



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

June 7, 2024

Licensee

Nervana's Caring Hands Inc.

2508 River Hills Drive

Burnsville, MN 55337

RE: Project Number(s) SL33457015

Dear Licensee:

On May 8, 2024, the Minnesota Department of Health completed a follow-up survey of your facility to determine if orders from the February 7, 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, appearing to read 'Tim Hanna'.

Tim Hanna, Supervisor

State Engineering Services Section

Health Regulation Division

Email: Tim.Hanna@state.mn.us

Telephone: 507-208-8982 Fax: 1-866-890-9290

JMD

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 33457	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 05/08/2024
NAME OF PROVIDER OR SUPPLIER NERVANA'S CARING HANDS INC		STREET ADDRESS, CITY, STATE, ZIP CODE 2508 RIVER HILLS DRIVE BURNSVILLE, MN 55337			
(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}	Initial Comments *****ATTENTION***** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER In accordance with Minnesota Statutes, section 144G.08 to 144G.95, this correction order(s) has been issued pursuant to a survey. Determination of whether a violation has been 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. INITIAL COMMENTS: SL33457015-1 On May 08, 2024, the Minnesota Department of Health conducted a revisit at the above provider to follow-up on orders issued pursuant to a survey completed on Febuary 05, 2024. At the time of the survey, there were 05 residents; 05 receiving services under the Assisted Living license. As a result of the revisit, the licensee is in substantial compliance.	{0 000}			
{0 110} SS=C	144G.10 Subdivision 1a Assisted living director license required Each assisted living facility must employ an assisted living director licensed or permitted by the Board of Executives for Long Term Services and Supports. This MN Requirement is not met as evidenced by: No further action required	{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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{0 470}	Continued From page 1	{0 470}			
{0 470} SS=F	144G.41 Subdivision 1 Minimum requirements (11) develop and implement a staffing plan for determining its staffing level that: (i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility; (ii) ensures sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; and (iii) ensures that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility; (12) ensure that one or more persons are available 24 hours per day, seven days per week, who are responsible for responding to the requests of residents for assistance with health or safety needs. Such persons must be: (i) awake; (ii) located in the same building, in an attached building, or on a contiguous campus with the facility in order to respond within a reasonable amount of time; (iii) capable of communicating with residents; (iv) capable of providing or summoning the appropriate assistance; and (v) capable of following directions; This MN Requirement is not met as evidenced by: No further action required	{0 470}			
{0 580} SS=F	144G.42 Subd. 2 Quality management The facility shall engage in quality management appropriate to the size of the facility and relevant	{0 580}			

Minnesota Department of Health

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{0 580}	Continued From page 2 to the type of services provided. "Quality management activity" means evaluating the quality of care by periodically reviewing resident services, complaints made, and other issues that have occurred and determining whether changes in services, staffing, or other procedures need to be made in order to ensure safe and competent services to residents. Documentation about quality management activity must be available for two years. Information about quality management must be available to the commissioner at the time of the survey, investigation, or renewal. This MN Requirement is not met as evidenced by: No further action required	{0 580}			
{0 630} SS=D	144G.42 Subd. 6 (b) Compliance with requirements for reporting ma (b) The facility must develop and implement an individual abuse prevention plan for each vulnerable adult. The plan shall contain an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults; the person's risk of abusing other vulnerable adults; and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. For purposes of the abuse prevention plan, abuse includes self-abuse. This MN Requirement is not met as evidenced by: No further action required	{0 630}			
{0 970} SS=C	144G.50 Subd. 5 Waivers of liability prohibited	{0 970}			

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{0 970}	Continued From page 3 The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law. This MN Requirement is not met as evidenced by: No further action required	{0 970}			
{01730} SS=E	144G.71 Subd. 5 Individualized medication management plan (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 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	{01730}			

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{01730}	Continued From page 4 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. This MN Requirement is not met as evidenced by: No further action required	{01730}			
{01890} SS=F	144G.71 Subd. 20 Prescription drugs A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug. This MN Requirement is not met as evidenced by: No further action required	{01890}			



Protecting, Maintaining and Improving the Health of All Minnesotans

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February 26, 2024

Licensee

Nervana's Caring Hands, Inc.
2508 River Hills Drive
Burnsville, MN 55337

RE: Project Number(s) SL33457015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on February 7, 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.

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 - 0820 - 144g.45 Subd. 2 (g) - Fire Protection And Physical Environment = \$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.

