



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

January 10, 2025

Licensee
Amira Choice Champlin
119 East Hayden Lake Road
Champlin, MN 55316

RE: Project Number(s) SL30284016

Dear Licensee:

On December 11, 2024, the Minnesota Department of Health completed a follow-up survey of your facility to determine if orders from the October 17, 2024, survey were corrected. This follow-up survey verified that the facility is in substantial compliance.

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

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink that reads 'Casey DeVries'.

Casey DeVries, Supervisor
State Evaluation Team
Email: casey.devries@state.mn.us
Telephone: 651-201-5917 Fax: 1-866-890-9290

JMD



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

November 15, 2024

Licensee

Amira Choice Champlin
119 East Hayden Lake Road
Champlin, MN 55316

RE: Project Number(s) SL30284016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on October 17, 2024, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

STATE CORRECTION ORDERS

The enclosed State Form documents the state correction orders. MDH documents state licensing correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Assisted Living Facilities. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute number and the corresponding text of the state statute out of compliance are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by . . ."

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 may be 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.

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

St - 0 - 2310 - 144g.91 Subd. 4 (a) - Appropriate Care And Services - \$3,000.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$3,000.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

DOCUMENTATION OF ACTION TO COMPLY

In accordance with Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document actions taken to comply with the correction orders within the time period outlined on the state form; however, plans of correction are not required to be submitted for approval.

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the resident(s)/employee(s) identified in the correction order.
- Identify how the area(s) of noncompliance was corrected for all of the provider's resident(s)/employees that may be affected by the noncompliance.
- Identify what changes to your systems and practices were made to ensure compliance with the specific statute(s).

CORRECTION ORDER RECONSIDERATION PROCESS

In accordance with Minn. Stat. § 144G.32, Subd. 2, you may challenge the correction order(s) issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by MDH within 15 calendar days of the correction order receipt date.

To submit a reconsideration request, please visit:

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

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. 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.

Amira Choice Champlin

November 15, 2024

Page 3

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.

If you have any questions, please contact me.

Sincerely,



Jess Schoenecker, Supervisor
State Evaluation Team
Email: Jess.Schoenecker@state.mn.us
Telephone: 651-201-3789 Fax: 1-866-890-9290

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30284	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/17/2024
NAME OF PROVIDER OR SUPPLIER AMIRA CHOICE CHAMPLIN		STREET ADDRESS, CITY, STATE, ZIP CODE 119 EAST HAYDEN LAKE ROAD CHAMPLIN, MN 55316		
(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>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>SL30284015-0</p> <p>On October 14, 2024, through October 17, 2024, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were 80 residents; 60 receiving services under the Assisted Living Facility with Dementia Care license.</p> <p>An immediate correction order was issued for tag identification 2310 on October 16, 2024.</p> <p>During the course of the survey, the licensee took action to mitigate the immediate risk. Noncompliance remained, and the scope and level of the order remain unchanged.</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 Facilities. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance 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 evaluators' 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 SUBDIVISION 1-3.</p>	
0 510 SS=E	144G.41 Subd. 3 Infection control program (a) All assisted living facilities must establish and	0 510		

