



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

May 11, 2023

Licensee

1st Choice Home LLC
1440 East Old Shakopee Road
Bloomington, MN 55425

RE: Project Number(s) SL36924015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on April 11, 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.

The MDH concludes the licensee is in substantial compliance. State law requires the facility must take action to correct the state correction orders and document the actions taken to comply in the facility's records. The Department reserves the right to return to the facility at any time should the Department receive a complaint or deem it necessary to ensure the health, safety, and welfare of residents in your care.

STATE CORRECTION ORDERS

The enclosed State Form documents the state correction orders. 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 . . ."

In accordance with Minn. Stat. § 144G.31 Subd. 4, MDH may assess fines and enforcement actions 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).

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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.

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).

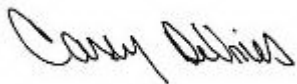
Please address your cover letter for reconsideration requests to:

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,



Casey DeVries, Supervisor
State Evaluation Team
Email: casey.devries@state.mn.us
Telephone: 651-201-5917 Fax: 651-281-9796

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36924	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/11/2023
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NAME OF PROVIDER OR SUPPLIER 1ST CHOICE HOME LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1440 EAST OLD SHAKOPEE ROAD BLOOMINGTON, MN 55425
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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:</p> <p>SL36924015-0</p> <p>On April 10, 2023, through April 11, 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 three residents who received services under the provider's Assisted Living license.</p>	0 000	<p>Minnesota Department of Health is documenting the State Licensing 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>	
0 480 SS=F	<p>144G.41 Subd 1 (13) (i) (B) Minimum requirements</p> <p>(13) offer to provide or make available at least the</p>	0 480		

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

Minnesota Department of Health

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0 480	<p>Continued From page 1</p> <p>following services to residents: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to adhere to the Minnesota Food Code, Minnesota Rules, chapter 4626. This had the potential to affect all residents at the facility.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>Please refer to the additional documentation included in the "Food and Beverage Establishment Inspection Reports," dated April 10, 2023.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 480		
0 660 SS=F	<p>144G.42 Subd. 9 Tuberculosis prevention and control</p> <p>(a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current</p>	0 660		

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0 660	<p>Continued From page 2</p> <p>tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines.</p> <p>(b) The facility must maintain written evidence of compliance with this subdivision.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to establish and maintain a tuberculosis (TB) prevention program based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) which included baseline testing and screening for one of two employees (licensed assisted living director/registered nurse (LALD/RN)-A). This had the potential to affect all residents, staff, and visitors at the facility.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>The licensee's TB Risk Assessment last completed on March 2, 2022, indicated the</p>	0 660		
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0 660	<p>Continued From page 3</p> <p>facility's risk level to be low.</p> <p>LALD/RN-A was hired on February 24, 2022.</p> <p>LALD/RN-A's employee record included a Baseline TB Screening Tool for Healthcare Workers form which indicated LALD/RN-A was screened via TB Gold testing (blood test for TB) on August 25, 2020, with a positive test result. The form further indicated a chest x-ray was completed on August 31, 2020, which ruled out active TB.</p> <p>On April 10, 2023, at 12:18 p.m., LALD/RN-A acknowledged their TB Gold and x-ray results were not conducted by the facility and were completed on August 25 and 31, 2020, respectively. LALD/RN-A stated they thought the TB Gold with x-ray was acceptable for five (5) years before retesting was required. Surveyor explained when facilities hire a new employee, they were allowed to accept TB test results completed within the past 90 days, which LALD/RN-A's test results exceeded.</p> <p>On April 11, 2023, at 9:24 a.m., administrator (A)-C stated they thought LALD/RN-A's TB test results from 2020, could be used as their screening. A-C was not aware TB test results could only be used by a new employer if completed within the previous 90 days.</p> <p>The licensee's 8.16 Tuberculosis Screening policy dated August 1, 2021, indicated: "Screening will be conducted as follows: 1. New staff will be screened for active signs of TB using the Baseline TB Screening Tool for HCWs . 2. New staff will have an IGRA blood test or a two-step Mantoux conducted with results</p>	0 660		

