



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

November 26, 2024

Licensee
Alizah Family Services
20752 Gemini Trail
Lakeville, MN 55044

RE: Project Number(s) SL30432016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on October 22, 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.

MDH 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. 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 . . ."

In accordance with Minn. Stat. § 144G.31 Subd. 4, MDH may assess fines based on the level and scope of the violations; however, no immediate fines are assessed for this survey of your facility.

DOCUMENTATION OF ACTION TO COMPLY

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>

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/Bm5uQEpHVva>. 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,



Jodi Johnson, Supervisor

State Evaluation Team

Email: Jodi.Johnson@state.mn.us

Telephone: 507-344-2730 Fax: 1-866-890-9290

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 30432	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2024
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NAME OF PROVIDER OR SUPPLIER ALIZAH FAMILY SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 20752 GEMINI TRAIL LAKEVILLE, MN 55044
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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>SL30432016-0</p> <p>On October 21, 2024, through October 22, 2024, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were four residents; four receiving services under the Assisted Living Facility license.</p>	0 000	<p>Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living 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>	
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements	0 480		

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

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0 480	<p>Continued From page 1</p> <p>(13) offer to provide or make available at least the following services to residents: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents).</p> <p>The findings include:</p> <p>Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated October 22, 2024, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.</p> <p>TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.</p>	0 480		
0 680 SS=F	<p>144G.42 Subd. 10 Disaster planning and emergency preparedness</p> <p>(a) The facility must meet the following requirements:</p>	0 680		

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0 680	<p>Continued From page 2</p> <p>(1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency;</p> <p>(2) post an emergency disaster plan prominently;</p> <p>(3) provide building emergency exit diagrams to all residents;</p> <p>(4) post emergency exit diagrams on each floor; and</p> <p>(5) have a written policy and procedure regarding missing residents.</p> <p>(b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site.</p> <p>(c) The facility must meet any additional requirements adopted in rule.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to have a written emergency preparedness (EP) plan with all the required content. This had the potential to affect all residents, staff, and visitors of the facility.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect</p>	0 680		

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0 680	<p>Continued From page 3</p> <p>a large portion or all of the residents).</p> <p>The findings include:</p> <p>The licensee's Emergency Preparedness plan dated February 2024, was reviewed and lacked the following:</p> <ul style="list-style-type: none"> - policy and procedure for a system to track the location of on duty staff and sheltered residents and if on duty staff and sheltered residents are relocated, the facility must document the specific name/location of the receiving facility or other location; - policy and procedure addressing system of medical documentation that preserves resident information, protects confidentiality, and secures/maintains availability of records; - policy and procedure addressing use of volunteers, including the process/role for integration; - policy and procedure addressing the role of facility under waiver declared by the Secretary in accordance with section 1135 of the ACT; - communication plan which includes names/contact information: staff, entities providing services under agreement, residents' physicians, other facilities, volunteers; - communication plan which includes alternate means of communication with facility staff and Federal, State, tribal, regional, and local emergency management agencies; - communication plan which includes means to providing information about the facility occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction, the incident command center, or designee; and - communication plan which includes method for sharing information from the emergency plan, that the facility has determined appropriate, with residents and their families/representatives; 	0 680		

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0 680	<p>Continued From page 4</p> <p>- conduct exercises to test EP at least twice per year, including unannounced staff drills using EP, including participating in an annual full-scale exercise community based or annual individual facility based functional exercise or if facility experiences an actual emergency requiring evacuation of plan, facility is exempt from engaging in its next required full scale exercise; conduct an additional annual exercise that may include a second full scale exercise community based or an individual; facility based functional exercise or mock disaster drill or table top exercise.</p> <p>On October 22, 2024, at 10:26 a.m., licensed assisted living director (LALD)-A stated the licensee's current EP plan did not include the above content.</p> <p>The licensee's Emergency and Disaster Preparedness policy, undated, indicated the facility conducts exercises to test the Emergency Preparedness Plan at least twice per year in compliance with 42.C.F.R. 483.73 (d)(2).</p> <p>No additional information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 680		
0 690 SS=F	<p>144G.43 Subdivision 1 Resident record</p> <p>(a) Assisted living facilities must maintain records for each resident for whom it is providing services. Entries in the resident records must be current, legible, permanently recorded, dated, and authenticated with the name and title of the person making the entry.</p>	0 690		

