

Electronically Delivered

October 13, 2023

Licensee
Abiitan Mill City
428 South 2nd Street
Minneapolis, MN 55401

RE: Project Number(s) SL32750015 - Informal Conference Requested

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on September 14, 2023, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, the 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.

INFORMAL CONFERENCE REQUESTED

In accordance with Minn. Stat. § 144G.20, Subd. 20, at any time, the commissioner and the applicant, licensee, manager if applicable, or facility may hold an informal conference to exchange information, clarify issues, or resolve issues. The MDH requests that you contact Jess Schoenecker, Supervisor on or before October 20, 2023, to schedule an informal conference. She can be reached by phone: 651-201-3789, or email: jess.schoenecker@state.mn.us.

STATE CORRECTION ORDERS

The enclosed State Form documents the state correction orders. The 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), the MDH may impose fine amounts of either \$1,000 or \$5,000 to licensees who are found to be responsible for maltreatment.

The 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. The 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.

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 the MDH within 15 calendar days of the correction order receipt date.

A state correction order under Minn. Stat. § 144G.91, Subd. 8, Free from Maltreatment is associated with a maltreatment determination by the Office of Health Facility Complaints. If maltreatment is substantiated, you will receive a separate letter with the reconsideration process under Minn. Stat. § 626.557.

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

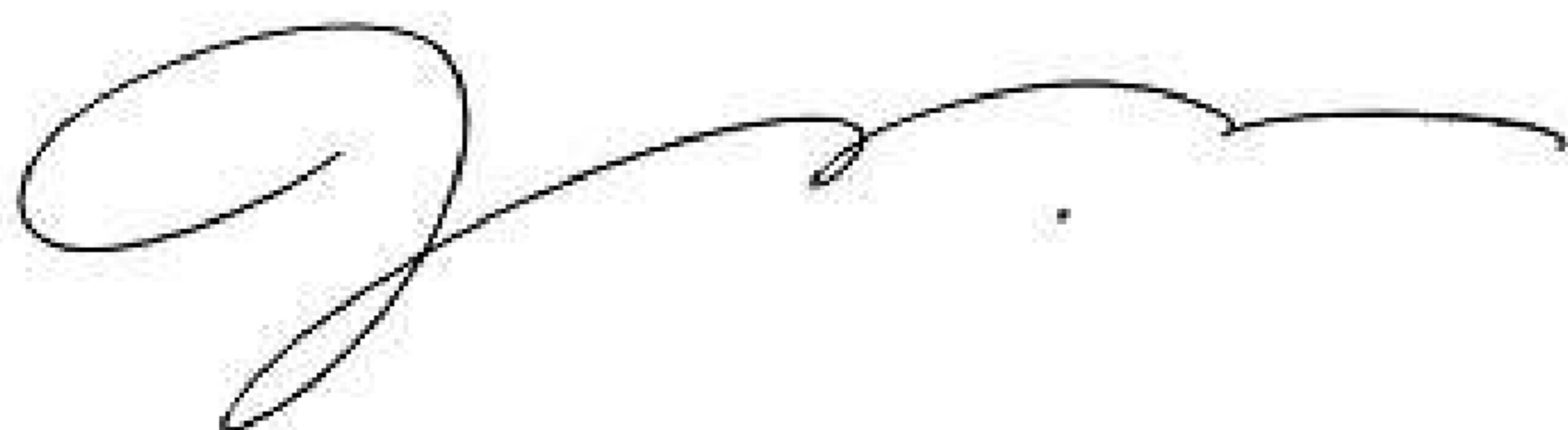
Please address your cover letter for reconsideration requests to:

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

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in the letter and 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 'Jess Schoenecker', with a large initial 'J' and a long horizontal flourish.