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0 660	<p>Continued From page 4</p> <p>documented on the Baseline TB Screening Tool for HCWs.</p> <p>3. No staff will be permitted to begin work where the work involves sharing the air space with residents until the negative results of the first Mantoux are read and documented or a negative IGRA blood test result is received and documented.</p> <p>4. Staff TB screening results will be kept in each employee medical file.</p> <p>5. Staff should be screened for signs and symptoms on an annual basis."</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 660		
0 780 SS=D	<p>144G.45 Subd. 2 (a) (1) Fire protection and physical environment</p> <p>(a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:</p> <p>(1) for dwellings or sleeping units, as defined in the State Fire Code:</p> <p>(i) provide smoke alarms in each room used for sleeping purposes;</p> <p>(ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms;</p> <p>(iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics;</p> <p>(iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in</p>	0 780		

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0 780	<p>Continued From page 5</p> <p>the individual dwelling unit or sleeping unit to operate; and</p> <p>(v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated;</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide a working smoke alarm inside the upper-level resident bedroom 3. This has the potential to directly affect the occupied resident in bedroom #3.</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>On April 11, 2023, approximately from 10:45 am to 11:45 a.m., survey staff toured the home with the administrator (A)-C. During the tour, survey staff observed and the A-C verified the required smoke alarm inside the upper-level resident 3 failed to sound when the A-C tested the smoke alarm. The finding was evident when the A-C activated the smoke alarm and it did not make any sound for notification. The A-C proceeded to pull out a piece of plastic inside the battery compartment and the smoke alarm sounded with the other smoke alarms in the home. The A-C</p>	0 780		

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0 780	<p>Continued From page 6</p> <p>explained that the smoke alarm had been tampered with. In addition, the required smoke alarm was incorrectly installed on the wall at 24 inches below the ceiling. Smoke alarms must be installed on the ceiling or walls at less than 12 inches below the ceiling for proper detection of smoke.</p> <p>On April 11, 2023, at approximately 12:30 p.m., at the exit interview, A-C acknowledged the above findings.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 780		
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 of the facility in a continuous state of good repair and operation. This has the potential to directly affect the health, safety, and well-being of all residents and staff.</p> <p>This practice resulted in a level two violation (a</p>	0 800		

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0 800	<p>Continued From page 7</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) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On April 11, 2023, approximately from 10:45 am to 11:45 a.m., survey staff toured the home with the administrator (A)-C. During the tour, survey staff observed and the A-C visually and/verbally verified the following:</p> <ol style="list-style-type: none"> 1.The egress window windowsill heights for the unoccupied and unfurnished lower-level bedrooms 1 and 2 were measured at 49.5 inches above the finished floor. Survey staff explained to the A-C that the maximum existing windowsill height must be 48 inches above the finished floor and advised the A-C that he may considered approved alternatives of securing a step, platform or bed to the wall directly underneath the window may be considered in accordance with the state fire code for existing windows with windowsill heights exceeding 48 inches. The A-C verified the findings and stated he will comply when the rooms are occupied by residents. 2.No approved cigarette butt receptor was provided outside for proper disposal of cigarette butts for smokers. Survey staff observed a resident smoking in the front of the home and no cigarette butt receptor was observed within the site for use. 3.A part of the end of the driveway was significantly damaged. The A-C agreed and showed survey staff a text message from the landlord that the driveway will be repaired in May 	0 800		

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0 800	<p>Continued From page 8</p> <p>(2023).</p> <p>4.The outlets in the bathrooms and next to the hand sink in the kitchen lacked GFI protection for safety.</p> <p>5.The kitchen exhaust fan cover was caked with a thick layer of grease.</p> <p>6.In the upper-level resident bedroom 5: -The electric outlet cover was damaged and needed to be replaced. -The privacy curtains for the windows were damaged and/or missing.</p> <p>7.The tub and lavatory faucets on the upper-level floor were leaking. The A-C showed a text message documentation that they currently are working on a repair plan.</p> <p>8.The lavatory on the upper-level floor was missing a handle to properly turn on the water for handwashing.</p> <p>9.The heating vents/grilles throughout the home were dirty and dusty.</p> <p>On April 11, 2023, at approximately 12:20 p.m., at the exit interview, A-C acknowledged the above findings and stated that he will take care of the repairs.</p> <p>No further information was 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: (1) location and number of resident sleeping rooms;</p>	0 810		

