hours from employment. Until this training is complete, the employee must not provide direct care unless there is another employee on site who has completed the initial eight hours of training related to dementia care and who can act as a resource and assist if issues arise. A trainer of the requirements or a supervisor meeting the requirements must be</p>	01530			

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01530	Continued From page 13 available for consultation with the new employee until the training requirement is complete. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01530			
01650 SS=F	144G.70 Subd. 4 (f) Service plan, implementation and revisions to (f) The service plan must include: (1) a description of the services to be provided, the fees for services, and the frequency of each service, according to the resident's current assessment and resident preferences; (2) the identification of staff or categories of staff who will provide the services; (3) the schedule and methods of monitoring assessments of the resident; (4) the schedule and methods of monitoring staff providing services; and (5) a contingency plan that includes: (i) the action to be taken if the scheduled service cannot be provided; (ii) information and a method to contact the facility; (iii) the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency; and (iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters.	01650			

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01650	<p>Continued From page 14</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the licensee's one resident's (R1) service plan included all the required content.</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 service plan dated October 21, 2023, identified R1 received medication management services, behavior management, bathing and meal reminders, shopping assistance, and light housekeeping.</p> <p>R1's service plan lacked the following:</p> <ul style="list-style-type: none">- fees for services;- the schedule and methods of monitoring assessments of the resident; the schedule and methods of monitoring staff providing services; and- a contingency plan that includes:<ul style="list-style-type: none">- action to be taken if the scheduled service cannot be provided;- the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of and information as to who has	01650			

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01650	<p>Continued From page 15</p> <p>authority to sign for the resident in an emergency; and</p> <p>- the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters.</p> <p>On April 15, 2024, at 3:24 p.m. owner/assisted living director (O/ALD)-A and clinical nurse supervisor (CNS)-B reviewed R1's service plan and stated it did not include the above required content.</p> <p>The licensee's undated, Service Plan policy indicated:</p> <p>4. The service plan will include:</p> <p>a. A description of the services to be provided</p> <p>b. The staff or categories of staff that will provide the services</p> <p>c. The type and frequency of visits/services proposed to be furnished according to the resident's current review/assessment and resident preferences</p> <p>d. The fees for services</p> <p>e. The schedule and methods of monitoring assessments of the resident</p> <p>f. The schedule and methods of monitoring staff providing services</p> <p>g. The extent to which payment may be expected from a third-party payer</p> <p>h. The charges for services that will not be covered by a third-party payer</p> <p>i. The charges the individual may have to pay</p> <p>j. A contingency plan for circumstances when services cannot be provided.</p> <p>5. Plan for contingency action shall include:</p> <p>a. The action to be taken by the provider if scheduled services cannot be provided</p>	01650			

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01650	<p>Continued From page 16</p> <p>b. Information and a method for a resident or their representative to contact the facility</p> <p>c. Name and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification and information as to who has authority to sign for the resident in an emergency</p> <p>d. The circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	01650			

Type: Full
Date: 04/15/24
Time: 13:00:00
Report: 8041241060

Food and Beverage Establishment Inspection Report

Page 1

Location:

Affinity Quality Living LLC
1620 Wilking Way
Shakopee, MN55379
Scott County, 70

Establishment Info:

ID #: 0042571
Risk:
Announced Inspection: No

License Categories:

Expires on: 12/31/24

Operator:

Phone #:
ID #:

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

No NEW orders were issued during this inspection.

Food and Equipment Temperatures

Process/Item: Cold Holding

Temperature: 40 Degrees Fahrenheit - Location: Frigidaire cooler: creamer

Violation Issued: No

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

Inspection was completed with the Food Service Manager, Nagmo Abdikarim. Wendy Buckholz was the lead Health Regulation Division Nurse Evaluator. Facility had one resident on site at time of inspection.

This establishment has a residential kitchen. Food must be prepared for same day service only. The kitchen has wood cabinets with a hollow base, a laminate countertop and vinyl flooring. All found to be in good condition.

A two basin sink is located in the kitchen with one basin designated for handwashing. Establishment has a Frigidaire under counter dish machine with a high temp. option that was tested yesterday and had a utensil surface temperature of at least 160F.

Discussed the following:

- Employee illness policy and logging requirements
- Handwashing
- Glove-use and bare hand contact
- Food storage and preventing cross contamination
- Date marking
- Restrictions concerning serving a highly susceptible population

Type: Full
Date: 04/15/24
Time: 13:00:00
Report: 8041241060
Affinity Quality Living LLC

Food and Beverage Establishment Inspection Report

Page 2

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

I acknowledge receipt of the Minnesota Department of Health inspection report number 8041241060 of 04/15/24.

Certified Food Protection Manager: Nagmo Abdikarim

Certification Number: fm120610 Expires: 08/19/26

Inspection report reviewed with person in charge and emailed.

Signed: _____
Nagmo Abdikarim

Signed: 
Sarah Conboy
Public Health San. Supervisor
651-201-3984
sarah.conboy@state.mn.us