

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

September 12, 2024

Licensee 24-Seven Home Care Inc. 5629 80th Avenue North Brooklyn Park, MN 55443

RE: Project Number(s) SL37213015

Dear Licensee:

On July 24, 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 on January 31, 2024. This follow-up survey determined your facility had not corrected all of the state correction orders issued pursuant to the January 31, 2024 survey.

In accordance with Minn. Stat. § 144G.31 Subd. 4 (a), state correction orders issued pursuant to the last survey, completed on January 31, 2024, found not corrected at the time of the July 24, 2024, follow-up survey and/or subject to penalty assessment are as follows:

0100 - License Required - 144g.10 Subdivision 1

The details of the violations noted at the time of this follow-up survey completed on July 24, 2024 (listed above), are on the attached State Form. Brackets around the ID Prefix Tag in the left hand column, e.g., {2 ----} will identify the uncorrected tags.

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

DOCUMENTATION OF ACTION TO COMPLY

In accordance with Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document actions taken to comply with the correction orders within the time period outlined on the state form; however, plans of correction are not required to be submitted for approval.

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

24-Seven Home Care Inc. September 12, 2024 Page 2

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

We urge you to review these orders carefully. If you have questions, please contact Renee Anderson at 651-201-5871.

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,

Renee Anderson, Supervisor

State Evaluation Team

Email: renee.anderson@state.mn.us

Telephone: 651-201-5871 Fax: 1-866-890-9290

JMD

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

37213

NAME OF PROVIDER OR SUPPLIER, STREET ADDRESS, CITY, STATE, ZIP CODE
24-SEVEN HOME CARE INC
5629 80TH AVENUE NORTH
BROOKLYN PARK, MN 55443

(X3) DATE SURVEY
COMPLETED

07/24/2024

{0 000} Initial Comments

*****ATTENTION*****

ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER

In accordance with Minnesota Statutes, section 144G.08 to 144G.95 this correction order(s) has been issued pursuant to a survey.

Determination of whether a violation has been corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.

INITIAL COMMENTS: Project # SL37213015-2

On July 23, 2024, through July 24, 2024, the Minnesota Department of Health conducted a survey on the above provider to follow-up on orders issued pursuant to a survey completed on January 31, 2024, and reissued April 29, 2024. At the time of the survey, there were three (3) residents that were receiving services under the assisted living license. As a result of the review, the following orders were reissued.

{0 100} SS=F License required

- (a)(1)Beginning August 1, 2021, no assisted living facility may operate in Minnesota unless it is licensed under this chapter.
- (2) No facility or building on a campus may provide assisted living services until obtaining the required license under paragraphs (c) to (e). (b) The licensee is legally responsible for the management, control, and operation of the facility, regardless of the existence of a management agreement or subcontract. Nothing in this chapter shall in any way affect the rights and remedies available under other law.
- (c) Upon approving an application for an assisted living facility license, the commissioner shall issue a single license for each building that is operated by the licensee as an assisted living facility and is located at a separate address, except as provided under paragraph (d) or (e).
- (d) Upon approving an application for an assisted living facility license, the commissioner may issue a single license for two or more buildings on a campus that are operated by the same licensee as an assisted living facility. An assisted living facility license for a campus must identify the address and licensed resident capacity of each building located on the campus in which assisted living services are provided.

 (e) Upon approving an application for an assisted living facility license, the commissioner may:
- (1) issue a single license for two or more buildings on a campus that are operated by the same licensee as an assisted living facility with dementia care, provided the assisted living facility for dementia care license for a campus identifies the buildings operating as assisted living facilities with dementia care; or
- (2) issue a separate assisted living facility with dementia care license for a building that is on a campus and that is operating as an assisted living facility with dementia care.

Based on interview and record review, the licensee failed to obtain accurate licensure when the licensee applied for licensure at a townhome unit with adjoining townhomes on each side of it; sharing one roof; and lacking an approved two-hour fire barrier separation between the units.

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).

