



Protecting, Maintaining and Improving the Health of All Minnesotans

NOTICE OF REMOVAL OF CONDITIONAL LICENSE

Electronic Delivery

July 22, 2024

Licensee

Astral Home Care LLC

8943 Dunbar Knoll North

Brooklyn Park, MN 55443

RE: Initial License Number 410721

Health Facility Identification Number (HFID) 39509

Project Number(s) SL39509015

Dear Licensee:

On July 9, 2024, The Minnesota Department of Health (MDH) completed a follow-up survey of your facility to determine correction of orders found on the survey completed July 9, 2024. The follow-up survey found the facility to be in compliance. Based on these findings, the condition(s) on the license were removed effective 07/22/2024.

This is your **official notice** that you have been **granted your assisted living facility license**. Your license effective and expiration dates remain the same as on your provisional license. Your updated status will be listed on the license certificate at renewal and **this letter serves as proof** in the meantime. You will not receive a replacement license certificate until your license is due to renew. If you have not received a letter from us with information regarding renewing your license within 60 days prior to your expiration date, please contact us at (651) 201-5273 or by email at Health.assistedliving@state.mn.us.

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

Sincerely,

A handwritten signature in black ink that reads 'Rick Michals'.

Rick Michals, J.D.

Interim Assistant Division Director

Minnesota Department of Health

Health Regulation Division

JMD



Protecting, Maintaining and Improving the Health of All Minnesotans

NOTICE OF PROVISIONAL EXTENSION AND CONDITIONAL LICENSE

Electronically Delivered

May 01, 2024

Licensee

Astral Home Care LLC

Skyblu Residential Services LLC

Brooklyn Park, MN 55443

RE: Provisional Conditional License Number 410721
Health Facility Identification Number (HFID) 39509
Project Number(s) SL39509015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on April 16, 2024, for the purpose of assessing compliance with state licensing statutes. Based on the survey results you were found not to be in substantial compliance with the laws pursuant to Minnesota Statutes, Chapter 144G.

As a result, pursuant to Minn. Stat. § 144G.16, Subd. 3(b)(2), MDH is extending the provisional license for 90-days and applying conditions necessary to bring the facility into substantial compliance. The provisional license extension and conditions are due to expire **July 30, 2024**.

STATE CORRECTION ORDERS

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

MDH may assess fines based on the level and scope of the orders outlined below. The total amount of **potential** fines that may be assessed related to these correction orders is \$3,000.00. **MDH is not imposing these fines against your provisional license at this time.**

St - 0 - 0820 - 144g.45 Subd. 2 (g) - Fire Protection And Physical Environment - \$3,000.00

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 provisional licensee must document actions taken to comply with the correction orders and immediately correct any reissued orders outlined on the state form; however, plans of correction are not required to be submitted for approval. **If corrections are not made, MDH may impose fines as described above and in accordance with Minnesota Statutes 144G.**

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.

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.

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 MDH 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.

CONDITIONAL LICENSE ISSUED:

MDH will issue Astral Home Care LLC a conditional provisional assisted living facility license for 90 calendar days from the date of this notice. At an unannounced point in time, within the 90 calendar days, MDH will conduct a follow-up survey, as defined in Minn. Stat. § 144G.30, Subd. 6. Based on the results of the follow-up survey, MDH will determine if Astral Home Care LLC is in substantial compliance.

The following conditions apply on the conditional provisional assisted living facility license:

- a. **Health Facility Construction Permit:** Astral Home Care LLC, will contact The Minnesota Department of Labor and Industry (MNDLI) or City with delegated authority and obtain a construction permit for a health facility. Within 14-days from the date of this notice, Astral Home Care LLC, will provide MDH with a copy of the permit obtained from MNDLI or City with delegated authority.
- b. **General Contractor:** Astral Home Care LLC must provide the following to Bob Dehler (Robert.Dehler@state.mn.us) via email within two (2) weeks of the date of this notice:
 - i. Name
 - ii. License Number
 - iii. Contact Information
- c. **Egress Window Requirements:** Astral Home Care LLC will replace at least one window in occupied resident R2's sleeping room meeting the minimum size requirements. At least one window in each resident bedroom must meet the minimum window opening size of no less than 20 inches in width, with a total of at least 648 square inches (4.5 square feet) required for egress, and have a windowsill height from the floor to the clear opening area of 648 square inches and have a minimum dimension of 20 inches in height and a minimum dimension of 20 inches in width and have a windowsill height from the floor to the clear opening of not more than 48 inches.