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0 810	<p>Continued From page 9</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 record review and interview, the licensee failed to provide the complete content of the fire safety and evacuation plan and the minimum required evacuation drills. This has the potential to directly affect the safety of the occupied resident receiving care, staff, 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) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On April 11, 2023, at approximately 11:45 a.m., survey staff received and reviewed the home ' s fire safety and evacuation documentation, the evacuation drill, and the training documentation from the administrator (A)-C. Document review and interview with A-C at approximately 12:15 p.m. indicating the following:</p> <ol style="list-style-type: none"> 1.No documentation on fire protection procedures for residents. 2. The fire safety and evacuation plan documentation did not include the identification of unique or unusual resident needs for movement or evacuation under procedures for resident movement, evacuation, or relocation during a fire or similar emergency. 3. Lack of evacuation drills for compliance for a minimum of two drills per year per shift with at least one drill every other month for a total minimum of six evacuation drills per year. Record review showed one drill performed on April 10, 2023, at 8:53 p.m. since June 2022 (date of change of ownership). <p>On April 11, 2023, at approximately 12:30 p.m., at the exit interview, A-C acknowledged the above findings.</p> <p>No Further information was provided.</p>	0 810		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36924	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/11/2023
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NAME OF PROVIDER OR SUPPLIER 1ST CHOICE HOME LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1440 EAST OLD SHAKOPEE ROAD BLOOMINGTON, MN 55425
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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	Continued From page 11 TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810		
0 970 SS=C	<p>144G.50 Subd. 5 Waivers of liability prohibited</p> <p>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.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract did not include language waiving the licensee's liability for health, safety, or personal property of a resident. This had the potential to affect three of three residents (R1, R2, R3) receiving services.</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 the potential to affect a large portion or all the residents).</p> <p>The findings include:</p> <p>R1's record included a signed contract dated June 23, 2022.</p>	0 970		

Minnesota Department of Health

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0 970	<p>Continued From page 12</p> <p>R2's record included a signed contract dated May, 31, 2022.</p> <p>R3's record included a signed contract dated December 1, 2022.</p> <p>The licensee's current blank contract dated 2021, and the signed contracts for R1, R2, and R3 included the following waivers of liability:</p> <p>"7. Security/Valuables/Keys: a. 1st Choice Home provides a security system: 24-hour video and audio surveillance b. You will not be assigned a key for the entrance doors of the house. c. The facility is staffed 24 hours a day. d. All resident rooms do have security locks. If you choose not to lock your valuables, you assume liability for them."</p> <p>"9. Insurance: a. Each resident should maintain his or her own health, personal property, liability and other applicable Insurance policies. b. 1st Choice Home does not provide insurance for you or your property."</p> <p>"1. Insurance Liability and Release. The resident shall maintain at all times his or her own health, personal property, liability, automobile (if applicable), and other insurance coverages and shall provide evidence of same by copies of binders or policies provided to 1st Choice Home upon request. The resident acknowledges that 1st Choice Home is not an insurer of the resident's person or property. The resident agrees that 1st Choice Home will not be liable to the resident for any personal injury or property damage (including, without limitation, damage to, or loss or theft of, automobiles or personal</p>	0 970		

Minnesota Department of Health

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NAME OF PROVIDER OR SUPPLIER 1ST CHOICE HOME LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1440 EAST OLD SHAKOPEE ROAD BLOOMINGTON, MN 55425
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0 970	<p>Continued From page 13</p> <p>property of resident) suffered by the resident or the resident's agents, guests or invitees, unless and to the extent that the injury or damage is caused by the negligence of 1st Choice Home or its employees or agents. The resident hereby releases 1st Choice Home from liability for any personal injury or property damage suffered by the resident or the resident's agents, guests, or invitees, unless caused by the negligence of 1st Choice Home or its employees or agents."</p> <p>"Indemnification: 1st Choice Home shall not be liable for any damage or injury to the resident, or any other person, or to any property, occurring on the premises, or any part thereof, or in common areas thereof, and the resident agrees to hold 1st Choice Home harmless from any claims or damages unless caused solely by negligence of 1st Choice Home. It is recommended that renter's insurance be purchased at the resident's expense. Nothing contained herein is intended to create a waiver of facility liability for the health and safety or personal property of a resident."</p> <p>"Liability: The resident agrees to be liable and responsible for all obligations herein referenced, monetary and otherwise, of the resident and where this Contract has been executed by a party designated below. Or where a separate Responsible Party Agreement has been executed by a third party, said third party and the resident shall be jointly and severally liable and responsible for all obligations, monetary and otherwise, of the resident herein referenced."</p> <p>On April 11, 2023, at 9:24 a.m., administrator (A)-C stated they were unaware a waiver of liability was not allowed in a resident contract. A-C acknowledged the presence of multiple waivers of liability in the licensee's current</p>	0 970		