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0 690	<p>Continued From page 5</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure entries in the resident records were authenticated by the name and title of the person making the entry for one of one resident (R1).</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 was admitted on September 26, 2024, with diagnoses that included muscular dystrophy (a genetic disease that causes muscles to weaken and degenerate over time).</p> <p>R1's service plan dated September 26, 2024, indicated R1 received services to include medication administration, treatments (including weights, vital signs daily or weekly, continuous positive airway pressure (CPAP) (treatment that uses a machine to deliver air pressure to keep airways open while sleeping), blood glucose checks, wound care, nebulizer, creams, insulin, etc.), bathing, hygiene/grooming, dressing, continence/toileting, laundry, housekeeping, meals, skin care, positioning and transfers and wheeling.</p> <p>R1's Medication Administration Record (MAR) dated October 2024, included staff initials but</p>	0 690		

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0 690	<p>Continued From page 6</p> <p>lacked staff names/signatures and credentials/title.</p> <p>R1's Unlicensed Personnel (ULP) Flow Charting document dated October 2024, listed the following services for ULP to document:</p> <p>DAY SHIFT:</p> <ul style="list-style-type: none"> -oral care -shower -toileting -BM (bowel movement) -breakfast (% eaten) -fed Breakfast -lunch (% eaten) -fed Lunch <p>EVENING SHIFT:</p> <ul style="list-style-type: none"> -supper (% eaten) -fed Supper -shower -oral care -toileting (# of times) -BM <p>NIGHT SHIFT:</p> <ul style="list-style-type: none"> -repositioned (# of times) -toileting (# of times) -BM -hours slept <p>The above tasks were marked complete by staff initials, yes or no answers or percentage or number of times the service occurred. The Unlicensed Personnel Flow Charting document lacked staff names/signatures and credentials/title.</p> <p>R1's Services Provided document dated October 2024, indicated R1 received assistance with the following services:</p> <ul style="list-style-type: none"> -incentive spirometer -condom catheter 	0 690		

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0 690	<p>Continued From page 7</p> <ul style="list-style-type: none"> -CPAP -passive motion -weekly blood pressure and pulse checks -supplemental oxygen -administration of medications <p>The Services Provided document included staff initials but lacked staff names/signatures and credentials/title.</p> <p>The Staff and Managers Names and Initials, undated, document included staff names and initials but did not include the staff signature and credentials/title.</p> <p>On October 22, 2024, at 9:11 a.m., clinical nurse supervisor (CNS)-B stated R1's documents listed above lacked authenticated by the name and title of the person making the entry. CNS-B further stated the same forms were used for all residents.</p> <p>The licensee's undated, Clinical Records policy dated indicated all entries into the clinical record will be legible, permanently recorded in ink, dated, and authenticated with the name and title of the person making the entry.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 690		
0 730 SS=D	<p>144G.43 Subd. 3 Contents of resident record</p> <p>Contents of a resident record include the following for each resident:</p> <p>(1) identifying information, including the resident's name, date of birth, address, and telephone number;</p>	0 730		

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0 730	<p>Continued From page 8</p> <p>(2) the name, address, and telephone number of the resident's emergency contact, legal representatives, and designated representative;</p> <p>(3) names, addresses, and telephone numbers of the resident's health and medical service providers, if known;</p> <p>(4) health information, including medical history, allergies, and when the provider is managing medications, treatments or therapies that require documentation, and other relevant health records;</p> <p>(5) the resident's advance directives, if any;</p> <p>(6) copies of any health care directives, guardianships, powers of attorney, or conservatorships;</p> <p>(7) the facility's current and previous assessments and service plans;</p> <p>(8) all records of communications pertinent to the resident's services;</p> <p>(9) documentation of significant changes in the resident's status and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional;</p> <p>(10) documentation of incidents involving the resident and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional;</p> <p>(11) documentation that services have been provided as identified in the service plan;</p> <p>(12) documentation that the resident has received and reviewed the assisted living bill of rights;</p> <p>(13) documentation of complaints received and any resolution;</p> <p>(14) a discharge summary, including service termination notice and related documentation, when applicable; and</p> <p>(15) other documentation required under this</p>	0 730		