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/Bm5uQEpHV>**. 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,

A handwritten signature in black ink, appearing to read "Jodi Johnson", with a long horizontal flourish extending to the right.

Jodi Johnson, Supervisor

State Evaluation Team

Email: jodi.johnson@state.mn.us

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

PMB

Minnesota Department of Health

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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: SL33457015-0</p> <p>On February 5, 2024, through February 7, 2024, the Minnesota Department of Health conducted a full survey at the above provider, and the following correction orders are issued. At the time of the survey, there were five residents; five receiving services under the Assisted Living license.</p> <p>An immediate correction order was identified on February 6, 2024, issued for SL33457015-0, tag identification 0820.</p> <p>On February 7, 2024, the immediacy of correction order 0820 was removed, however non-compliance remained at a level 3/widespread (I).</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=C	144G.10 Subdivision 1a Assisted living director license required	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>Each assisted living facility must employ an 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 licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A was listed as the Director of Record for the licensee. This had the potential to affect all the licensee's residents, staff, and visitors.</p> <p>This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all the residents).</p> <p>The findings include:</p> <p>On February 5, 2024, the Minnesota Board of Executives for Long-Term Services and Support (BELTSS) website indicated LALD/CNS-A currently held a LALD license effective through October 31, 2024; however, LALD/CNS-A's license lacked an organization listed as the Director of Record for the licensee.</p> <p>On February 5, 2024, at 2:55 p.m. the evaluator emailed a BELTSS representative to clarify LALD/CNS-A's status as director of record for the facility. At 3:30 p.m., the BELTSS representative responded, "We have no location tied to her license. She should refer to the BELTSS website</p>	0 110			

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0 110	Continued From page 2 for updating the Director or Record on the main page. She also does not have any shared licenses, so really is only permitted to work at one assisted living (AL), under per primary license. " On February 6, 2024, at 9:30 a.m. LALD/CNS-A indicated she had not completed this step in the process of her LALD license and was just recently made aware of the requirement. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	0 110			
0 470 SS=F	144G.41 Subdivision 1 Minimum requirements (11) develop and implement a staffing plan for determining its staffing level that: (i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility; (ii) ensures sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; and (iii) ensures that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility; (12) ensure that one or more persons are available 24 hours per day, seven days per week, who are responsible for responding to the requests of residents for assistance with health or safety needs. Such persons must be: (i) awake; (ii) located in the same building, in an attached building, or on a contiguous campus with the	0 470			

Minnesota Department of Health

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0 470	<p>Continued From page 3</p> <p>facility in order to respond within a reasonable amount of time; (iii) capable of communicating with residents; (iv) capable of providing or summoning the appropriate assistance; and (v) capable of following directions;</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the required staffing plan was developed as required, potentially affecting the licensee's residents, staff, and any visitors of the licensee.</p> <p>This practice resulted in a level two violation (a violation that did not harm a licensee'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>The licensee held and assisted living license and was licensed for a capacity of five residents with a current census of five residents.</p> <p>On February 6, 2024, at 9:15 a.m. the facility staffing plan was requested. Licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated she had not developed a staffing plan and needed to review what the requirements were for developing the plan.</p> <p>The licensee failed to develop and implement a staffing plan for determining its staffing level that:</p>	0 470			

Minnesota Department of Health

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0 470	Continued From page 4 - included an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 470			
0 580 SS=F	144G.42 Subd. 2 Quality management The facility shall engage in quality management appropriate to the size of the facility and relevant to the type of services provided. "Quality management activity" means evaluating the quality of care by periodically reviewing resident services, complaints made, and other issues that have occurred and determining whether changes in services, staffing, or other procedures need to be made in order to ensure safe and competent services to residents. Documentation about quality management activity must be available for two years. Information about quality management must be available to the commissioner at the time of the survey, investigation, or renewal. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to implement and maintain a quality management program appropriate to the size of the facility and relevant to the type of services provided. This had the potential to affect all current residents, staff, and visitors. 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	0 580			