Minnesota Department of Health

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

TITLE

(X6) DATE

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30284	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/17/2024
NAME OF PROVIDER OR SUPPLIER AMIRA CHOICE CHAMPLIN		STREET ADDRESS, CITY, STATE, ZIP CODE 119 EAST HAYDEN LAKE ROAD CHAMPLIN, MN 55316		
(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
0 510	<p>Continued From page 1</p> <p>maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control.</p> <p>(b) The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities.</p> <p>(c) The facility must maintain written evidence of compliance with this subdivision.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to establish and maintain an infection control program that complied with accepted health care, medical and nursing standards for infection control. The deficient practice had the potential to affect all residents, employees, 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 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 October 15, 2024, at 8:41 a.m., the surveyor walked into the locked memory care unit and approached unlicensed personnel (ULP)-B while in the middle of administering oral medications</p>	0 510		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30284	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/17/2024
NAME OF PROVIDER OR SUPPLIER AMIRA CHOICE CHAMPLIN		STREET ADDRESS, CITY, STATE, ZIP CODE 119 EAST HAYDEN LAKE ROAD CHAMPLIN, MN 55316		
(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
0 510	<p>Continued From page 2</p> <p>with applesauce to R8 at the dining room table. Without gloves on, ULP-B then attempted to administer eye drops to R8's left eye. R8 was having difficulty following instructions because ULP-B kept saying lean "forward" when it should have been lean "backward." ULP-B would try to open R8's eye by placing her fingers above and below the left eye to help spread the eye lids but due to R8 not leaning backwards, ULP-B did not administer the medication and brought the single use eye drops back to the medication cart. ULP-B stated she was trained on how to do medication administration at orientation upon hire.</p> <p>On October 15, 2024, at 11:16 a.m., ULP-F set up R6's insulin at the medication cart then proceeded to the common area on the first floor to locate R6. Assistant director of health services (ADHS)-H came with to observe. Once ULP-F found a more private area off the common area, R6 sat down at a table where ULP-F placed the bag of supplies along with the glucometer kit and insulin. After pricking the finger with a single use needle (lancet), ULP-F placed the lancet on the table and proceeded with the blood sugar check and insulin administration. ULP-F then gathered all supplies and brought them back to the cart. The surveyor did not observe ULP-F or ADHS-H disinfect the table.</p> <p>On October 16, 2024, at 9:34 a.m., director of health services (DHS)-D stated ULPs were trained to wear gloves while administering eye drops and stated the table should have been disinfected.</p> <p>The Center for Disease Control's (CDC) Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings dated April 12, 2024, indicated,</p>	0 510		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30284	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/17/2024
NAME OF PROVIDER OR SUPPLIER AMIRA CHOICE CHAMPLIN		STREET ADDRESS, CITY, STATE, ZIP CODE 119 EAST HAYDEN LAKE ROAD CHAMPLIN, MN 55316		
(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
0 510	<p>Continued From page 3</p> <p>"5 d. Risk Assessment with Appropriate Use of Personal Protective Equipment References and resources:</p> <p>1. a. Wear gloves when it can be reasonably anticipated that contact with blood or other potentially infectious materials, mucous membranes, non-intact skin, potentially contaminated skin or contaminated equipment could occur."</p> <p>The licensee's Standard Infection Control Precautions policy reviewed August 1, 2022, indicated staff will wear clean gloves when touching body fluids, feces, non-intact skin, mucous membranes, or contaminated items.</p> <p>The licensee's Disinfecting of Reusable Equipment and Surfaces policy revised November 15, 2019, indicated environmental surfaces must be cleaned and disinfected on a regular basis and after contact with blood or other potentially infectious materials.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 510		
02170 SS=F	<p>144G.84 SERVICES FOR RESIDENTS WITH DEMENTIA</p> <p>(b) Each resident must be evaluated for activities according to the licensing rules of the facility. In addition, the evaluation must address the following:</p> <p>(1) past and current interests; (2) current abilities and skills; (3) emotional and social needs and patterns; (4) physical abilities and limitations;</p>	02170		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30284	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/17/2024
NAME OF PROVIDER OR SUPPLIER AMIRA CHOICE CHAMPLIN		STREET ADDRESS, CITY, STATE, ZIP CODE 119 EAST HAYDEN LAKE ROAD CHAMPLIN, MN 55316		
(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
02170	<p>Continued From page 4</p> <p>(5) adaptations necessary for the resident to participate; and</p> <p>(6) identification of activities for behavioral interventions.</p> <p>(c) An individualized activity plan must be developed for each resident based on their activity evaluation. The plan must reflect the resident's activity preferences and needs.</p> <p>(d) A selection of daily structured and non-structured activities must be provided and included on the resident's activity service or care plan as appropriate. Daily activity options based on resident evaluation may include but are not limited to:</p> <p>(1) occupation or chore related tasks;</p> <p>(2) scheduled and planned events such as entertainment or outings;</p> <p>(3) spontaneous activities for enjoyment or those that may help defuse a behavior;</p> <p>(4) one-to-one activities that encourage positive relationships between residents and staff such as telling a life story, reminiscing, or playing music;</p> <p>(5) spiritual, creative, and intellectual activities;</p> <p>(6) sensory stimulation activities;</p> <p>(7) physical activities that enhance or maintain a resident's ability to ambulate or move; and</p> <p>(8) outdoor activities.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure each resident was evaluated for activities and an individualized activity plan contained all required content for one of one resident (R5).</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</p>	02170		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30284	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/17/2024
NAME OF PROVIDER OR SUPPLIER AMIRA CHOICE CHAMPLIN		STREET ADDRESS, CITY, STATE, ZIP CODE 119 EAST HAYDEN LAKE ROAD CHAMPLIN, MN 55316		
(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
02170	<p>Continued From page 5</p> <p>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>R5 was admitted for services on January 31, 2024.</p> <p>On October 16, 2024, at 3:03 p.m., licensed assisted living director (LALD)-A stated she did not have an activity evaluation and plan available for R5. She also stated she did not have them completed for all residents but explained it was their process to send a form to the resident and/or family to gather information of the resident's likes/dislikes, hobbies, abilities, and etcetera for the activity director to create an activity plan. LALD-A stated this issue was brought up in their most recent quality management meeting in August but were not done completing them all.</p> <p>The licensee's Life Enrichment Programs policy effective August 1, 2021, indicated "My Way" form is provided to the resident/or resident representative to gather information to aid in the development of a person-centered service plan. The information provided is used as part of the development of life enrichment programming.</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	02170		