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

PMB

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 32750	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/14/2023
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NAME OF PROVIDER OR SUPPLIER ABIITAN MILL CITY	STREET ADDRESS, CITY, STATE, ZIP CODE 428 SOUTH 2ND STREET MINNEAPOLIS, MN 55401
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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: SL32750015</p> <p>On September 12, 2023, through September 14, 2023, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were 92 active residents, and 33 were receiving services under the Assisted Living with Dementia Care 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 Provider with Dementia Care. 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>	
0 130 SS=C	<p>144G.12, Subd. 1 Application for Licensure</p> <p>Each application for an assisted living facility license, including provisional and renewal</p>	0 130		

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

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0 130	<p>Continued From page 1</p> <p>applications, must include information sufficient to show that the applicant meets the requirements of licensure, including:</p> <ul style="list-style-type: none"> (1) the business name and legal entity name of the licensee, and the street address and mailing address of the facility; (2) the names, e-mail addresses, telephone numbers, and mailing addresses of all owners, controlling individuals, managerial officials, and the assisted living director; (3) the name and e-mail address of the managing agent and manager, if applicable; (4) the licensed resident capacity and the license category; (5) the license fee in the amount specified in section 144.122; (6) documentation of compliance with the background study requirements in section 144G.13 for the owner, controlling individuals, and managerial officials. Each application for a new license must include documentation for the applicant and for each individual with five percent or more direct or indirect ownership in the applicant; (7) evidence of workers' compensation coverage as required by sections 176.181 and 176.182; (8) documentation that the facility has liability coverage; (9) a copy of the executed lease agreement between the landlord and the licensee, if applicable; (10) a copy of the management agreement, if applicable; (11) a copy of the operations transfer agreement or similar agreement, if applicable; (12) an organizational chart that identifies all organizations and individuals with an ownership interest in the licensee of five percent or greater and that specifies their relationship with the 	0 130		

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0 130	<p>Continued From page 2</p> <p>licensee and with each other; (13) whether the applicant, owner, controlling individual, managerial official, or assisted living director of the facility has ever been convicted of: (i) a crime or found civilly liable for a federal or state felony level offense that was detrimental to the best interests of the facility and its resident within the last ten years preceding submission of the license application. Offenses include: felony crimes against persons and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pretrial diversions; financial crimes such as extortion, embezzlement, income tax evasion, insurance fraud, and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pretrial diversions; any felonies involving malpractice that resulted in a conviction of criminal neglect or misconduct; and any felonies that would result in a mandatory exclusion under section 1128(a) of the Social Security Act; (ii) any misdemeanor conviction, under federal or state law, related to: the delivery of an item or service under Medicaid or a state health care program, or the abuse or neglect of a patient in connection with the delivery of a health care item or service; (iii) any misdemeanor conviction, under federal or state law, related to theft, fraud, embezzlement, breach of fiduciary duty, or other financial misconduct in connection with the delivery of a health care item or service; (iv) any felony or misdemeanor conviction, under federal or state law, relating to the interference with or obstruction of any investigation into any criminal offense described in Code of Federal Regulations, title 42, section 1001.101 or 1001.201;</p>	0 130		

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0 130	<p>Continued From page 3</p> <p>(v) any felony or misdemeanor conviction, under federal or state law, relating to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance;</p> <p>(vi) any felony or gross misdemeanor that relates to the operation of a nursing home or assisted living facility or directly affects resident safety or care during that period;</p> <p>(vii) any revocation or suspension of a license to provide health care by any state licensing authority. This includes the surrender of such a license while a formal disciplinary proceeding was pending before a state licensing authority;</p> <p>(viii) any revocation or suspension of accreditation; or</p> <p>(ix) any suspension or exclusion from participation in, or any sanction imposed by, a federal or state health care program, or any debarment from participation in any federal executive branch procurement or nonprocurement program;</p> <p>(14) whether, in the preceding three years, the applicant or any owner, controlling individual, managerial official, or assisted living director of the facility has a record of defaulting in the payment of money collected for others, including the discharge of debts through bankruptcy proceedings;</p> <p>(15) the signature of the owner of the licensee, or an authorized agent of the licensee;</p> <p>(16) identification of all states where the applicant or individual having a five percent or more ownership, currently or previously has been licensed as an owner or operator of a long-term care, community-based, or health care facility or agency where its license or federal certification has been denied, suspended, restricted, conditioned, refused, not renewed, or revoked under a private or state-controlled receivership,</p>	0 130		