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0 730	<p>Continued From page 9</p> <p>chapter and relevant to the resident's services or status.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the resident record included the required documentation of all provided services for one of one resident (R1).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>R1 was admitted on September 26, 2024, with diagnoses that included muscular dystrophy (a genetic disease that causes muscles to weaken and degenerate over time).</p> <p>R1's service plan dated September 26, 2024, indicated R1 received services to include medication administration, treatments (including weights, vital signs daily or weekly, continuous positive airway pressure (CPAP) (treatment that uses a machine to deliver air pressure to keep airways open while sleeping), blood glucose checks, wound care, nebulizer, creams, insulin, etc.), bathing, hygiene/grooming, dressing, continence/toileting, laundry, housekeeping, meals, skin care, positioning and transfers and wheeling.</p>	0 730		

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0 730	<p>Continued From page 10</p> <p>R1's Unlicensed Personnel (ULP) Flow Charting document dated October 2024, listed the following services for ULP to document:</p> <p>DAY SHIFT:</p> <ul style="list-style-type: none"> -oral care -shower -toileting -BM (bowel movement) -breakfast (% eaten) -fed Breakfast -lunch (% eaten) -fed Lunch <p>EVENING SHIFT:</p> <ul style="list-style-type: none"> -supper (% eaten) -fed Supper -shower -oral care -toileting (# of times) -BM <p>NIGHT SHIFT:</p> <ul style="list-style-type: none"> -repositioned (# of times) -toileting (# of times) -BM -hours slept <p>R1's Services Provided document dated October 2024, indicated R1 received assistance with the following services:</p> <ul style="list-style-type: none"> -incentive spirometer -condom catheter -CPAP -passive motion -weekly blood pressure and pulse checks -supplemental oxygen -administration of medications <p>R1's record lacked documentation of the following services provided:</p> <ul style="list-style-type: none"> -hygiene/grooming -dressing 	0 730		

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0 730	<p>Continued From page 11</p> <ul style="list-style-type: none"> -skin care -transfers -wheeling -laundry -housekeeping <p>On October 22, 2024, at 9:15 a.m., clinical nurse supervisor (CNS)-B stated R1's record lacked documentation of all services provided.</p> <p>The licensee's Contents of Resident Record Policy, undated, indicated the resident's record would include documentation that the services have been provided as identified in the service plan.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 730		
01640 SS=D	<p>144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to</p> <p>(a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan.</p> <p>(b) The service plan and any revisions must include a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities.</p> <p>(c) The facility must implement and provide all</p>	01640		

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NAME OF PROVIDER OR SUPPLIER ALIZAH FAMILY SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 20752 GEMINI TRAIL LAKEVILLE, MN 55044
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
01640	<p>Continued From page 12</p> <p>services required by the current service plan. (d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable. (e) Staff providing services must be informed of the current written service plan.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure a written service plan was revised to reflect the current services provided for one of one resident (R1).</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 an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>R1 was admitted on September 26, 2024, with diagnoses that included muscular dystrophy (a genetic disease that causes muscles to weaken and degenerate over time).</p> <p>On October 22, 2024, at 7:350 a.m., the surveyor observed unlicensed personnel (ULP)-C administer R1's medications.</p> <p>R1's service plan dated September 26, 2024, indicated R1 received services to include: -medication reminders, administration, and set up pill boxes daily as ordered by physician and as needed</p>	01640		

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01640	<p>Continued From page 13</p> <ul style="list-style-type: none"> -treatments (including weights, vital signs daily or weekly, continuous positive airway pressure (CPAP) (treatment that uses a machine to deliver air pressure to keep airways open while sleeping), blood glucose checks, wound care, nebulizer, creams, insulin, etc.), -bathing weekly shower/bath -hygiene/grooming daily and as needed -dressing daily and as needed -continence/toileting daily and as needed -laundry weekly and as needed -housekeeping weekly and as needed -meals three times a daily meals, 1-2 times daily snacks, and as needed -skin care daily and as needed per physician and/or licensed nurse instruction -positioning and transfers daily and as needed -wheeling daily and as needed <p>R1's service plan did not include incentive spirometer, range of motion, condom catheter or supplemental oxygen.</p> <p>On October 22, 2024, at 9:07 a.m., clinical nurse supervisor (CNS)-B stated R1's service plan did not reflect the current services provided to R1 as listed above. CNS-B stated the licensee had a pre-filled Service Plan template that was used for all residents, and he updates the service plan to be specific to each resident's needs. However, CNS-B further stated the frequency section of the service plan was not updated with specific frequency of each service R1 received, and instead the pre-filled "daily and as needed" text remained. In addition, CNS-B stated R1 did not receive assistance with blood glucose checks, insulin or wound care and those services were part of the pre-filled text on the template used and those services should have been removed. CNS-B stated R1's service plan should have</p>	01640		