02310 SS=G	144G.91 Subd. 4 (a) Appropriate care and services	02310		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30284	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/17/2024
NAME OF PROVIDER OR SUPPLIER AMIRA CHOICE CHAMPLIN		STREET ADDRESS, CITY, STATE, ZIP CODE 119 EAST HAYDEN LAKE ROAD CHAMPLIN, MN 55316		
(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
02310	<p>Continued From page 6</p> <p>(a) Residents have the right to care and assisted living services that are appropriate based on the resident's needs and according to an up-to-date service plan subject to accepted health care standards.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to provide care and services according to acceptable health care, medical or nursing standards for one of one resident (R4) who utilized bed rails.</p> <p>This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to 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>R4 admitted to the licensee on January 31, 2024, and began receiving assisted living services.</p> <p>R4's diagnoses included Parkinson's Disease (movement disorder that affects nervous system), high blood pressure, diabetes mellitus, and muscle weakness.</p> <p>R4's unsigned Service Plan Agreement last revised on September 18, 2024, indicated R4 received assistance with toileting, bathing, dressing, grooming, housekeeping, laundry, medication administration, and transfers with a</p>	02310		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30284	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/17/2024
NAME OF PROVIDER OR SUPPLIER AMIRA CHOICE CHAMPLIN		STREET ADDRESS, CITY, STATE, ZIP CODE 119 EAST HAYDEN LAKE ROAD CHAMPLIN, MN 55316		
(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
02310	<p>Continued From page 7</p> <p>mechanical lift.</p> <p>On October 15, 2024, at 10:35 a.m., the surveyor observed R4's hospital bed had a hospital-style bed rail located at the right side raised near the head of the bed. The bed rail was firmly attached to the bed.</p> <p>R4's Basic Assessment/ULP Services dated September 17, 2024, indicated under, "BED RAIL/HALO DEVICE," that R4 did not use a bed rail/Halo device.</p> <p>R4's record lacked documentation of:</p> <ul style="list-style-type: none"> -purpose and intention of the bed rail; -measurements; -the resident's bed rail use/need assessment; -risk vs. benefits discussion (individualized to each resident's risks); -the resident's preferences; -physical inspection of bed rail and mattress for areas of entrapment, stability, and correct installation; and -any necessary information related to interventions to mitigate safety risk or negotiated risk agreements. <p>On October 15, 2024, at 10:35 a.m., R4 stated she had the bed rail put on her bed a few weeks ago because her physical therapist recommended it and found it to be very helpful for sitting up. She also stated she had the bed rail in her closet since she was admitted to licensee because it came with the hospital bed.</p> <p>On October 15, 2024, at 11:08 a.m., unlicensed personnel (ULP)-F stated R4 had the bed rail on her bed since she moved in. ULP-F stated they were trained to notify the nurse if they found the bed rail to be "rickety or broken." She also stated</p>	02310		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30284	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/17/2024
NAME OF PROVIDER OR SUPPLIER AMIRA CHOICE CHAMPLIN		STREET ADDRESS, CITY, STATE, ZIP CODE 119 EAST HAYDEN LAKE ROAD CHAMPLIN, MN 55316		
(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
02310	<p>Continued From page 8</p> <p>if a new bed rail appeared on a resident's bed, they needed to notify the nurse.</p> <p>On October 16, 2024, at 9:34 a.m., director of health services (DHS)-D stated a bed rail assessment included the "basic assessment," which was done quarterly, checked to make sure they fit on the bed, checked for recalls, and stated she believed maintenance checked the bed rails monthly to ensure bed rails were installed correctly. DHS-D also stated the nurses have been trained on how to complete the bed rail assessments and how to measure the zones of entrapment. She stated recently she had asked assistant director of health services (ADHS)-H to make a list of who had bed rails by going door to door, but that list was not available yet.</p> <p>The licensee's Assessment and Use of Side Rails policy revised July 15, 2023, indicated upon admission and ongoing the nurse will assess the need and safety of side rails. Staff will also alert the nurse if a client has any type of side rail or similar equipment immediately, and the nurse will then evaluate whether the side rail appears to be appropriate for the client to meet the goal of maximum mobility and independence.</p> <p>The Food and Drug Administration's (FDA), A Guide to Bed Safety, dated December 11, 2017, indicated following information: "Patients who have problems with memory, sleeping, incontinence, pain, uncontrolled body movement, or who get out of bed and walk unsafely without assistance, must be carefully assessed for the best ways to keep them from harm, such as falling. Assessment by the patient's health care team will help to determine how best to keep the patient safe."</p>	02310		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30284	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/17/2024
NAME OF PROVIDER OR SUPPLIER AMIRA CHOICE CHAMPLIN		STREET ADDRESS, CITY, STATE, ZIP CODE 119 EAST HAYDEN LAKE ROAD CHAMPLIN, MN 55316		
(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
02310	<p>Continued From page 9</p> <p>The Minnesota Department of Health (MDH) document titled Resources & Frequently - Asked Questions (FAQs) dated October 15, 2024, read, "To ensure an individual is an appropriate candidate for a bed rail, the licensee must assess the individual's cognitive and physical status as they pertain to the bed rail to determine the intended purpose for the bed rail and whether that person is at high risk for entrapment or falls. This may include assessment of the individual's incontinence needs, pain, uncontrolled body movement or ability to transfer in and out of bed without assistance. The licensee must also consider whether the bed rail has the effect of being an improper restraint. Additionally, the licensee must ensure the bed rail is securely attached to the bed frame per manufacturer guidelines. This includes consideration of any identified contradictions of use such as height/weight restrictions, age, mattress, bed frame set up, etc." In addition, the document read, "Even when bed rails are used according to manufacturer's guidelines, they can present a hazard. The licensee must ensure the resident and/or resident's responsible party has been educated on the risk for injury up to and including death due to entrapment."</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Immediate</p> <p>During the course of the survey, the licensee took action to mitigate the immediate risk. Noncompliance remained, and the scope and level of the order remain unchanged.</p>	02310		