RESULTS OF FOLLOW-UP EVALUATION DURING THE CONDITIONAL PROVISIONAL LICENSE PERIOD:

MDH will determine if Astral Home Care LLC is in substantial compliance based on the results of the follow up survey. MDH will make this determination within the 90-day conditional provisional license period. If MDH determines Astral Home Care LLC is in substantial compliance on the follow up survey, MDH will remove the conditions and grant the assisted living facility license to Astral Home Care LLC. If MDH determines Astral Home Care LLC is not in substantial compliance, MDH may deny the license pursuant to Minn. Stat. § 144G.16, Subd. 3 (b) (2).

REQUEST FOR RECONSIDERATION:

Pursuant to Minn. Stat. §144G.16, Subd. 4, if a provisional licensee whose assisted living facility license has been denied, or extended with conditions, disagrees with the action taken against the provisional license under this section, the provisional licensee may request a reconsideration no later than 15 calendar days after provisional licensee receives notice of the action. **This is your only ability to request a reconsideration under this enforcement action.**

To submit a reconsideration request, please visit:

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

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 Bob Dehler directly at: 651-201-3710.

Sincerely,

A handwritten signature in black ink that reads "Rick Michals". The signature is written in a cursive, slightly slanted style.

Rick Michals, J.D.

Interim Assistant Division Director

**Minnesota Department of Health
Health Regulation Division**

JMD

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39509	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/16/2024
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NAME OF PROVIDER OR SUPPLIER ASTRAL HOME CARE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE SKYBLU RESIDENTIAL SERVICES LLC BROOKLYN PARK, MN 55443
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	<p>Initial Comments</p> <p>*****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: SL39509015-0</p> <p>On April 15, 2024, through April 16, 2024, the Minnesota Department of Health conducted a survey at the above licensed provider, and the following correction orders are issued. At the time of the survey, there were three active residents receiving services under the Provisional Assisted Living license.</p> <p>An immediate correction order was identified on April 15, 2024, issued for SL39509015-0, tag identification 0820.</p> <p>The immediacy of order 0820 was not removed prior to survey exit and remains.</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>	
0 470 SS=F	<p>144G.41 Subdivision 1 Minimum requirements</p> <p>(11) develop and implement a staffing plan for determining its staffing level that:</p>	0 470		

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	<p>Continued From page 1</p> <p>(i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility;</p> <p>(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</p> <p>(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;</p> <p>(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:</p> <p>(i) awake;</p> <p>(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;</p> <p>(iii) capable of communicating with residents;</p> <p>(iv) capable of providing or summoning the appropriate assistance; and</p> <p>(v) capable of following directions;</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the staffing plan was developed and evaluated twice yearly, to ensure sufficient staffing to meet the immediate and reasonably foreseeable unscheduled needs of each resident. This potentially affected all the licensee's current residents.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or</p>	0 470		

Minnesota Department of Health

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0 470	<p>Continued From page 2</p> <p>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 the residents).</p> <p>The findings include:</p> <p>On April 15, 2024, at approximately 10:15 a.m., during the entrance conference, director/unlicensed personnel (D/ULP)-B stated the licensee had a staffing schedule but did not have a staffing plan that was evaluated twice per year.</p> <p>On April 15, 2024, at approximately 11:30 a.m., surveyor observed a monthly staffing schedule posted in the common area.</p> <p>On April 16, 2024, at 12:05 p.m., D/ULP-B acknowledged the licensee did not have a staffing plan and stated the leadership team talked about staffing weekly.</p> <p>The licensee's Staffing policy dated August 1, 2021, indicated the staffing plan would be developed by the clinical nurse supervisor and would be evaluated twice per year.</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 470		
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements	0 480		