Minnesota Department of Health

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0 970	Continued From page 14 contract as well as for R1, R2 and R3. A-C stated they would have the waivers removed from the contracts immediately. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 970		
01640 SS=D	144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to (a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan. (b) The service plan and any revisions must include a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities. (c) The facility must implement and provide all services required by the current service plan. (d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable. (e) Staff providing services must be informed of the current written service plan. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to have an updated signed service	01640		

Minnesota Department of Health

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01640	<p>Continued From page 15</p> <p>plan in place documenting agreement on the services to be provided for one of three 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) 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 admission nursing assessment on June 26, 2022, indicated R1 had verbally aggressive behaviors which included yells, screams, and swearing at staff.</p> <p>R1's 90-day nursing assessment on March 22, 2023, indicated R1 had verbally aggressive behaviors which included yells, screams, and swearing at staff.</p> <p>R1's record included a service plan signed and dated on September 13, 2022, which did not include behavior management.</p> <p>On April 10, 2023, the surveyor requested a printed copy of R1's service plan from Rtask (charting software). The licensee provided a service plan signed by R1 and facility staff on April 10, 2023, during survey.</p> <p>R1's service plan dated April 10, 2023, included additional services not found on the service plan dated September 13, 2022, which were: -manage behaviors - anxiety; -manage behaviors - agitation;</p>	01640		

Minnesota Department of Health

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01640	<p>Continued From page 16</p> <ul style="list-style-type: none"> -manage behaviors - repetitive behavior; -manage behaviors - self isolation; -manage behaviors - verbal aggression; -manage behaviors - other mental health need; -manage behaviors - wandering; and -safety checks. <p>On April 11, 2023, licensed assisted living director/registered nurse (LALD/RN)-A stated the current service plan for R1 was signed on April 10, 2023, with updated behavior management services. LALD/RN-A stated R1 very recently had the behavior changes and services were added in response to the recent behavior changes. LALD/RN-A stated he was aware a service plan required a signature when updated.</p> <p>On April 11, 2023, administrator (A)-C stated R1 had behavior management added to their service plan on April 10, 2023, during survey due to recent changes in behavior. Surveyor explained R1's admission nursing assessment on June 26, 2022, and his most recent 90-day nursing assessment on March 22, 2023, both indicated R1 had behaviors which required intervention but were not added to R1's service plan until April 10, 2023, which A-C acknowledged.</p> <p>The licensee's 6.10 Service Plan Modifications policy dated August 1, 2021, indicated, "When a resident at 1st Choice Home LLC receives assisted living services and a change(s) to the service plan occurs, the service plan must be amended in writing and signed by the resident or the resident's designated representative."</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	01640		

Minnesota Department of Health

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Type: Full
Date: 04/10/23
Time: 11:57:13
Report: 1036231090

Food and Beverage Establishment Inspection Report

Location:

1st Choice Home Llc
1440 East Old Shakopee Road
Bloomington, MN55425
Hennepin County, 27

Establishment Info:

ID #: 0039408
Risk:
Announced Inspection: Yes

License Categories:

Expires on: / /

Operator:

Phone #: 9522014493
ID #:

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

The following orders were issued during this inspection.

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

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

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

OBSERVED RAW ANIMAL FOODS SUCH AS SHELL EGGS STORED OVER READY TO EAT FOODS IN REFRIGERATOR. ISSUE CORRECTED ON SITE.