Type: Full
Date: 10/14/24
Time: 15:00:00
Report: 8087241225

Food and Beverage Establishment Inspection Report

Page 1

Location:

Champlin Shores
119 East Hayden Lake Road
Champlin, MN55316
Hennepin County, 27

Establishment Info:

ID #: 0038696
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 7637120118
ID #:

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

No NEW orders were issued during this inspection.

Surface and Equipment Sanitizers

Wash Temperature Gauge: = -- at 151 Degrees Fahrenheit
Location: DISH MACHINE
Violation Issued: No

Rinse Temperature Gauge: = -- at 185 Degrees Fahrenheit
Location: DISH MACHINE
Violation Issued: No

Wash Temperature Gauge: = -- at 160 Degrees Fahrenheit
Location: DISH MACHINE
Violation Issued: No

Quaternary Ammonia: = 400 PPM at -- Degrees Fahrenheit
Location: WALL DISPENSING UNIT
Violation Issued: No

Quaternary Ammonia: = 400 PPM at -- Degrees Fahrenheit
Location: 3-COMPARTMENT SINK
Violation Issued: No

Quaternary Ammonia: = 400 PPM at -- Degrees Fahrenheit
Location: WIPING CLOTH BUCKET
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Ambient Air
Temperature: -1 Degrees Fahrenheit - Location: WALK-IN FREEZER
Violation Issued: No

Type: Full
Date: 10/14/24
Time: 15:00:00
Report: 8087241225
Champlin Shores

Food and Beverage Establishment Inspection Report

Page 2

Process/Item: Ambient Air
Temperature: 37 Degrees Fahrenheit - Location: WALK-IN COOLER
Violation Issued: No

Process/Item: Cold Holding: CHEESE
Temperature: 36 Degrees Fahrenheit - Location: WALK-IN COOLER
Violation Issued: No

Process/Item: Cold Holding: MILK
Temperature: 36 Degrees Fahrenheit - Location: WALK-IN COOLER
Violation Issued: No