Minnesota Department of Health

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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
0 580	<p>Continued From page 5</p> <p>cause serious injury, impairment, or death), and is 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 February 6, 2024, at 9:15 a.m. during the entrance conference, licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated the licensee was just recently made aware of the requirement and had not yet started the process of a quality management program.</p> <p>The licensee's Quality Management Program policy dated 2021, indicated the facility would develop a continuous quality management program to identify, support and maintain the facility's quality improvement efforts and provide quality services to the residents.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	0 580			
0 630 SS=D	<p>144G.42 Subd. 6 (b) Compliance with requirements for reporting ma</p> <p>(b) The facility must develop and implement an individual abuse prevention plan for each vulnerable adult. The plan shall contain an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults; the person's risk of abusing other vulnerable adults; and statements of the specific measures to be taken to minimize the risk of abuse to that person</p>	0 630			

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0 630	<p>Continued From page 6</p> <p>and other vulnerable adults. For purposes of the abuse prevention plan, abuse includes self-abuse.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure an individual abuse prevention plan (IAPP) was developed to include the required content for one of five residents (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's diagnoses included traumatic brain injury (TBI), quadriplegia (when a person can no longer effectively use all four extremities), and memory loss.</p> <p>R1 was admitted to the facility on October 21, 2019.</p> <p>R1's IAPP dated October 23, 2023, identified R1 had vulnerabilities due to his dependency on staff for eating, bathing, dressing, toileting, medications, and needed 24-hour supervision; however, the IAPP indicated he was not vulnerable to abuse by others. In addition, R1's IAPP failed to identify specific measures to be taken to minimize the risk of abuse to that person</p>	0 630			

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0 630	<p>Continued From page 7</p> <p>and other vulnerable adults.</p> <p>On February 6, 2024, at 12:00 p.m. licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated "R1 is a vulnerable adult, and we should always indicate a resident is vulnerable to abuse/neglect from others."</p> <p>The licensee's Individual Abuse Prevention policy dated 2021, indicated all residents admitted to the facility will be assessed for their susceptibility to abuse by other individuals, including other vulnerable adults and their risk of abusing other vulnerable adults. The facility will develop a statement of the specific measures that will be taken to minimize the risk of abuse to that person and other vulnerable adults.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 630			
0 800 SS=F	<p>144G.45 Subd. 2 (a) (4) Fire protection and physical environment</p> <p>(4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program.</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain the facility physical environment</p>	0 800			

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0 800	<p>Continued From page 8</p> <p>in a continuous state of good repair and operation regarding the health, safety, and well-being of the residents. This had the potential to directly affect some of the 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> <p>On February 5, 2024, at 1:15 p.m., survey staff toured the facility with licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A, it was observed that one of the emergency exit doors exited out into the garage. The means of egress is required to lead and exit directly to a yard or court from occupied spaces within the facility or through a room of equal or less hazard which excludes the garage. This exit door was included in the fire safety evacuation plan.</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 800			
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>	0 810			

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0 810	<p>Continued From page 9</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> <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 a record review and interview, the licensee failed to develop a fire safety and evacuation plan with required elements. This had the potential to affect all staff, residents, and visitors.</p> <p>This practice resulted in a level two violation (a</p>	0 810			

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0 810	<p>Continued From page 10</p> <p>violation that did not harm a resident's health or safety but had the potential to have harmed a resident 's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On February 6, 2024, at 11:10 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A provided documents via email on the fire safety and evacuation plan, fire safety and evacuation training, and evacuation drills for the facility.</p> <p>Record review of the available documentation indicated that the licensee did not have employee actions to be taken in the event of a fire or similar emergency. The facility plan was very vague and did not provide complete actions for employees to take in the event of a fire or similar emergency as well as complete procedures for residents' movement, evacuation, and relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation.</p> <p>During a phone interview on February 6, 2024, at 12:23 p.m., LALD/CNS-A verified that the fire safety and evacuation plan for the facility lacked these provisions.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	0 810			

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0 820	Continued From page 11	0 820			
0 820 SS=I	<p>144G.45 Subd. 2 (g) Fire protection and physical environment</p> <p>(g) Existing construction or elements, including assisted living facilities that were registered as housing with services establishments under chapter 144D prior to August 1, 2021, shall be permitted to continue in use provided such use does not constitute a distinct hazard to life. Any existing elements that an authority having jurisdiction deems a distinct hazard to life must be corrected. The facility must document in the facility's records any actions taken to comply with a correction order, and must submit to the commissioner for review and approval prior to correction.</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide properly sized egress window for resident rooms that did not create a distinct hazard for residents. This had the potential to directly affect a portion of the residents and staff. 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 a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On February 5, 2024, at 1:15 p.m., survey staff conducted a facility tour with licensed assisted living director/clinical nurse supervisor</p>	0 820			
			This immediate correction order identified on January 24, 2024, has had the immediacy lifted as of February 7, 2024, however non-compliance remained a scope and level of I.		