The findings include:

The licensee's facility, health facility identification (HFID) 37213, was located at 5629 80th Avenue North, Brooklyn Park, Minnesota (MN) 55443 (town home one). The facility was attached to 5627 80th Avenue North, Brooklyn Park, MN 55443 (townhome two), on the East side, and 5631 80th Avenue North Brooklyn Park, MN 55443 (townhome three), on the West side. The three units were each separated by a shared wall and connected by a doorway on either side of the facility.

On July 23, 2024, at 8:05 a.m., surveyor requested documentation via email from licensed assisted living director (LALD)-A confirming the shared wall separating the adjoining townhomes on each side had a 2-hour fire barrier.

On July 23, 2024, at 10:22 a.m., surveyor recieved a phone call from LALD-A stating licensee had paid a fine back in May 2024, for non-compliance with the 2-hour fire wall, and was under the understanding there was nothing further licensee needed to complete.

On July 24, 2024, at 8:53 a.m., engineering supervisor stated via email, the information provided by licensee was not sufficient to verify the presence of a 2-hour fire separation.

On August 5, 2024, the licensee submitted a letter from a building architect dated August 2, 2024, as additional documentation to confirm the presence of a 2-hour fire separation.

oQuickReport.rpt

	R/SUPPLIER/CLIA CATION NUMBER:	NAME OF PROVIDER OR SUPPLIER, STREET ADDRESS, CITY, STATE, ZIP CODE 24-SEVEN HOME CARE INC	(X3) DATE SURVEY COMPLETED
	37213	5629 80TH AVENUE NORTH BROOKLYN PARK, MN 55443	07/24/2024
{0 100}	Continued From page	: 1	
	On August 7, 2024, the project plan review, for	engineering supervisor requested the licensee submit the building architect's letter to the departm further evaluation.	ent in the form of a
	No further information v	was provided.	

oQuickReport.rpt



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

May 15, 2024

Licensee 24-Seven Home Care Inc 5629 80th Avenue North Brooklyn Park, MN 55443

RE: Project Number(s) SL37213015

Dear Licensee:

On April 29, 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 on January 31, 2024. This follow-up survey determined your facility had not corrected all of the state correction orders issued pursuant to the January 31, 2024 survey.

In accordance with Minn. Stat. § 144G.31 Subd. 4 (a), state correction orders issued pursuant to the last survey, completed on January 31, 2024, found not corrected at the time of the April 29, 2024, follow-up survey and/or subject to penalty assessment are as follows:

0100-License Required-144g.10 Subdivision 1 - \$500.00

The details of the violations noted at the time of this follow-up survey completed on April 29, 2024 (listed above), are on the attached State Form. Brackets around the ID Prefix Tag in the left hand column, e.g., {2 ----} will identify the uncorrected tags.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, the total amount you are assessed is \$500.00. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

DOCUMENTATION OF ACTION TO COMPLY

In accordance with Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document actions taken to comply with the correction orders within the time period outlined on the state form; however, plans of correction are not required to be submitted for approval.

IMPOSITION OF FINES:

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.

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

24-Seven Home Care Inc May 15, 2024 Page 2

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 the Department of Health within 15 business days of the correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor. to submit a hearing request, please visit:

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

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration **or** a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

We urge you to review these orders carefully. If you have questions, please contact Renee Anderson at 651-201-5871.

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,

Renee Anderson, Supervisor

State Evaluation Team

Email: renee.l.anderson@state.mn.us

Rence L. anderson

Telephone: 651-201-5871 Fax: 1-866-890-9290

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '			SURVEY .ETED
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	37213	B. WING			9/2024
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
24-SEVEN HOME CARE INC	5629 80TH	H AVENUE N	ORTH		
Z4-3EVENTIONE CARE INC	BROOKL	/N PARK, MI	V 55443		
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUT CROSS-REFERENCED TO THE APPRODEFICIENCY)	LD BE	(X5) COMPLETE DATE
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****ATTENTION***	****				
ASSISTED LIVING CORRECTION OR	PROVIDER LICENSING DER				
	Minnesota Statutes, section 5 this correction order(s) has ant to a survey.				
corrected requires of requirements provided indicated below. When the corrected requires of the	ded at the Statute number hen Minnesota Statute ms, failure to comply with any				
INITIAL COMMENT Project # SL372130					
Health conducted a to follow-up on order survey completed of time of the survey, that were receiving	he Minnesota Department of revisit at the above provider ers issued pursuant to a n January 31, 2024. At the there were three (3) residents services under the assisted result of the revisit, the re reissued.				
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE (X6) DATE TITLE