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0 130	<p>Continued From page 4</p> <p>or where these same actions are pending under the laws of any state or federal authority; (17) statistical information required by the commissioner; and (18) any other information required by the commissioner.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to include all residents in their licensed capacity to meet the requirements of licensure. This had the potential to affect all 92 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 of the residents).</p> <p>The findings include:</p> <p>The licensee's Application for Assisted Living License signed June 28, 2023, identified an application for an assisted living with dementia care license with a total licensed resident capacity for 50 residents.</p> <p>The assisted living license effective September 1, 2023, indicated a total licensed resident capacity of 50 assisted living residents.</p> <p>During the entrance conference on September 12, 2023, at approximately 11:30 a.m., licensed assistance living director (LALD)-C stated the licensee had a current census of 33 residents.</p>	0 130		
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0 130	<p>Continued From page 5</p> <p>LALD stated the licensee also has 59 housing only residents (commonly referred to as independent living). LALD-C did not believe the housing only residents counted towards the licensed capacity. LALD-C verified the current census of 92 residents is above the capacity of 50.</p> <p>A letter dated May 25, 2021, from the licensee chief executive officer (CEO) to the commissioner of health indicated "For AL [assisted living] licensure of these communities, [the licensee] will not be including IL [independent living] residents as part of the AL licensed resident capacity ... IL residents are not AL residents because they do not sign an AL contract and therefore are not included in the AL licensed resident capacity."</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 130		
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 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:</p>	0 630		

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0 630	<p>Continued From page 6</p> <p>Based on interview and record review, the licensee failed to ensure an individual abuse prevention plan was developed to include statements of the specific measures to be taken to minimize the risk of abuse for one of three residents (R4).</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>R4's Independent Living Apartments Lease Contract was signed December 11, 2022.</p> <p>R4's record lacked an individual abuse prevention plan (IAPP) containing 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.</p> <p>On September 13, 2023, at 4:21 p.m., licensed assisted living director (LALD)-C stated R4 does not have an IAPP and R4 is an independent resident (also known as housing only).</p> <p>The licensee's Vulnerable Adult Maltreatment Policy dated August 1, 2021, indicated "An abuse prevention plan will be completed for each</p>	0 630		
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0 630	<p>Continued From page 7</p> <p>resident in the assisted living by day 14 after move-in or receipt of services. The individual abuse prevention plan will include assessment of the resident's susceptibility to abuse by another individual, including other vulnerable adults, and include specific measures to be taken to minimize the risk of abuse to others and self-abuse."</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 physical environment in a continuous state of good repair and operation with regard to the health, safety, and well-being of the residents. This had the potential to directly affect all residents and staff.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a</p>	0 800		