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0 820	Continued From page 12 (LALD/CNS)-A. During facility tour, survey staff observed the following: Survey staff measured and verified egress window measurement of the openable area to be 61" high x 18" wide for a total of 1098 square inches in occupied resident room #1. Survey staff measured and verified egress window measurement of the openable area to be 61" high x 18" wide for a total of 1098 square inches in occupied resident room #2. Survey staff measured and verified egress window measurement of the openable area to be 44.5" high x 15.5" wide for a total of 689.75 square inches in occupied resident room #4. Survey staff measured and verified egress window measurement of the openable area to be 34.5" high x 15.5" wide for a total of 534.75 square inches in occupied resident room #5. LALD/CNS-A verified the deficient condition. Egress windows in existing facilities must have a minimum opening dimension of 648 square inches with an opening height and width dimension of no less than 20". TIME PERIOD FOR CORRECTION: Immediate	0 820			
0 970 SS=C	144G.50 Subd. 5 Waivers of liability prohibited The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is	0 970			

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0 970	<p>Continued From page 13</p> <p>required by law.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure one of one resident's (R1) assisted living contract did not include language waiving the facility's liability for health, safety, or personal property of a resident. This had the potential to affect all residents.</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 the residents).</p> <p>The findings included:</p> <p>The licensee had an assisted living license with a renewal date of March 1, 2023.</p> <p>R1's Assisted Living Contract was signed on October 23, 2023.</p> <p>The Assisted Living Contract included the following: -Page 10, number 24. A. Damage of Injury to Resident of Resident's Property. We are not responsible for any damage or injury suffered by you, your property, your guests, or their property that was not caused by us. We strongly recommend that Resident obtain renter's insurance at an appropriate level to insure against loss of Resident's personal property, as well as related incidental and consequential damages, or such other or additional insurance</p>	0 970			

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0 970	Continued From page 14 as Resident considers necessary to protect against injuries and property damage. Our insurance may not cover the loss of your personal property and the incidental and consequential damages arising from the loss of such property. Your personal property includes but is not limited to dentures, glasses, and hearing aids. On February 6, 2024, at 12:00 p.m. licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A indicated she was not aware resident contracts could not include a statement to include a waiver of liability. She stated all contracts would include this statement and would amend current resident contracts and make edits to contract language for any future residents. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 970			
01730 SS=E	144G.71 Subd. 5 Individualized medication management plan (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	01730			

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01730	<p>Continued From page 15</p> <p>directions;</p> <p>(3) documentation of specific resident instructions relating to the administration of medications;</p> <p>(4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis;</p> <p>(5) identification of medication management tasks that may be delegated to unlicensed personnel;</p> <p>(6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and</p> <p>(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.</p> <p>(b) The medication management record must be current and updated when there are any changes.</p> <p>(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:</p> <p>Based on observation, interview, and record review, the licensee failed to ensure an individualized medication management plan included all required content for two of five residents (R1, R2).</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>	01730			

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01730	<p>Continued From page 16</p> <p>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>R1 R1's diagnoses included traumatic brain injury (TBI), quadriplegia (a person's inability to effectively use all four extremities), memory loss, and diabetes (the body's inability to effectively manage blood sugar levels).</p> <p>R1's Service Plan dated November 2, 2023, indicated R1 received medication management/administration.</p> <p>On February 6, 2024, at 8:20 a.m. unlicensed personnel (ULP)-D was observed to administer oral medications to R1.</p> <p>R1's medication administration record (MAR) dated February 2024, indicated R1 received one medication for seizures, four supplements, one for edema (fluid retention), one for high blood pressure, one for diabetes, one for gastric reflux, one for bladder spasms, one for cholesterol, one for depression, and two for skin infections.</p> <p>R1's Medication Plan (integrated in R1's assessment) dated January 1, 2024, indicated the licensee was managing R1's medication and treatment services.</p> <p>R1's medication orders dated October 26, 2023, included: -acetaminophen (for mild pain) 500 milligrams (mg) one to two tablets (500-1000 mg) every six</p>	01730			