Minnesota Department of Health

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0 480	<p>Continued From page 3</p> <p>(13) offer to provide or make available at least the following services to residents: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents).</p> <p>The findings include:</p> <p>Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated April 15, 2024, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.</p> <p>TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.</p>	0 480		
0 550 SS=F	<p>144G.41 Subd. 7 Resident grievances; reporting maltreatment</p> <p>All facilities must post in a conspicuous place information about the facilities' grievance</p>	0 550		

Minnesota Department of Health

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0 550	<p>Continued From page 4</p> <p>procedure, and the name, telephone number, and email contact information for the individuals who are responsible for handling resident grievances. The notice must also have the contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities and must have information for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center. The notice must also state that if an individual has a complaint about the facility or person providing services, the individual may contact the Office of Health Facility Complaints at the Minnesota Department of Health.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to post the required information related to the grievance procedure and contact information for the Offices of Ombudsman for Long-Term Care and Mental Health and Developmental Disabilities. This had the potential to affect all the licensee's current 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) 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>During a facility tour on April 15, 2024, at approximately 11:30 a.m., the common areas</p>	0 550		

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0 550	<p>Continued From page 5</p> <p>shared by residents, staff, and visitors lacked the required posting of the grievance procedure to include the name, telephone number, and e-mail contact information for the individuals who were responsible for handling resident grievances. In addition, there was no evidence of the contact information for the state and applicable regional Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities.</p> <p>On April 15, 2024, at approximately 12:05 p.m., director/unlicensed personnel (D/ULP)-B acknowledged the required content was not posted in the common areas. D/ULP-B stated they were unaware that posting the grievance procedure and Ombudsman information was required.</p> <p>On April 16, 2024, at 8:30 a.m., surveyor observed that grievance procedure containing required elements had been posted in the common area.</p> <p>The licensee's Grievance policy dated August 1, 2021, read "a copy of the grievance procedure is conspicuously posted in the residence with the following information: -Name, phone number and email contact information for the individuals who are responsible for handling resident complaints; -contact information for the state and any regional Office of Ombudsman for Long-Term Care; -contact information for the Office of Ombudsman for Mental Health and Developmental Disabilities; and -contact information for the Minnesota Adult Abuse Reporting Center."</p> <p>No further information was provided.</p>	0 550		

Minnesota Department of Health

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0 550	Continued From page 6	0 550		
0 640 SS=F	<p>144G.42 Subd. 7 Posting information for reporting suspected c</p> <p>The facility shall support protection and safety through access to the state's systems for reporting suspected criminal activity and suspected vulnerable adult maltreatment by:</p> <ul style="list-style-type: none"> (1) posting the 911 emergency number in common areas and near telephones provided by the assisted living facility; (2) posting information and the reporting number for the Minnesota Adult Abuse Reporting Center to report suspected maltreatment of a vulnerable adult under section 626.557; and (3) providing reasonable accommodations with information and notices in plain language. <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to support protection and safety by not posting information and phone numbers for reporting to the Minnesota Adult Abuse Reporting Center (MAARC) and failed to post the 911 emergency number in common areas and near telephones provided by the assisted living facility. This had the potential to affect all 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</p>	0 640		

Minnesota Department of Health

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0 640	<p>Continued From page 7</p> <p>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 April 15, 2024, at approximately 11:00 a.m., the surveyor observed the facility's common areas lacked the following required postings:</p> <ul style="list-style-type: none"> - posting of 911 emergency number in common areas and near telephones provided by the assisted living facility; and - posting of information and the reporting number for the MAARC to report suspected maltreatment of a vulnerable adult under section 626.557. <p>On April 15, 2024, at approximately 11:45 a.m., director/unlicensed personnel (D/ULP)-B acknowledged common areas lacked the required postings for MAARC reporting and 911 information. D/ULP-B stated they were unaware of the posting requirements for MAARC and 911 information.</p> <p>On April 16, 2024, at 8:30 a.m., surveyor observed that MAARC information and phone numbers had been posted in common areas and 911 information had been posted by facility telephone.</p> <p>The licensee's Vulnerable Adult policy dated August 1, 2021, indicated contact information would be posted in the facility.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 640		