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0 800	<p>Continued From page 8</p> <p>widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On September 13, 2023, at approximately 10:00 a.m., survey staff toured the facility with Licensed Assisted Living Director (LALD)-C and Environment Supervisor (MS)-F. During the facility tour, survey staff observed the following:</p> <p>In the trash room on level one, it was observed that the door was detaching from the frame due to a loose hinge, and the door did not self-latch. The door was a fire-rated door, and the rated door should close and latch completely to maintain the fire resistance integrity of the room.</p> <p>It was observed that the posted fire safety and evacuation plan on level one was not an accurate depiction of the egress route and did not match the current layout of the facility. In the posted evacuation plan, no door was shown between the lease-out restaurant space and the licensed assisted living space. During the tour of the facility with the LALD-C and MS-F, it was observed that there was a door installed between the lease-out public restaurant and the licensed assisted building space. The door was fire-rated, but the door frame and glazing did not bear fire-rating information. During the interview, MS-F stated that the door could have been added later to separate the restaurant. This deficient condition was visually verified by MS-F accompanying the tour.</p> <p>In the lease-out public gym on level one, it was observed that the fire-rated door that separated</p>	0 800		
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0 800	<p>Continued From page 9</p> <p>the assisted living building from the leased-out public gym space was propped open with a door wedge. The door wedge would prevent the doors from closing properly in the event of a fire.</p> <p>In resident unit 321 on level three, it was observed that the door did not close and self-latch when tested. The door is required to automatically close and latch to maintain the fire barrier of the room.</p> <p>In resident unit 514 on level five, it was observed that there were significant cracks on the gypsum ceiling by the entrance and the wall by the bedroom. During the interview, MS-F stated that those cracks are part of the building settlement and need to be repaired.</p> <p>During the facility tour, LALD-C and MS-F visually verified these deficient findings at the time of discovery.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) 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> <ul style="list-style-type: none"> (1) location and number of resident sleeping rooms; (2) employee actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique 	0 810		

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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
0 810	<p>Continued From page 10</p> <p>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 observation, interview, and record review, the licensee failed to provide a maintained fire safety and evacuation plan that showed the location and number of resident rooms; failed to provide required employee training on fire safety and evacuation. This had the potential to affect all staff, residents, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident 's health or safety, 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>	0 810		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 32750	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/14/2023
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0 810	<p>Continued From page 11</p> <p>a large portion or all of the residents).</p> <p>Findings include:</p> <p>An interview and record review were conducted on September 13, 2023, at approximately 1:00 p.m. with Licensed Assisted Living Director (LALD)-C and Environment Supervisor (MS)-F on the fire safety and evacuation plan, fire safety and evacuation training for the facility, and fire safety and evacuation drills for the facility.</p> <p>Record review of available documentation indicated that the fire safety and evacuation plan did not show the location and number of resident rooms. During the facility tour, it was observed that the posted evacuation plans showed corridor and exit stairs and did not show the location of the resident room and the number of resident rooms. LALD-C and MS-F visually verified these deficient findings at the time of discovery.</p> <p>Record review of the available documentation indicated that employees did not receive training twice per year after initial hire. During the interview, LALD-C stated that the licensee provided annual training to employees, but not twice per year after the initial hire, on the fire safety and evacuation plan, as required by statute. LALD-C also stated that the facility provided only one fire safety training via the Relias program and confirmed that there was no further documented training for the staff on the fire safety and evacuation plan as required by statute.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 810		

Minnesota Department of Health

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0 900	Continued From page 12	0 900		
0 900 SS=F	<p>144G.50 Subdivision 1 Contract required</p> <p>(a) An assisted living facility may not offer or provide housing or assisted living services to any individual unless it has executed a written contract with the resident.</p> <p>(b) The contract must contain all the terms concerning the provision of:</p> <p>(1) housing;</p> <p>(2) assisted living services, whether provided directly by the facility or by management agreement or other agreement; and</p> <p>(3) the resident's service plan, if applicable.</p> <p>(c) A facility must:</p> <p>(1) offer to prospective residents and provide to the Office of Ombudsman for Long-Term Care a complete unsigned copy of its contract; and</p> <p>(2) give a complete copy of any signed contract and any addendums, and all supporting documents and attachments, to the resident promptly after a contract and any addendum has been signed.</p> <p>(d) A contract under this section is a consumer contract under sections 325G.29 to 325G.37.</p> <p>(e) Before or at the time of execution of the contract, the facility must offer the resident the opportunity to identify a designated representative according to subdivision 3.</p> <p>(f) The resident must agree in writing to any additions or amendments to the contract. Upon agreement between the resident and the facility, a new contract or an addendum to the existing contract must be executed and signed.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to execute a written contract with the required content for one of one resident (R4), who received housing only</p>	0 900		