Comply By: 04/10/23

3-500C Microbial Control: date marking

3-501.17B ** Priority 2 **

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

OBSERVED OPENED CONTAINERS OF SOUR CREAM AND CREAM CHEESE IN THE FRIDGE WITH NO DATE LABELS. ITEMS DISCARDED ON SITE.

DEVELOP A CONSISTENT MARKING SYSTEM AND STICK TO IT.

Comply By: 04/10/23

4-300 Equipment Numbers and Capacities

4-302.13B ** Priority 2 **

MN Rule 4626.0710B Provide a readily accessible, irreversible registering temperature indicator for measuring the utensil surface temperature in mechanical hot water warewashing operations.

NO HIGH TEMPERATURE INDICATOR DEVICE FOR MEASURING UTENSIL SURFACE TEMPERATURE OF HIGH TEMP DISH MACHINE. PROVIDE AND MAINTAIN.

Type: Full
Date: 04/10/23
Time: 11:57:13
Report: 1036231090
1st Choice Home Llc

Food and Beverage Establishment Inspection Report

Comply By: 05/10/23

7-100 Toxic Labeling

7-102.11

**** Priority 2 ****

MN Rule 4626.1595 Clearly label all working containers used for storing poisonous or toxic materials from bulk supplies such as sanitizers and cleaners, with the common name of the product.

OBSERVED TWO SECONDARY SPRAY BOTTLES CONTAINING UNKNOWN CLEANING SOLUTION UNDER THE SINK WITH NO LABELS. BOTTLES DISCARDED ON SITE.

Comply By: 04/10/23

Surface and Equipment Sanitizers

Hot Water: = at >160 Degrees Fahrenheit

Location: DISH MACHINE

Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cold Hold/CHEESE

Temperature: 41 Degrees Fahrenheit - Location: KITCHEN FRIDGE

Violation Issued: No

Process/Item: Ambient Temp

Temperature: 5 Degrees Fahrenheit - Location: KITCHEN FREEZER

Violation Issued: No

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

THIS INSPECTION WAS CONDUCTED IN CONJUNCTION WITH MDH HEALTH REGULATORY DIVISION (HRD) SURVEY. SURVEYOR FROM HRD WAS JOEY KEEN. INSPECTION CONDUCTED IN PRESENCE OF ABDI ABDULLAHI, THE PERSON IN CHARGE. ALL VIOLATIONS WERE DISCUSSED WITH PERSON IN CHARGE AND HRD EVALUATOR DURING INSPECTION.

THIS FACILITY DOES NOT HAVE COMMERCIAL GRADE ANSI EQUIPMENT. ALL FOOD MUST BE SERVED THE SAME DAY IT IS PREPARED, AND LEFTOVERS CAN NEVER BE SAVED.

THESE ADDITIONAL TOPICS WERE DISCUSSED WITH THE PERSON IN CHARGE:

- EMPLOYEE ILLNESS EXCLUSION
- HAND WASHING PROCEDURE
- NO BARE HAND CONTACT WITH RTE FOOD
- FULLY COOKING FOOD FOR HIGH RISK POPULATIONS
- THERMOMETER USE AND CALIBRATION
- ANSI 184 STANDARD FOR RESIDENTIAL DISH WASHER
- PEST MANAGEMENT

FOR CORRECT BY DATES REFER TO COMPLETE REPORT ISSUED BY HRD.

****IF ANY RESIDENTS COMPLAIN OF ILLNESS, CONTACT THE MINNESOTA DEPARTMENT OF HEALTH AND PROVIDE THE FOODBORNE ILLNESS HOTLINE PHONE NUMBER TO THE**

Type: Full
Date: 04/10/23
Time: 11:57:13
Report: 1036231090
1st Choice Home Llc

Food and Beverage Establishment Inspection Report

CUSTOMER. THE FOODBORNE ILLNESS HOTLINE PHONE NUMBER IS 1-877-366-3455.

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

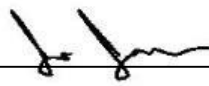
I acknowledge receipt of the inspection report number 1036231090 of 04/10/23.

Certified Food Protection Manager: Hamdi H. Shirwa

Certification Number: FM107899 Expires: 07/16/24

Inspection report reviewed with person in charge and emailed.

Signed: _____
Abdi Abdullahi

Signed:  _____
Jeff Johanson