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01730	<p>Continued From page 17</p> <p>hours as needed for mild pain-maximum of 4000 mg in 24 hours.</p> <p>R1's record lacked the direction for the ULP to know what dose of acetaminophen (one or two tablets) would be appropriate when pain medication was needed.</p> <p>On February 6, 2024, at 3:15 p.m. licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated usually the practice was for the ULP to call the nurse for direction for as needed (PRN) medications, unless the medication was acetaminophen, where the ULP could give as it seemed appropriate for pain or fever.</p> <p>R2 R2's diagnoses included bi-polar disorder (a mental disorder characterized by periods of depression and periods of abnormally elevated mood that each last from days to weeks), anxiety, restless leg syndrome, chronic pain, and hypothyroidism (underactive thyroid).</p> <p>R2's Service Plan dated November 3, 2023, indicated R2 received medication management/administration.</p> <p>On February 6, 2024, at 9:55 a.m. ULP-D was observed to interact with R2 in her room. R2 stated the licensee's staff manage her medications.</p> <p>R2's MAR dated February 2024, indicated R2 received scheduled medications to include one for thyroid, two for depression, and one for agitation. Additionally, R2 had PRN medications to include one for mild pain, one for anxiety, and two for agitation.</p>	01730			

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NAME OF PROVIDER OR SUPPLIER NERVANA'S CARING HANDS INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2508 RIVER HILLS DRIVE BURNSVILLE, MN 55337		
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01730	<p>Continued From page 18</p> <p>R2's Medication Plan dated December 4, 2023, indicated the licensee was managing R2's medication services. Additionally, in the section which read "risk due to complex medication regimen (i.e., cut or crush tablets, frequency of medications given, specific instructions on how the medication must be given" included the note, " medication should be given on time per frequency of doctors."</p> <p>R2's medication orders dated October 31, 2023, included:</p> <ul style="list-style-type: none">-fluoxetine (antidepressant) 20 mg, give three capsules (60 mg) by mouth once daily;-quetiapine (anxiety/agitation) 200 mg tablets, give one tablet by mouth at bedtime;-quetiapine (anxiety/agitation) 25 mg, give one to two tablets (25 mg-50 mg) by mouth three times daily as needed for severe anxiety. maximum of six tablets per day;-rexulti (antidepressant) 2 mg, give one tablet by mouth once daily;-haloperidol 5 mg, give one-half tablet (2.5 mg) by mouth every six hours as needed for severe agitation or psychosis; and-lorazepam (anxiety) 1 mg, give one tablet by mouth three times daily as needed for anxiety. <p>R2's record lacked R2's symptoms of anxiety and agitation and the direction for the ULP to know which PRN medication (lorazepam, quetiapine, haloperidol) should be used first/second and how much time should be spaced between dosing. Additionally, the record included a dosing range (one to two tablets) for PRN quetiapine and lacked direction for the ULP to identify what dose should be given, or the direction to call nursing for further instructions.</p>	01730			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 33457	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/07/2024
NAME OF PROVIDER OR SUPPLIER NERVANA'S CARING HANDS INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2508 RIVER HILLS DRIVE BURNSVILLE, MN 55337		
(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
01730	<p>Continued From page 19</p> <p>On February 6, 2024, at 3:15 p.m. LALD/CNS-A stated R2 directed what medication she wanted and what dose (number of tablets, if there was a range). LALD/CNS-A stated she needed to define what R2's symptoms of anxiety and agitation were; furthermore, she needed to clarify which medication the physician recommended and the timing between dosing to effectively manage R2's symptoms.</p> <p>The licensee's Individualized Medication Management Plan and Record policy dated 2021, indicated the medication plan must include documentation of specific resident instructions relating to the administration of medications.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01730			
01890 SS=F	<p>144G.71 Subd. 20 Prescription drugs</p> <p>A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure stored medications were not expired for one of five residents (R2) with medication administration. In addition, the licensee failed to ensure the facility's house stock of acetaminophen was not expired.</p>	01890			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 33457	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/07/2024
NAME OF PROVIDER OR SUPPLIER NERVANA'S CARING HANDS INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2508 RIVER HILLS DRIVE BURNSVILLE, MN 55337		
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01890	<p>Continued From page 20</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On February 5, 2024, at 11:45 a.m. the surveyor, unlicensed personnel (ULP)-C, and licensed assisted living director (LALD)-B reviewed the licensee's medication cupboard and noted the following medications to be expired: -house stock of acetaminophen 500 milligrams (mg) - expired December 2023. -R2's calmoseptine ointment (used for skin irritation/protection) - expired January 5, 2023. LALD-B stated these medications were not able to be used, removed them from the medication cabinet, and reported to licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A.</p> <p>R2 R2's Service Plan dated November 3, 2023, indicated she received medication administration.</p> <p>R2's Medication Orders dated October 31, 2023, included an order for calmesepetine ointment twice daily as needed to skin lesions (wounds), on buttock and thighs. Additionally, R2's medication orders included acetaminophen 500 mg, take two tablets by mouth four times daily as needed (for mild pain) not to exceed 4000 mg daily.</p> <p>On February 6, 2024, at 10:30 a.m. LALD/CNS-A</p>	01890			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 33457	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/07/2024
NAME OF PROVIDER OR SUPPLIER NERVANA'S CARING HANDS INC		STREET ADDRESS, CITY, STATE, ZIP CODE 2508 RIVER HILLS DRIVE BURNSVILLE, MN 55337			
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01890	<p>Continued From page 21</p> <p>stated R2 rarely had the need for the calmoseptine ointment, but she would need to monitor the contents of the medication cupboard more closely, especially the as needed medications to ensure no expired medications were available for administration. Furthermore, LALD-B stated any resident who had an order for acetaminophen 500 mg. would receive the medication from the house stock/supply.</p> <p>The licensee's Medication Set up policy dated 2021, indicated the nurse would check labels for expiration dates and discarded or refilled as ordered.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01890			