Minnesota Department of Health

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0 900	<p>Continued From page 13</p> <p>(independent living) services.</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>Minnesota Statute 144G.08 subdivision (subd.) 2 dated 2022, indicated an adult is defined as a natural person who has attained the age of 18 years.</p> <p>Minnesota Statute 144G.08 subd. 5 dated 2022, indicated an assisted living contract is defined as the legal agreement between a resident and an assisted living facility for housing and, if applicable, assisted living services.</p> <p>Minnesota Statute 144G.08 subd. 7 dated 2022, indicated an assisted living facility is defined as a facility that provides sleeping accommodations and assisted living services to one or more adults.</p> <p>Minnesota Statute 144G.08 subd. 59 dated 2022, indicated a resident is defined as an adult living in an assisted living facility who has executed an assisted living contract.</p> <p>R4's record included an Independent Living Apartment Lease Contract dated December 11, 2022. R4's contract lacked the required content of an assisted living contract.</p>	0 900		

Minnesota Department of Health

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0 900	Continued From page 14 On September 13, 2023, at 4:21 p.m., licensed assisted living director (LALD)-C stated R4 is an independent resident (IL) and IL residents are not assisted living (AL) residents so they do not sign an AL contract. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 900		
01890 SS=D	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: Based on observation, interview, and record review, the licensee failed to ensure a prescription drug had the original prescription label as required. 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).	01890		

Minnesota Department of Health

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01890	<p>Continued From page 15</p> <p>The findings include:</p> <p>During the entrance conference on September 12, 2023, at approximately 11:00 a.m., registered nurse (RN)-A stated the licensee provided medication management services to the licensee's residents.</p> <p>On September 13, 2023, at 11:20 p.m., the surveyor completed an observation of the licensee's second floor medication cart and observed the following: -An unlabeled Novolog Flex Pen 100 U (units)/ml (milliliter) insulin pen in the top drawer. The insulin pen lacked a label. ULP-G stated the insulin pen belonged to R5 and administered insulin to R5.</p> <p>On September 13, 2023, at 11:30 a.m., clinical nurse supervisor (CNS)-A confirmed the Novolog Flex Pen in use did not have the prescription label, open date, or the expiration date on the insulin pen.</p> <p>The manufacturer's instructions for Novolog Flex Pen dated June 2021, indicated the pen should be discarded after 28 days.</p> <p>The licensee's Storage of Medication policy dated August 1, 2021, indicated "(prescription) drug must kept in its original container bearing the original prescription label with legible information stating the prescription number, name of drug, strength, and quantity of drug, and expiration date of time dated drug."</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01890		

Minnesota Department of Health

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02040 SS=F	<p>144G.81 Subdivision 1 Fire protection and physical environment</p> <p>An assisted living facility with dementia care that has a secured dementia care unit must meet the requirements of section 144G.45 and the following additional requirements: (1) a hazard vulnerability assessment or safety risk must be performed on and around the property. The hazards indicated on the assessment must be assessed and mitigated to protect the residents from harm; and (2) the facility shall be protected throughout by an approved supervised automatic sprinkler system by August 1, 2029.</p> <p>This MN Requirement is not met as evidenced by: Based on record review and interview, the licensee failed to provide a hazard vulnerability assessment or safety risk assessment of the physical environment on and around the property for the facility. This deficient practice had the ability to affect all staff, residents, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety 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>Findings include:</p> <p>A record review of the available documentation and interview was conducted on September 13, 2023, at approximately 1:00 p.m. with Licensed</p>	02040		
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02040	Continued From page 17 Assisted Living Director (LALD)-C and Environment Supervisor (MS)-F on the hazard vulnerability assessment for the physical environment of the facility. The record review indicated that the licensee had not performed a hazard vulnerability assessment with mitigation factors on and around the property. During the interview, LALD-C and MM-D stated that the licensee had not performed a hazard vulnerability assessment for the physical environment on or around the property. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	02040		
02310 SS=D	144G.91 Subd. 4 (a) Appropriate care and services (a) Residents have the right to care and assisted living services that are appropriate based on the resident's needs and according to an up-to-date service plan subject to accepted health care standards. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to provide care and services according to acceptable health care standards, medical or nursing standards for one of two residents (R3) who utilized bedrails. 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	02310		