Minnesota Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
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Minnesota Department of Health

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Minnesota Department of Health

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		37213	B. WING 04		R 04/2	₹ 9/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE		
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24-3LVL	IN HOWL CARL INC	BROOKLY	'N PARK, MI	V 55443		Г
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	present, separating residences.	the facility from the adjoining				
	via telephone, licentellic City of Brooklyn Partup into the rafters, and added barrier between further stated the country the walls to separate stated licensee was besides installing a two neighbors on eighbors	nt 8:33 a.m., EE-F stated the d by licensee was not erify a 2-hour fire separation.				
{0 480} SS=F	`	3) (i) (B) Minimum	{0 480}			
	following services to (B) food must be pr	or make available at least the residents: epared and served according od Code, Minnesota Rules,				
	This MN Requirements by: No further action re	ent is not met as evidenced quired.				
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	requirements:	t meet the following mergency disaster plan that				

Minnesota Department of Health

REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Continued From page 4 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.		TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY
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Continued From page 4 Contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sergency; (2) post an 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 are allowed to work only when trained staff are also working on site.	NAME OF	PROVIDER OR SUPPLIER		<u> </u>		<u> </u>	JIZUZ
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(c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by: No further action required.	{0 680}	contains a plan for elements of shelter temporary relocation assignments in the emergency; (2) post an emerge (3) provide building all residents; (4) post emergency and (5) have a written provide missing residents. (b) The facility must disaster training to orientation and annumake emergency and available to all residence eved emergency and available to all residence eved emergency and available to all residence eved emergency and available to all residence even emergency and every end even even even even even even even	evacuation, addresses ing in place, identifies on sites, and details staff event of a disaster or an ency disaster plan prominently; emergency exit diagrams to exit diagrams on each floor; folicy and procedure regarding the provide emergency and all staff during the initial staff hually thereafter and must and disaster training annually dents. Staff who have not by and disaster training are by when trained staff are also the meet any additional ted in rule. ent is not met as evidenced	{0 680}			
{0 810} SS=F 144G.45 Subd. 2 (b)-(f) Fire protection and physical environment (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; (2) employee actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for		(b) Each assisted I maintain fire safety plans shall include (1) location and n rooms; (2) employee actia fire or similar eme	living facility shall develop and and evacuation plans. The but are not limited to: number of resident sleeping ions to be taken in the event of ergency;	{0 810}			

Minnesota Department of Health

	OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	COMPLETED	
	37213 B. WING		04/2	8 9/2024		
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
24-SEVE	N HOME CARE INC		H AVENUE N			
			/N PARK, MI	T		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	_D BE	(X5) COMPLETE DATE
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	(4) procedures for evacuation, or relocemergency including or unusual resident evacuation. (c) Employees of as receive training on plans upon hiring at thereafter. (d) Fire safety and extendily available at (e) Residents who at their own evacuation proper actions to take include movement, training shall be maleast once per year (f) Evacuation drills twice per year per sevacuation drill ever the residents is not activation is not required.	r resident movement, cation during a fire or similar g the identification of unique needs for movement or esisted living facilities shall the fire safety and evacuation at least twice per year evacuation plans shall be all times within the facility. The capable of assisting in a shall be trained on the ke in the event of a fire to evacuation, or relocation. The ade available to residents at are required for employees shift with at least one ry other month. Evacuation of required. Fire alarm system uired to initiate the evacuation				



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

March 12, 2024

Licensee 24-Seven Home Care Inc 5629 80th Avenue North Brooklyn Park, MN 55443

RE: Project Number(s) SL37213015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on January 31, 2024, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

STATE CORRECTION ORDERS

The enclosed State Form documents the state correction orders. MDH documents state licensing correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Assisted Living Facilities. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute number and the corresponding text of the state statute out of compliance are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by . . ."