Minnesota Department of Health

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0 680	Continued From page 8	0 680		
0 680 SS=F	<p>144G.42 Subd. 10 Disaster planning and emergency preparedness</p> <p>(a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to perform an annual review of their written emergency preparedness (EP) plan and failed to perform a quarterly review of their missing resident plan.</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</p>	0 680		

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NAME OF PROVIDER OR SUPPLIER ASTRAL HOME CARE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE SKYBLU RESIDENTIAL SERVICES LLC BROOKLYN PARK, MN 55443
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0 680	<p>Continued From page 9</p> <p>resident's health or safety, but was not likely to 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>The licensee's EP plan lacked the following required elements: -the licensee's Emergency Preparedness Program/Policies Established document dated March 2, 2023, lacked documentation of an annual review of the EP program; and -the licensee's Hazard Vulnerability Assessment dated March 2, 2023, lacked documentation of an annual review.</p> <p>On April 16, 2024, 12:05 p.m., director/unlicensed personnel (D/ULP)-B stated the EP plan had not been reviewed or updated since March 2, 2023, and the missing resident plan was not reviewed quarterly. D/ULP-B stated this would be documented in future meeting minutes.</p> <p>The licensee's Emergency Preparedness policy dated August 1, 2021, indicated the emergency preparedness plan/program would be reviewed/updated at least annually.</p> <p>The licensee's Missing Resident policy dated August 1, 2021, lacked information defining the frequency at which the missing resident plan would be reviewed and updated.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	0 680		

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0 780 SS=F	<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> <ul style="list-style-type: none"> (i) provide smoke alarms in each room used for sleeping purposes; (ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms; (iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics; (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 the individual dwelling unit or sleeping unit to operate; and (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>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide smoke alarms that are interconnected throughout the facility so that actuation of one alarm will cause all alarms in the dwelling to actuate. The licensee also failed to provide a smoke alarm outside and in the immediate vicinity of R2 bedroom. This deficient condition had the ability to affect all staff and residents.</p>	0 780		
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0 780	<p>Continued From page 11</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 a facility tour on April 15, 2024, at 12:50 p.m. with director/unlicensed personal (D/ULP)-B, survey staff observed that smoke alarms throughout the facility were not interconnected so that actuation of one alarm will cause all alarms in the dwelling to actuate. This was discovered when the D/ULP-B tested the smoke alarms and they could not be heard in all five bedrooms but was audible through the rest of the facility. It was also observed that R2 did not have a smoke alarm installed outside and in the immediate vicinity of this resident's bedroom.</p> <p>D/ULP-B verbally confirmed survey staff observations during the facility tour.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 780		
0 790 SS=F	<p>144G.45 Subd. 2 (a) (2)-(3) Fire protection and physical environment</p> <p>(2) install and maintain portable fire extinguishers in accordance with the State Fire</p>	0 790		

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0 790	<p>Continued From page 12</p> <p>Code;</p> <p>(3) install portable fire extinguishers having a minimum 2-A:10-B:C rating within Group R-3 occupancies, as defined by the State Fire Code, located so that the travel distance to the nearest fire extinguisher does not exceed 75 feet, and maintained in accordance with the State Fire Code; and</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide current tags and documentation of annual and monthly inspections of the fire extinguishers. This deficient condition had the ability to affect all staff and residents.</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 a facility tour on April 15, 2024, at 12:50 p.m., with director/unlicensed personal (D/ULP)-B, survey staff observed that the fire extinguishers throughout the facility, did not have current tags or documentation to indicate that annual inspections had been performed. Monthly inspections had only been performed in January 2024 and December 2023. Annual and monthly</p>	0 790		