Minnesota Department of Health
Environmental Health, FPLS
P.O Box 64975
Saint Paul
651-201-4500

Type: Full
Date: 02/05/24
Time: 09:35:52
Report: 1018241019

Food and Beverage Establishment Inspection Report

Page 1

Location:

Nervana'S Caring Hands Inc
2508 River Hills Drive
Burnsville, MN55337
Dakota County, 19

Establishment Info:

ID #: 0038491
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 6122207511
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/ HAM

Temperature: 40 Degrees Fahrenheit - Location: REFRIGERATOR

Violation Issued: No

Process/Item: Cold Holding/ BUTTER

Temperature: 41 Degrees Fahrenheit - Location: REFRIGERATOR

Violation Issued: No

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

ESTABLISHMENT DOES ALL SAME DAY SERVICE OF FOOD.

KITCHEN HAS A TWO BASIN SINK FOR DISH WASHING AND HAND WASHING.

DISHWASHER HAS SANITIZE FUNCTION.

FLOORS, WALLS, CEILINGS AND EQUIPMENT OBSERVED TO BE IN GOOD CONDITION.

DISCUSSED PEST CONTROL AND ILLNESS REPORTING.

VIEWED ILLNESS LOG

Type: Full
Date: 02/05/24
Time: 09:35:52
Report: 1018241019
Nervana'S Caring Hands Inc

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 1018241019 of 02/05/24.

Certified Food Protection Manager: NERVANA RAMDYAL

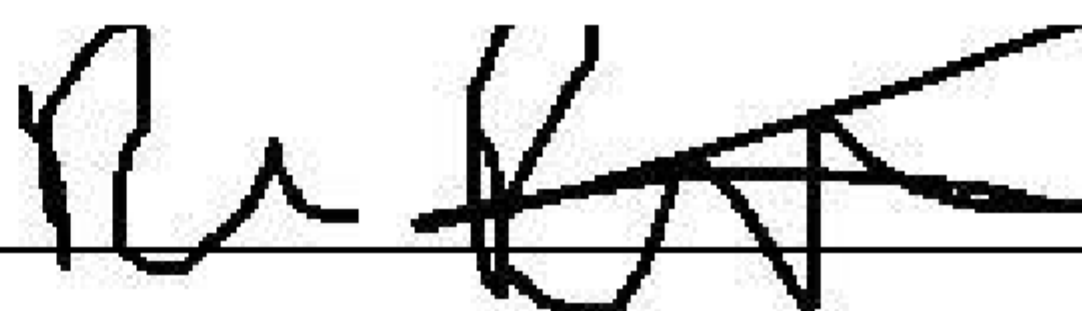
Certification Number: FM118849 Expires: 09/19/26

Inspection report reviewed with person in charge and emailed.

Signed: _____

NERVANA RAMDYAL
MANAGER

Signed: _____



Rebecca Prestwood
Sanitarian 3
6512013777
rebecca.prestwood@state.mn.us