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

DOCUMENTATION OF ACTION TO COMPLY

In accordance with Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document actions taken to comply with the correction orders within the time period outlined on the state form; however, plans of correction are not required to be submitted for approval.

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the resident(s)/employee(s) identified in the correction order.
- Identify how the area(s) of noncompliance was corrected for all of the provider's resident(s)/employees that may be affected by the noncompliance.
- Identify what changes to your systems and practices were made to ensure compliance with the specific statute(s).

24-Seven Home Care Inc March 12, 2024 Page 2

CORRECTION ORDER RECONSIDERATION PROCESS

In accordance with Minn. Stat. § 144G.32, Subd. 2, you may challenge the correction order(s) issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by MDH within 15 calendar days of the correction order receipt date.

To submit a reconsideration request, please visit:

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

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: https://forms.office.com/g/Bm5uQEpHVa. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at susan.winkelmann@state.mn.us or call 651-201-5952.

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

If you have any questions, please contact me.

Sincerely,

Renee Anderson, Supervisor

State Evaluation Team

Email: renee.anderson@state.mn.us

Telephone: 651-201-5871 Fax:1-866-890-9290

HHH

Minnesota Department of Health

			(X3) DATE SURVEY COMPLETED			
		37213	B. WING		01/31/2024	
	ROVIDER OR SUPPLIER	5629 80TH	DRESS, CITY, S I AVENUE N 'N PARK, MI			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF CORRECTION SHOUL CROSS-REFERENCED TO THE APPROPERTION (INC.)	D BE COMPLETE	—
0 000	Initial Comments		0 000			
	In accordance with 144G.08 to 144G.98 been issued pursual Determination of whom corrected requires or requirements provious indicated below. Whom contains several iteration of the items will be compliance. INITIAL COMMENT SL37213015-0 On January 29, 202 Minnesota Departments or a partment of the above correction orders are survey, there were the survey at the survey at the survey.	PROVIDER LICENSING DER Minnesota Statutes, section 5 this correction order(s) has ant to a survey. Mether a violation has been compliance with all led at the Statute number nen Minnesota Statute ms, failure to comply with any considered lack of TS: 24, to January 31, 2024, the lent of Health conducted a provider, and the following re issued. At the time of the three (3) residents, all of vices under the provider's		Minnesota Department of Health is documenting the State Correction using federal software. Tag number been assigned to Minnesota State Statutes for Assisted Living Licens Providers. The assigned tag numappears in the far left column entite Prefix Tag." The state Statute number the corresponding text of the state out of compliance is listed in the "Summary Statement of Deficience column. This column also includes findings which are in violation of the requirement after the statement, "Minnesota requirement is not met evidenced by." Following the surve findings is the Time Period for Complease DISREGARD THE HEADTHE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION STATUTES. The letter in the left column is use tracking purposes and reflects the and level issued pursuant to 144G subd. 1, 2, and 3.	Orders ers have se ber led "ID her and statute lies" state This as eyors' rection. DING OF TO THIS ON FOR TATE d for scope	
0 100 SS=F	144G.10 Subdivisio	n 1 License required	0 100			
		just 1, 2021, no assisted living in Minnesota unless it is				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