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0 790	Continued From page 13 inspections of the fire extinguishers are required to ensure that all systems are maintained and remain in working order. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 790		
0 800 SS=F	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (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. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain the facility physical environment 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. 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).	0 800		

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0 800	Continued From page 14 The findings include: On April 15, 2024, at 12:50 p.m., survey staff toured the facility with director/unlicensed personal (D/ULP)-B, 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. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 800		
0 820 SS=I	144G.45 Subd. 2 (g) Fire protection and physical environment (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. This MN Requirement is not met as evidenced by:	0 820		

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0 820	<p>Continued From page 15</p> <p>Based on observation and interview, the licensee failed to provide properly sized egress window for R2's room that did not create a distinct hazard for residents. This had the potential to directly affect a portion of the residents and staff.</p> <p>This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>On April 15, 2024, at 12:41 p.m., survey staff conducted a facility tour with director/unlicensed personal (D/ULP)-B. During facility tour, survey staff observed the following:</p> <p>D/ULP-B measured and verified egress window measurement in R2's room to be 48" (inches) high x 15" wide for a total of 720 square inches.</p> <p>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".</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Immediate</p> <p>The immediacy of order 0820 was not removed prior to survey exit and remained in place.</p>	0 820		

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01060	Continued From page 16	01060		
01060 SS=D	<p>144G.52 Subd. 9 Emergency relocation</p> <p>(a) A facility may remove a resident from the facility in an emergency if necessary due to a resident's urgent medical needs or an imminent risk the resident poses to the health or safety of another facility resident or facility staff member. An emergency relocation is not a termination.</p> <p>(b) In the event of an emergency relocation, the facility must provide a written notice that contains, at a minimum:</p> <ul style="list-style-type: none"> (1) the reason for the relocation; (2) the name and contact information for the location to which the resident has been relocated and any new service provider; (3) contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities; (4) if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and (5) a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal. <p>(c) The notice required under paragraph (b) must be delivered as soon as practicable to:</p> <ul style="list-style-type: none"> (1) the resident, legal representative, and designated representative; (2) for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the resident's case manager; and (3) the Office of Ombudsman for Long-Term Care if the resident has been relocated and has not 	01060		

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01060	<p>Continued From page 17</p> <p>returned to the facility within four days. (d) Following an emergency relocation, a facility's refusal to provide housing or services constitutes a termination and triggers the termination process in this section. currently known; and</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide a written notice with required content for an emergency relocation and failed to notify the Office of Ombudsman for Long-Term Care of the emergency relocation for one of one resident (R1).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>R1 was admitted to licensee on November 1, 2023, and began receiving assisted living services.</p> <p>R1's service plan dated November 1, 2023, indicated R1's services included assistance with dressing, grooming, toileting, medication administration, meal preparation, transportation, and laundry/housekeeping.</p> <p>R1's record contained post-hospitalization assessments dated November 10, 2023, December 21, 2023, and January 11, 2024.</p>	01060		

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01060	<p>Continued From page 18</p> <p>R1's record lacked evidence of a written notice provided to the resident, the residents' legal representative, and designated representative that contained, at a minimum:</p> <ul style="list-style-type: none"> - the reason for the relocation; - the name and contact information for the location to which the resident had been relocated and any new service provider; - contact information for the Office of Ombudsman for Long-Term Care (OOLTC); - if known and applicable, the approximate date or range of dates within which the resident was expected to return to the facility, or a statement that a return date was not currently known; and - a statement that, if the facility refused to provide housing or services after a relocation, the resident had the right to appeal and the contact information for the agency to which the resident may submit an appeal. <p>On April 16, 2024, at 9:45 a.m., clinical nurse supervisor (CNS)-C stated that emergency relocation forms had not been completed for any of the three hospitalizations for R1. CNS-C stated families were notified by phone or email when residents were transferred to the hospital.</p> <p>The licensee's Discharge and Transfer of Residents policy dated August 1, 2021, read "in the event of an emergency relocation, the facility will, as soon as possible, provide written notice of emergency relocation to the following:</p> <ul style="list-style-type: none"> -the resident; -the resident's legal representative; -the resident's designated representative; -If the resident receives home and community-based services, the resident's case manager; and -if the resident has been relocated and not 	01060		