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02310	<p>Continued From page 18</p> <p>a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>R3 admitted on June 7, 2023, with diagnoses including hypertension and mild cognitive impairment.</p> <p>R3's Service Plan dated June 25, 2023, indicated R3 required assistance with activities of daily living (ADL), transfers, medication administration, and R3 utilized a wheelchair.</p> <p>R3's Bed Rail assessment dated August 15, 2023, indicated bed rails installed "aid in supporting self with transfers, aid in safe entry and exit into bed, for moving up and down in bed, and R3 pulling and holding self over."</p> <p>On September 14, 2023, at 10:30 a.m., the surveyor observed R3 lying in bed and no bed rails in place currently. R3 stated the room changed two weeks ago and there were no bed rails to this bed. R3 stated she used the bed rails to reposition in bed, and to assist to get out of bed. R3 stated she does not feel safe without bed rails.</p> <p>R3's record included Incident Reports of 16 falls dated from June 9, 2023, to September 5, 2023. The reports indicated R3 sustained falls trying to get out bed for 12 of the 16 incidents.</p> <p>R3's record included email from Resident Service Coordinator (RSC)-H to R3's family indicated "The bed she is in now is being borrowed until her new bed has come in so there are no bed rails to this bed specifically. However, when her new bed comes in you could purchase bed rail off of</p>	02310		
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02310	<p>Continued From page 19</p> <p>Amazon for her bed that would fit. We would just need to put a new order for it I believe."</p> <p>Progress notes completed by registered nurse (RN)-D on September 12, 2023, (after the survey was initiated) read "Resident had bed device on previous hospital bed. When she moved to #219, she began borrowing a bed that does not have device. She has been noted to still self-transfer without device. Writer has expressed to the family that bed device is not indicated. Family is worried about resident falling out of bed. Writer encouraged them to consider a bariatric bed for fall prevention as resident is very tall. Family still considering new bed options."</p> <p>R3's record lacked assessment before bedrails were removed for safety without bed rails.</p> <p>On September 14, 2023, at 11:27 a.m., RN-D stated via email, "The bed device assessment was completed upon installation. The room change on 8/26 was per family request with the understanding that she would be using a bed not compatible with the hospital bed rail. This was an opportunity for a trial reduction, in which it is coming to light that the resident is regaining strength and the bed rail is not necessary. Resident was assessed post-fall 8.28.23, progress note states- "no change to transfers or mobility" despite bed rail not being present."</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Two (2) days</p>	02310		
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Minnesota Department of Health
 Food, Pools, & Lodging Services
 P.O. Box 64975
 St. Paul, MN 55164-0975
 651-201-4500

Type: Full
 Date: 09/12/23
 Time: 13:00:00
 Report: 8041231302

Food and Beverage Establishment Inspection Report

Page 1

Location:

Abiitan Mill City
 428 South 2nd Street
 Minneapolis, MN55401
 Hennepin County, 27

Establishment Info:

ID #: 0037723
 Risk:
 Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 6123780020
 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.

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

Met with Safia Hassan (HRD Nurse Evaluator) and Teri Drake (Abiitan Executive Director). The food service area in this senior living facility is ran by a third party, Genuine Foods, and is licensed and inspected by the Minneapolis Health Department.

The food service area was not inspected by MDH during site visit.

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 8041231302 of 09/12/23.

Certified Food Protection Manager: _____

Certification Number: _____ Expires: / / _____

Signed: _____

Teri Drake
 Executive Director

Signed: _____

Sarah Conboy
 Public Health Sanitarian III
 651-201-3984
 sarah.conboy@state.mn.us