Minnesota Department of Health

	JILDING:	(X3) DATE SURVEY COMPLETED	
37213 B. WIN	'ING	01/31/2024	
	CITY STATE ZID CODE	01/31/2024	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, 5629 80TH AVEN	S, CITY, STATE, ZIP CODE		
24-SEVEN HOME CARE INC BROOKLYN PAF			
	ID PROVIDER'S PLAN OF CORRECTION	ON (X5)	
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRE	(EACH CORRECTIVE ACTION SHOUL FAG CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE	
0 100 Continued From page 1 0 100	00		
licensed under this chapter. (2) No facility or building on a campus may provide assisted living services until obtaining the required license under paragraphs (c) to (e). (b)The licensee is legally responsible for the management, control, and operation of the facility, regardless of the existence of a management agreement or subcontract. Nothing in this chapter shall in any way affect the rights and remedies available under other law. (c) Upon approving an application for an assisted living facility license, the commissioner shall issue a single license for each building that is operated by the licensee as an assisted living facility and is located at a separate address, except as provided under paragraph (d) or (e). (d) Upon approving an application for an assisted living facility license, the commissioner may issue a single license for two or more buildings on a campus that are operated by the same licensee as an assisted living facility. An assisted living facility license for a campus must identify the address and licensed resident capacity of each building located on the campus in which assisted living services are provided. (e) Upon approving an application for an assisted living facility license, the commissioner may: (1) issue a single license for two or more buildings on a campus that are operated by the same licensee as an assisted living facility with dementia care, provided the assisted living facility for dementia care license for a campus identifies the buildings operating as assisted living facility with dementia care license for a building that is on a campus and that is operating as an assisted living facility with dementia care license for a building that is on a campus and that is operating as an assisted living facility with dementia care license for a building that is on a campus and that is operating as an assisted living facility with dementia care license for a building that is on a campus and that is operating as an assisted living facility with dementia care.			

Minnesota Department of Health

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	COMPLETED		
		37213	B. WING		01/3	1/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
24-SEVE	N HOME CARE INC		I AVENUE N 'N PARK, MI			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROPERTION (CORRECTION CORRECTION	D BE	(X5) COMPLETE DATE
0 100	Continued From pa	ge 2	0 100			
	Based on observation review, the licenseed licensure when the at a townhome unit each side of it; share approved two-hour between the units. This practice results violation that did not safety but had the president's health or cause serious injury was issued at a wide problems are pervalent.	ent is not met as evidenced on, interview, and record e failed to obtain accurate licensee applied for licensure with adjoining townhomes on ring one roof; and lacking an fire barrier separation ed in a level two violation (a t harm a resident's health or otential to have harmed a safety, but was not likely to y, impairment, or death), and espread scope (when sive or represent a systemic cted or has potential to affect I of the residents).				
	The findings include) :				
	(HFID) 37213, was North, Brooklyn Par (town home one). To 5627 80th Avenue North 55443 (townhome to 55443 (townhome to three units were each of the state of the	ty, health facility identification located at 5629 80th Avenue k, Minnesota (MN)55443 the facility was attached to North, Brooklyn Park, MN wo), on the East side, and North Brooklyn Park, MN hree), on the West side. The ch separated by a shared wall, doorway on either side of the				
	Department of Heal engineer (EE) surve from licensed assist	24, at 7:54 a.m., the Minnesota th (MDH) environmental eyor requested documentation ted living director (LALD)-A ed wall separating the				

Minneso	ota Department of He	ealth			
STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		37213	B. WING		01/31/2024
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE	
24 SEV/E	N HOME CARE INC	5629 80	TH AVENUE N	ORTH	
24-3LVL	IN HOME CARE INC	BROOK	LYN PARK, MI	N 55443	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE COMPLETE
0 100	Continued From pa	age 3	0 100		
	fire barrier. On January 31, 202 stated licensee couseparating townhor number three, adjoin had a continuous to stated, "I'm current engineers to see if their records. Addit architect to assist a soon as I have the questions, feel free No further informate.		9		
0 480 SS=F	144G.41 Subd 1 (1 requirements	3) (i) (B) Minimum	0 480		

Minnesota Department of Health

by:

Food Code.

(13) offer to provide or make available at least the

(B) food must be prepared and served according

to the Minnesota Food Code, Minnesota Rules,

This MN Requirement is not met as evidenced

Based on observation, interview, and record

review, the licensee failed to ensure food was

prepared and served according to the Minnesota

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

following services to residents:

chapter 4626; and

Minnesota Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY	
		37213	B. WING		01/3	1/2024
	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE ORTH		
24-SEVE	N HOME CARE INC	BROOKLY	YN PARK, MI	N 55443		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
0 480	Continued From pa	ge 4	0 480			
	widespread scope (or represent a syste	safety) and was issued at a (when problems are pervasive emic failure that has affected to affect a large portion or all				
	The findings include	a:				
	Beverage Establish (FBEIR) dated Janu Minnesota Food Co	document titled, Food and ment Inspection Report uary 31, 2024, for the specific ode violations. The Inspection ed to the licensee within 24 stion.				
		R CORRECTION: Please refer by compliance dates.				
	144G.42 Subd. 10 I emergency prepare	Disaster planning and edness	0 680			
	requirements: (1) have a written e contains a plan for elements of shelter temporary relocation assignments in the emergency; (2) post an emergency; (3) provide building all residents; (4) post emergency and (5) have a written permissing residents. (b) The facility must disaster training to a	emergency disaster plan that evacuation, addresses ing in place, identifies on sites, and details staff event of a disaster or an ency disaster plan prominently; emergency exit diagrams to exit diagrams on each floor; olicy and procedure regarding the provide emergency and all staff during the initial staff qually thereafter and must				

Minnesota Department of Health

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	E CONSTRUCTION	COMPI	
		37213	B. WING		01/3	1/2024
	PROVIDER OR SUPPLIER	5629 80T	DRESS, CITY, S H AVENUE N YN PARK, MI			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
0 680	available to all residence received emergence allowed to work only working on site. (c) The facility must requirements adopt this MN Requirements are partialled to had disaster plan with a the potential to affect receiving assisted livisitors. This practice results violation that did not safety but had the president's health or cause serious injury was issued at a wide problems are pervatallure that has affect a large portion or all the findings included On January 29, 202 conducted a facility included one townhows one resident located on resident located on evidence of signage regarding licensee's Furthermore, there	Ind disaster training annually lents. Staff who have not y and disaster training are y when trained staff are also a meet any additional ed in rule. In the is not met as evidenced and record review, the ave a written emergency ll required content. This had contain the area of the interest of the inte	0 680			

Minnesota Department of Health

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	` '	E SURVEY PLETED
		37213	B. WING	_	01/	31/2024
	PROVIDER OR SUPPLIER	5629 80TH	DRESS, CITY, S I AVENUE N 'N PARK, MI			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
0 680	requested the licens preparedness (EP) (AA)-C stated the E office, at another or On January 29, 202 assisted living direct surveyor the license 2021. The licensee's plan content: -description of the perocess for EP content: -process for EP content of all assessment; and acceptance of tracked evelopment of all assessment; and acceptance of the perimary and alternation and alternation and alternation of the perimary and alternation of a content that would alternated the licensee was not content that would alternated the licensee's EP plan. The licensee's Emericance of the perimary and alternation noted at the licensee's EP plan.	24, at 11:29 a.m., the surveyor see's emergency plan. Administrative assistant EP binder was kept in the main ne of licensee's locations. 24, at 2:15 p.m., licensed stor (LALD)-A provided see's EP binder, dated August, lacked the following required population served by licensee; speration with state and local ations; sing staff and residents'; policies/procedures, based on additional policies for: use of volunteers; sate of EP plan; ate of EP policies; other facilities (including sister communication plan, including the means for communication; er declared by secretary, and ag information. 24, at 1:10 p.m., the surveyor ed the licensee's EP binder. EP binder lacked the required bove. LALD-A further stated of aware of all the required need to be included in ergency Preparedness policy 21, indicated the licensee	0 680			

Minnesote Department of Health

wiinneso	ota Department of He	zaith			
	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		37213	B. WING		01/31/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	
24-SEVE	N HOME CARE INC		H AVENUE NO YN PARK, MN		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE COMPLETE
0 680	Continued From pa	ige 7	0 680		
	Appendix Z. "State Z-Emergency Prepared Supplier To Furthermore, licens plan would include	edness Plan that would be enters for Medicare and State Operations Manual Operations Manual Appendix earedness for all Providers and Types: Interpretive Guidance." see's emergency preparedness all required elements of an would be in writing, and			
	No additional inforn	nation was provided.			
	TIME PERIOD FOR (21) days	R CORRECTION: Twenty-one			
0 810 SS=F		b)-(f) Fire protection and ent	0 810		
	maintain fire safety plans shall include (1) location and n rooms; (2) employee action a fire or similar emetal (3) fire protection residents; and (4) procedures for evacuation, or relocation or unusual resident evacuation. (c) Employees of as	living facility shall develop and and evacuation plans. The but are not limited to: number of resident sleeping ions to be taken in the event of ergency; procedures necessary for or resident movement, cation during a fire or similar ag the identification of unique to needs for movement or ssisted living facilities shall the fire safety and evacuation			

Minnesota Department of Health

thereafter.

plans upon hiring and at least twice per year

(d) Fire safety and evacuation plans shall be

readily available at all times within the facility.