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01060	Continued From page 19 returned to [licensee] within four (4) days, the Office of Ombudsman for Long-Term Care." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01060		
01290 SS=D	<p>144G.60 Subdivision 1 Background studies required</p> <p>(a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information.</p> <p>(b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12.</p> <p>(c) Termination of an employee in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a background study was affiliated with the assisted living facility (ALF) license for one of two employees (director/unlicensed personnel (D/ULP)-B).</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</p>	01290		

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01290	<p>Continued From page 20</p> <p>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>D/ULP-B was hired on May 24, 2023, and began providing assisted living services.</p> <p>D/ULP's employee record contained a Background Study Clearance dated May 1, 2023, from another licensee operated by the same owner. However, the background study was not affiliated with the licensee's license.</p> <p>On April 16, 2024, at 10:37 a.m., D/ULP-B stated she worked at both licensees and was not sure why the background study was not affiliated with this licensee. D/ULP-B stated they would notify licensed assisted living director (LALD)-A to make the correction.</p> <p>The licensee's Recruitment and Hiring policy dated August 1, 2021, indicated the criminal background check would be submitted to Minnesota Department of Human Services (DHS) following the step-by-step procedure established by DHS.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Two (2) days</p>	01290		
01620 SS=F	144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring	01620		

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01620	<p>Continued From page 21</p> <p>(c) Resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services. Ongoing resident reassessment and monitoring must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the last date of the assessment.</p> <p>(d) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review.</p> <p>(e) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a registered nurse (RN) completed a comprehensive reassessment to include all required content identified per Minnesota (MN) Administrative Rule 4659.0150 Uniform Assessment Tool for two of two 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>	01620		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39509	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/16/2024
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NAME OF PROVIDER OR SUPPLIER ASTRAL HOME CARE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE SKYBLU RESIDENTIAL SERVICES LLC BROOKLYN PARK, MN 55443
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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
01620	<p>Continued From page 22</p> <p>was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>R1 R1 was admitted on November 1, 2023, and began receiving assisted living services.</p> <p>R1's Service Plan dated November 1, 2023, indicated R1's services included assistance with activities of daily living (ADLs), medication administration, meal preparation, and behavior management.</p> <p>R1's record contained five (5) Nurse Reassessment Visit with Medication Management forms dated November 10, 2023, November 15, 2023, December 21, 2023, January 11, 2024, and February 2, 2024. The forms consisted of a two (2) page document identified by clinical nurse supervisor (CNS)-C as the reassessment form used by the facility. The documents had markings next to, "NC," which indicated "No Change," and were signed as completed by CNS-C.</p> <p>R2 R2 was admitted on February 8, 2024, and began receiving assisted living services.</p> <p>R2's Service Plan dated February 8, 2024, indicated R2's services included ADL assistance, food preparation, and medication management and administration.</p> <p>R2's Nurse Reassessment Visit with Medication Management dated February 21, 2024, was a two</p>	01620		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39509	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/16/2024
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NAME OF PROVIDER OR SUPPLIER ASTRAL HOME CARE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE SKYBLU RESIDENTIAL SERVICES LLC BROOKLYN PARK, MN 55443
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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
01620	<p>Continued From page 23</p> <p>(2) page document with markings next to, "NC," which indicated "No Change," and was signed as completed by CNS-C.</p> <p>R1 and R2's Nurse Reassessment Visits with Medication Management documents lacked content identified by MN Administrative Rule 4659.0150 Uniform Assessment Tool in Subpart 2, Section A through Section O to be completed with each assessment and reassessment.</p> <p>On April 16, 2024, at 9:45 a.m., CNS-C stated they were unaware of the requirement of using a Uniform Assessment Tool and were unaware of the required content.</p> <p>The licensee's Comprehensive Nursing Assessment policy dated August 1, 2021, indicated the registered nurse would conduct a comprehensive assessment utilizing a uniform assessment tool that addresses the elements required in MN Rules 4659.0150.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01620		