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01640	Continued From page 14 included incentive spirometer, range of motion, condom catheter and supplemental oxygen. The licensee's Contents of Service Plans policy, undated, indicated all assisted living residents would have an up-to-date service plan identifying services to be provided. It further indicated the service plan would include the frequency of each service according to the resident assessment and resident preferences. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01640		
01650 SS=D	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	01650		

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01650	<p>Continued From page 15</p> <p>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.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the service plan included all required content for one of one resident (R1).</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 an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>R1 was admitted on September 26, 2024, with diagnoses that included muscular dystrophy (a genetic disease that causes muscles to weaken and degenerate over time).</p> <p>R1's service plan dated September 26, 2024, indicated R1 received services to include medication administration, treatments (including weights, vital signs daily or weekly, continuous positive airway pressure (CPAP) (treatment that uses a machine to deliver air pressure to keep airways open while sleeping), blood glucose checks, wound care, nebulizer, creams, insulin, etc.), bathing, hygiene/grooming, dressing,</p>	01650		

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01650	<p>Continued From page 16</p> <p>continence/toileting, laundry, housekeeping, meals, skin care, positioning and transfers and wheeling.</p> <p>R1's service plan lacked the following content: - the fees for services</p> <p>On October 22, 2024, at 9:10 a.m., clinical nurse supervisor (CNS)-B stated R1's service plan did not include the fees for services.</p> <p>The licensee's Contents of Service Plans policy, undated, indicated the service plan would include the fees for services.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01650		
01730 SS=D	<p>144G.71 Subd. 5 Individualized medication management plan</p> <p>(a) For each resident receiving medication management services, the assisted living facility must prepare and include in the service plan a written statement of the medication management services that will be provided to the resident. The facility must develop and maintain a current individualized medication management record for each resident based on the resident's assessment that must contain the following: (1) a statement describing the medication management services that will be provided; (2) a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; (3) documentation of specific resident instructions</p>	01730		

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01730	<p>Continued From page 17</p> <p>relating to the administration of medications; (4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis; (5) identification of medication management tasks that may be delegated to unlicensed personnel; (6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and (7) any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions. (b) The medication management record must be current and updated when there are any changes. (c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop an individualized medication management plan with the required content for one of one resident (R1).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the</p>	01730		

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01730	<p>Continued From page 18</p> <p>situation has occurred only occasionally).</p> <p>The findings include:</p> <p>R1 was admitted on September 26, 2024, with diagnoses that included muscular dystrophy (a genetic disease that causes muscles to weaken and degenerate over time).</p> <p>On October 22, 2024, at 7:350 a.m., the surveyor observed unlicensed personnel (ULP)-C administer R1's medications.</p> <p>R1's service plan dated September 26, 2024, indicated R1 received services to include medication management.</p> <p>R1's signed prescriber orders dated April 22, 2024, included the following:</p> <ul style="list-style-type: none"> -Anoro Ellipta 62.5 micrograms (mcg)/25 mcg; inhale one puff by mouth once daily -fluocinonide solution 0.05%; apply once daily to scaly skin on scalp and beard area -losartan 100 milligrams (mg); take one tablet by mouth daily -spironolactone 25 mg; take one tablet by mouth once daily -vitamin D3 25 mcg; take two capsules by mouth once daily -gabapentin 300 mg; take one capsule by mouth three times a day -hydroxyzine HCL 50 mg; take one tablet by mouth four times a day -furosemide 20 mg; take two tablets by mouth twice daily -ketoconazole cream 2%; apply topically to facial rash twice daily -lorazepam 0.5 mg; take one tablet by mouth twice daily -nystatin powder 10000; apply topically to groin 	01730		

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01730	<p>Continued From page 19</p> <p>twice daily -propranolol 10 mg; take one tablet by mouth twice daily -gabapentin 600 mg; take one tablet by mouth at bedtime -melatonin 3 mg; take one tablet by mouth at bedtime -olanzapine 7.5 mg; take one tablet by mouth at bedtime</p> <p>R1's medication management plan dated September 26, 2024, indicated oral and topical medications were delegated to the ULP. However, it did not include inhalers as a delegated task to the ULP.</p> <p>On October 22, 2024, at 9:11 a.m., clinical nurse supervisor (CNS)-B stated R1's medication management plan should include inhalers as a delegated task for the ULP.</p> <p>The licensee's Assessment of Medications policy, undated, indicated the individualized medication management plan would include the following: -identification of medication management tasks delegated to unlicensed staff</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01730		
01940 SS=D	<p>144G.72 Subd. 3 Individualized treatment or therapy managemen</p> <p>For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written</p>	01940		