Minnesota Department of Health

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,	E CONSTRUCTION	COMP	
		37213	B. WING		01/3	1/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
24-SEVE	N HOME CARE INC		I AVENUE N 'N PARK, MI			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPED TO THE APPROPED DEFICIENCY)	D BE	(X5) COMPLETE DATE
0 810	Continued From pa	ge 8	0 810			
	their own evacuation proper actions to take include movement, training shall be made least once per year. (f) Evacuation drills twice per year per sevacuation drill event the residents is not	are capable of assisting in shall be trained on the ke in the event of a fire to evacuation, or relocation. The de available to residents at are required for employees hift with at least one ry other month. Evacuation of required. Fire alarm system uired to initiate the evacuation				
	by: Based on interview licensee failed to de evacuation plan with	and record review, the evelop a fire safety and required elements. This had ct all staff, residents, and				
	violation that did not safety but had the president 's health or cause serious injury was issued at a wider problems are perva	ed in a level two violation (a t harm a resident's health or otential to have harmed a safety, but was not likely to y, impairment, or death), and espread scope (when sive or represent a systemic cted or has potential to affect I of the residents).				
	The findings include	e:				
	assisted living direct administrative assisted	stant (AA)-C provided ire safety and evacuation plan, uation training, and				

Minnesota Department of Health

AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	COMPI	
	37213	B. WING		01/3	1/2024
NAME OF PROVIDER OR SUPPLIED 24-SEVEN HOME CARE INC	5629 80TI	H AVENUE N		•	
PREFIX (EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
Record review of indicated the evacuated plan to intaken in the event. The plan included (Rescue, Alarm, Cevacuate). The provide complete the event of a fire evacuation plan deprocedures for rescretocation during including the ident resident needs for During interview of a.m., LALD-A and and evacuation pland and evacuation pland evacuation evacuation evacuation evacuation evacuation evacuation pland evacuation evacu		0 810			



Minnesota Department of Health Division of Environmental Health, FPLS P.O. Box 64975 St. Paul, MN 55164-0975 651-201-4500

Type: Full Date: 01/31/24

Time: 10:56:45 Report: 8044241034

Food and Beverage Establishment Inspection Report

Page 1

-Location:	Establishment Info:
24 Seven Home Care Inc	ID #: 0038454
9120 Cambridge Avenue	Risk:
Brooklyn Park, MN55443	Announced Inspection: No
Hennepin County, 27	
License Categories:	Operator:
	Phone #:
Expires on: //	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 illness log.

Log provided while on site.

Comply By: 01/31/24

Surface and Equipment Sanitizers

Hot Water: = at 160.0 Degrees Fahrenheit

Location: Dishwasher Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cold Holding

Temperature: 39.7 Degrees Fahrenheit - Location: Milk in refrigerator

Violation Issued: No

Process/Item: Cold Holding

Temperature: 38.0 Degrees Fahrenheit - Location: Refrigerator

Violation Issued: No

Page 2

Type: Full
Date: 01/31/24
Time: 10:56:45
Report: 8044241034
24 Seven Home Care Inc

Food and Beverage Establishment Inspection Report

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

HRD Inspection conducted with nurse evaluator, Rhonda Makela. Inspection report reviewed on site with

Establishment kitchen consists of vinyl floors, sheetrock walls and ceiling, wooden hollow-base cabinets and marble counters. All appliances are domestic, dishwasher has a sani-cycle.

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 8044241034 of 01/31/24.

Certified Food Protection Manager Ovie L. Avwenaghagha

Certification Number: FM107172 Expires: 08/01/24

Signed:

Inspector signed for Ovie

Signed:

Michael DeMars, RS
Public Health Sanitarian III
Rochester District Office

507-216-1096

michael.demars@state.mn.us