Minnesota Department Of Health
 Food, Pools, and Lodging Services
 P.O. Box 64975
 St. Paul, MN 55164-0975
 651-201-4500

Type: Full
 Date: 04/15/24
 Time: 10:30:43
 Report: 1050241083

Food and Beverage Establishment Inspection Report

Page 1

Location:

Astral Home Care Llc
 9121 Barrington Terrace
 Brooklyn Park, MN55443
 Hennepin County, 27

Establishment Info:

ID #: 0039089
 Risk:
 Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 7632839973
 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.

2-200 Employee Health

2-201.11C

**** Priority 1 ****

MN Rule 4626.0040C The person in charge must record all reports of diarrhea or vomiting made by food employees and report those illnesses to the regulatory authority at the specific request of the regulatory authority.

NO EMPLOYEE ILLNESS LOG ON SITE. EXCLUSION AND LOGGING REQUIREMENTS REVIEWED. MDH LOG FORM SENT WITH REPORT.

Comply By: 04/16/24

Food and Equipment Temperatures

Process/Item: Cold Holding/MILK
 Temperature: Degrees Fahrenheit - Location: REFRIGERATOR
 Violation Issued: No

Process/Item: Cold Holding/ORANGES
 Temperature: Degrees Fahrenheit - Location: REFRIGERATOR
 Violation Issued: No

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

Inspection was completed with the Director, Latia Castilleja. Michelle Winters was the lead Health Regulation Division Nurse Evaluator. Facility had three residents on site at time of inspection. Meals are prepared on site.

This establishment has a residential kitchen. The kitchen has wood cabinets with a hollow base and tile flooring. All found to be in good condition. A two basin sink is located in the kitchen with one basin

Type: Full
Date: 04/15/24
Time: 10:30:43
Report: 1050241083
Astral Home Care Llc

Food and Beverage Establishment Inspection Report

designated for hand washing. Dishwasher onsite (Frigidare).

Discussed the following:

- Employee illness policy and logging requirements
- Hand Washing
- Glove-use and bare hand contact
- Food storage and preventing cross contamination
- Date marking
- Vomit clean up procedures
- Restrictions concerning serving a highly susceptible population

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 1050241083 of 04/15/24.

Certified Food Protection Manager Latia C. Castilleja

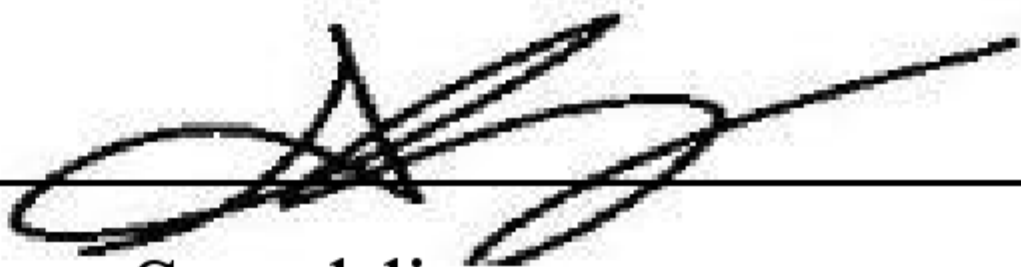
Certification Number: FM117979 Expires: 07/13/26

Inspection report reviewed with person in charge and emailed.

Signed: _____

Latia C. Castilleja
Director

Signed: _____


Andrew Spaulding
Public Health Sanitarian 2
FPLS Metro
651-201-5298
andrew.spaulding@state.mn.us