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01940	<p>Continued From page 20</p> <p>statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following:</p> <ul style="list-style-type: none"> (1) a statement of the type of services that will be provided; (2) documentation of specific resident instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes. <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop and implement a treatment or therapy management plan to include all required content for one of one resident (R1).</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</p> 	01940		

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01940	<p>Continued From page 21</p> <p>was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>R1 was admitted on September 26, 2024, with diagnoses that included muscular dystrophy (a genetic disease that causes muscles to weaken and degenerate over time).</p> <p>On October 22, 2024, at 7:350 a.m., the surveyor observed unlicensed personnel (ULP)-C check R1's blood pressure and pulse.</p> <p>R1's service plan dated September 26, 2024, indicated R1 received services to include: -treatments (including weights, vital signs daily or weekly, continuous positive airway pressure (CPAP) (treatment that uses a machine to deliver air pressure to keep airways open while sleeping), blood glucose checks, wound care, nebulizer, creams, insulin, etc.),</p> <p>R1's service plan did not include incentive spirometer, range of motion, condom catheter or supplemental oxygen.</p> <p>R1's prescriber orders included: -CPAP mask with a good seal overnight and for two- three hours during the day, dated July 5, 2024. -passive motion daily, x 5 as tolerated, dated December 26, 2023. -blood pressure check once weekly and if he is having symptoms of light headedness, dizziness, or headaches, dated August 5, 2024. -incentive spirometry hourly, at least 10 inhalations each time, dated August 5, 2024.</p>	01940		

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01940	<p>Continued From page 22</p> <p>R1's Services Provided document dated October 2024, indicated R1 received assistance with the following services: -Incentive spirometry hourly. Do at least 10 inhalations each time -place CPAP mask on at night and during day. Wipe face piece and empty water changer after each use. Also, wear for two-three hours during the day -passive motion daily. Completed five times daily as tolerated -weekly blood pressure and pulse. Take prior to 8 a.m., medications. Notify RN (registered nurse) for blood pressure less than 90/60. Notify RN for lightheadedness, dizziness, or headaches. -supplemental oxygen. Use as needed during the day for oxygen saturations less than 90% for more than 10 minutes (one - two liters per nasal cannula). Use two liters during the night bled into the CPAP.</p> <p>R1's Individualized Treatment Plan dated September 26, 2024, did not include incentive spirometer or range of motion services.</p> <p>On October 22, 2024, at 9:12 a.m., clinical nurse supervisor (CNS)-B stated R1's individualized treatment plan did not include incentive spirometry or passive range of motion services.</p> <p>The licensee's Treatment and Therapy Management Plan, undated, indicated the licensee would develop and maintain a current individualized treatment and therapy management record for each resident which would contain a statement of the type of services that would be provided.</p> <p>No further information was provided.</p>	01940		

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01940	Continued From page 23 TIME PERIOD FOR CORRECTION: Seven (7) days	01940		
03090 SS=C	<p>144.6502, Subd. 8 Notice to Visitors</p> <p>(a) A facility must post a sign at each facility entrance accessible to visitors that states: "Electronic monitoring devices, including security cameras and audio devices, may be present to record persons and activities."</p> <p>(b) The facility is responsible for installing and maintaining the signage required in this subdivision.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the required notice was posted at the main entry way of the establishment to display statutory language to disclose electronic monitoring activity, potentially affecting all current residents, staff, and any visitors of the facility.</p> <p>This practice resulted in a level one violation (a violation that has not 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 finding include:</p> <p>On October 21, 2024, at approximately 9:30 a.m. upon arriving at the establishment, an observation outside the front entrance, or just</p>	03090		

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03090	<p>Continued From page 24</p> <p>inside the front entrance, lacked the required posting for electronic monitoring devices.</p> <p>On October 21, 2024, at 10:24 a.m., clinical nurse supervisor (CNS)-B stated the posting for electronic monitoring devices had been posted on the front door and was unsure of why it was no longer posted.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	03090		

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Report: 1043241302

Food and Beverage Establishment Inspection Report

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Location:

Alizah Family Services
20752 Gemini Trail
Lakeville, MN55044
Dakota County, 19

Establishment Info:

ID #: 0038475
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 9529856495
ID #:

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

The following orders were issued during this inspection.