Process/Item: Cold Holding: DELI MEAT
Temperature: 37 Degrees Fahrenheit - Location: WALK-IN COOLER
Violation Issued: No

Process/Item: Cold Holding: CUT MELON
Temperature: 37 Degrees Fahrenheit - Location: WALK-IN COOLER
Violation Issued: No

Process/Item: Hot Holding: BRATWURST
Temperature: 177 Degrees Fahrenheit - Location: SERVICE AREA HOT WELL
Violation Issued: No

Process/Item: Hot Holding: SAURKRAUT
Temperature: 166 Degrees Fahrenheit - Location: SERVICE AREA HOT WELL
Violation Issued: No

Process/Item: Ambient Air
Temperature: 39 Degrees Fahrenheit - Location: STAND-UP COOLER
Violation Issued: No

Process/Item: Cold Holding: CHEESE
Temperature: 38 Degrees Fahrenheit - Location: STAND-UP COOLER
Violation Issued: No

Process/Item: Cold Holding: DELI MEAT
Temperature: 38 Degrees Fahrenheit - Location: STAND-UP COOLER
Violation Issued: No

Process/Item: Cold Holding: EGG SALAD
Temperature: 38 Degrees Fahrenheit - Location: STAND-UP COOLER
Violation Issued: No

Process/Item: Cold Holding: GROUND BEEF
Temperature: 37 Degrees Fahrenheit - Location: STAND-UP COOLER
Violation Issued: No

Process/Item: Cold Holding: HB EGG
Temperature: 38 Degrees Fahrenheit - Location: STAND-UP COOLER
Violation Issued: No

Process/Item: Hot Holding: SOUP
Temperature: 153 Degrees Fahrenheit - Location: SOUP WELL
Violation Issued: No

Type: Full
Date: 10/14/24
Time: 15:00:00
Report: 8087241225
Champlin Shores

Food and Beverage Establishment Inspection Report

Page 3

Process/Item: Ambient Air
Temperature: 39 Degrees Fahrenheit - Location: BEVERAGE STAND-UP COOLER
Violation Issued: No

Process/Item: Cold Holding: MILK
Temperature: 39 Degrees Fahrenheit - Location: BEVERAGE STAND-UP COOLER
Violation Issued: No

Process/Item: Cold Holding: CREAMER
Temperature: 39 Degrees Fahrenheit - Location: BEVERAGE STAND-UP COOLER
Violation Issued: No

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

THIS WAS AN ANNOUNCED AND SCHEDULED FULL INSPECTION.

INSPECTION DONE WITH KITCHEN MANAGER CHRISTINA MARIE VADNAIS.

TOPICS OF DISCUSSION WITH OPERATOR INCLUDED:

HAND WASHING
NOROVIRUS
BARE HAND CONTACT WITH READY TO EAT FOODS
EMPLOYEE ILLNESS
EMPLOYEE EXCLUSION
COOLING METHODS
REHEATING METHODS
SANITIZER CONCENTRATION
DATE MARKING
ALL ITEMS ON THIS REPORT
ALL ITEMS ON PREVIOUS REPORT

ALL FROZEN FOODS FOUND IN FROZEN CONDITION.

REPORT EMAILED TO ESTABLISHMENT AND TO NURSE EVALUATOR ANNA BOHNEN.

Type: Full
Date: 10/14/24
Time: 15:00:00
Report: 8087241225
Champlin Shores

Food and Beverage Establishment Inspection Report

Page 4

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 8087241225 of 10/14/24.

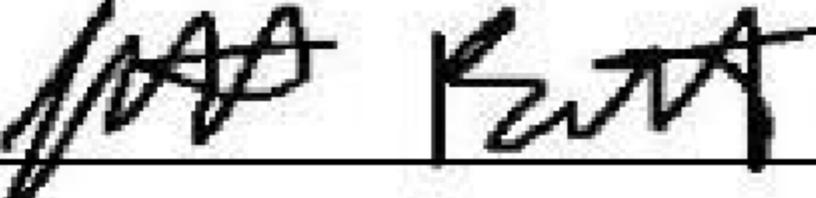
Certified Food Protection Manager CHRISTINA MARIE VADNAIS

Certification Number: FM69105 Expires: 05/23/27

Inspection report reviewed with person in charge and emailed.

Signed: _____

CHRISTINA MARIE VADNAIS
KITCHEN MANAGER

Signed: 

John Boettcher
Public Health Sanitarian 3
St. Paul, MN / Freeman
651-201-5076
john.boettcher@state.mn.us