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

3-302.11A(1) ** Priority 1 **

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

RAW SHELL EGGS STORED ON SHELF OVER READY-TO-EAT FOODS (DELI MEAT, CHEESE, ETC) IN KITCHEN FRIDGE. ADVISED STAFF TO STORE RAW FOODS AT BOTTOM OR CONTAINED IN A SEPARATE CONTAINER. COMPLY WITH ABOVE RULE.

Comply By: 10/22/24

3-500C Microbial Control: date marking

3-501.17B ** Priority 2 **

MN Rule 4626.0400B Mark the refrigerated, ready-to-eat, TCS food prepared and packaged in a processing plant and opened and held for more than 24 hours in the food establishment using an effective method to indicate the date by which the food must be consumed on the premises, sold, or discarded. The date must not exceed the manufacturer's use-by-date.

NO DATE MARKING OBSERVED ON OPENED PACKAGES OF TURKEY DELI MEAT IN KITCHEN FRIDGE. ADVISED STAFF TO DATE MARK TCS FOODS AND DISCARD ANY LEFTOVERS AFTER 7 DAYS. FACT SHEET PROVIDED WITH REPORT. COMPLY WITH ABOVE RULE.

Comply By: 10/22/24

5-200C Plumbing: Maintenance, fixture location

5-205.11AB ** Priority 2 **

MN Rule 4626.1110AB The handwashing sink must be accessible at all times for employee use, and must be used only for handwashing.

FACILITY HAS TWO COMPARTMENT KITCHEN SINK WITH RIGHT SIDE DESIGNATED FOR

Type: Full
Date: 10/22/24
Time: 10:00:00
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Food and Beverage Establishment Inspection Report

HANDWASHING. SILVERWARE AND STRAW OBSERVED IN RIGHT COMPARTMENT. ADVISED STAFF TO DISCONTINUE PRACTICE AND USE RIGHT COMPARTMENT ONLY FOR HANDWASHING. COMPLY WITH ABOVE RULE.

Comply By: 10/22/24

Surface and Equipment Sanitizers

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

Food and Equipment Temperatures

Process/Item: MILK
Temperature: 41 Degrees Fahrenheit - Location: KITCHEN FRIDGE
Violation Issued: No

Process/Item: DELI MEAT
Temperature: 41 Degrees Fahrenheit - Location: KITCHEN FRIDGE
Violation Issued: No

Process/Item: CHEESE
Temperature: 41 Degrees Fahrenheit - Location: KITCHEN FRIDGE
Violation Issued: No

Process/Item: MILK
Temperature: 38 Degrees Fahrenheit - Location: GARAGE FRIDGE
Violation Issued: No

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

Inspection was completed with Kassie Marking as the lead Health Regulation Division Nurse Evaluator completing the site survey

Discussed highly susceptible populations, date marking, illness policy, sanitizer use, ware washing, temperature control, vomit/fecal procedures, test kits, food storage, and food handling procedures.

Foods cooked in house must be fully cooked (exception for pasteurized eggs) and must only be available for same day service for highly susceptible populations, discard any leftovers by the end of the day.

This facility has a residential kitchen with residential equipment, popcorn ceiling, wooden cabinetry, and laminated flooring. Utensil surface temperature of dish machine must reach at least 160F degrees (or 150F degrees for NSF/ANSI 184 residential dish machine). Sanitizing option on dish machine must always be used when running a cycle.

Contact Health Regulation Division for plan review approval when facility/kitchen undergoes remodeling.

***Notwithstanding Minnesota Rules, part 4626.0033, item A, the facility may share a certified food protection manager (CFPM) with one other facility located within a 60-mile radius and under common management provided the CFPM is present at each facility frequently enough to effectively administer, manage, and supervise each facility's food service operation.

Type: Full
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If any customer complains of illness, establishment is required to notify the Minnesota Department of Health and provide the foodborne illness hotline phone number to the customer: 1-877-366-3455

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 1043241302 of 10/22/24.

Certified Food Protection Manager Gabriella A. Nowrang

Certification Number: FM111879 Expires: 06/22/25

Inspection report reviewed with person in charge and emailed.

Signed: _____
Paul Ramcharit
Owner

Signed: Blia Lor
Blia Lor
Public Health Sanitarian I
651-355-0641
blia.lor@state.mn.us