Electronically Delivered

October 18, 2023

Licensee
Harmony Gardens
1440 County Road C East
Maplewood, MN 55109

RE: Project Number(s) SL39485015

Dear Licensee:

This is your **official notice** that you have been **granted your assisted living facility license with dementia care.** 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. 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.

The Minnesota Department of Health completed an initial survey on September 28, 2023, for the purpose assessing compliance with state licensing statutes. At the time of the survey, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G.

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

STATE CORRECTION ORDERS

The enclosed State Form documents the state correction orders. The Department of Health documents state correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Home Care 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 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

Per 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 residents/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 issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by the Department of Health within 15 calendar days of the correction order receipt date.

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

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

Please address your cover letter for reconsideration requests to:

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

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

If you have any questions, please contact me.

Sincerely,

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

JMD

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	39485	A. BUILDING: _____ B. WING _____	09/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY GARDENS	1440 COUNTY ROAD C EAST MAPLEWOOD, MN 55109

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments ******ATTENTION****** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. 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. INITIAL COMMENTS: SL39485015-0 On September 25, 2023, through September 28, 2023, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were 71 active residents; 26 receiving services under the Assisted Living with Dementia Care license.	0 000	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. 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. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. 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.	
01610 SS=E	144G.70 Subd. 2 (a-b) Initial reviews, assessments, and monitoring (a) Residents who are not receiving any assisted	01610		

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01610	Continued From page 1 living services shall not be required to undergo an initial nursing assessment. (b) An assisted living facility shall conduct a nursing assessment by a registered nurse of the physical and cognitive needs of the prospective resident and propose a temporary service plan 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. If necessitated by either the geographic distance between the prospective resident and the facility, or urgent or unexpected circumstances, the assessment may be conducted using telecommunication methods based on practice standards that meet the resident's needs and reflect person-centered planning and care delivery. 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 nursing assessment for two of three residents (R2, R4). 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 pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive). The findings include: R2 was admitted on April 12, 2023. R2's Progress Notes for [R2] dated July 18, 2023,	01610		

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01610	Continued From page 2 at 10:38 a.m., completed by licensed practical nurse (LPN)-E read, "90 day assessment completed by writer on 7/18/23." R2's [licensee] Comprehensive Assessment dated July 18, 2023, indicated the assessment was a 90-day assessment and completed by registered nurse (RN)-F. Additionally, the assessment indicated it was signed on September 26, 2023, by RN-F. R4 was admitted on March 7, 2023. R4's Progress Notes for [R4] dated June 12, 2023, at 12:09 p.m., completed by LPN-E read, "Writer did 90 day assessment on resident today on 6/12/23." R4's [licensee] Comprehensive Assessment dated June 15, 2023, indicated the assessment was a 90-day assessment and completed by RN-F. Additionally, the assessment indicated it was signed on September 8, 2023, by clinical nurse supervisor (CNS)-D. On September 26, 2023, at 12:45 p.m., CNS-D stated the LPN would gather data and enter the data into each resident's assessment. The assessments were to be reviewed by a RN and then RN would then verify the data and sign the assessment. CNS-D stated the LPN should not have documented they completed the assessment as licensee is aware a RN must complete comprehensive assessments. CNS-D stated the electronic health record (EHR) required whoever completed the assessment to sign the document with their electronic signature, but the assessments were left unsigned as a RN had not digitally signed the assessments until later. CNS-D stated assessments should have been	01610		

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01610	Continued From page 3 digitally signed and locked the moment they were reviewed by the RN. The licensee's Initial, Ongoing and Change in Condition Assessment-Evaluation of Residents-AL MN policy dated January 31, 2023, indicated a RN would complete comprehensive assessment as required as outlined by Minnesota rules. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01610		
02310 SS=F	144G.91 Subd. 4 (a) Appropriate care and services (a) Residents have the right to care and assisted living services that are appropriate based on the resident's needs and according to an up-to-date service plan subject to accepted health care standards. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide care and services according to acceptable health care, medical, or nursing standards for three of three residents (R6, R7, R8) with grab bars attached to their beds. 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	02310		

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02310	Continued From page 4 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: R6 R6 was admitted on January 30, 2023. R6's MN-Device assessment dated August 1, 2023, indicated R6 utilized upper assist bar/grab bar (devices attached to a bed frame to assist a person with bed mobility and promote independence) for bed mobility and safe transfers in and out of their bed. The assessment lacked identification R6's specific grab bars were checked for recalls as required. R7 R7 was admitted on August 7, 2023. R7's MN-Device assessment dated August 7, 2023, indicated R7 utilized an upper assist bar/grab bar for bed mobility and safe transfers in and out of their bed. The assessment lacked identification R7's specific grab bars were checked for recalls as required. R8 R8 was admitted on June 15, 2023. R8's MN-Device assessment dated July 12, 2023, indicated R8 utilized a bed cane assist rail for bed mobility and safe transfers in and out of their bed. The assessment lacked identification R8's specific device was checked for recalls as required. On September 26, 2023, at 8:45 a.m., clinical nurse supervisor (CNS)-D stated all bed mobility	02310		

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02310	Continued From page 5 devices are assessed with the same MN-Device assessment. CNS-D stated none of the assessments would indicate if a recall check was completed every 90 days as required. CNS-D stated the licensee was not aware of the requirement to check for recalled devices every 90 days. The licensee's Physical Device Safety-Side Rails policy dated February 17, 2023, indicated an assessment would be conducted every 90 days, but lacked identification a recall check would be completed and documented for bed rail devices. The Minnesota Department of Health's (MDH) Assisted Living Resources and Frequently-Asked Questions (FAQs) webpage accessed September 26, 2023, at 9:06 a.m. and last updated August 7, 2023, read under the Consumer bed rails section, "The United States Consumer Product Safety Commission (CSPC) [LINK https://www.cpsc.gov/] works to save lives and ensure safety by reducing the unreasonable risk of injuries and deaths associated with consumer products, such as portable bed rails. The CSPC posts information on its website related to portable bed rail recalls. Licensees should review the CSPC website regularly for updates on recalled portable bed rails. The opportune time to do this would be with the 90-day assessment due to the requirement included in the uniform assessment tool for assessing assistive devices." No further information provided. TIME PERIOD FOR CORRECTION: Two (2) days	02310		

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

Type: Full
Date: *09/25/23*
Time: 12:30:00
Report: 1025231219

Food and Beverage Establishment Inspection Report

Location:
Harmony Gardens
1440 Count Rd C E
Maplewood, MN
Ramsey County, 62

Establishment Info:
ID #: N039485
Risk:
Announced Inspection: Yes

License Categories:

Expires on: / /

Operator:

Phone #:
ID #:

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

No NEW orders were issued during this inspection.

Surface and Equipment Sanitizers

Quaternary Ammonia: = 200 PPM at Degrees Fahrenheit
Location: 3 comp
Violation Issued: No

Hot Water: = at 160 Degrees Fahrenheit
Location: 158 W 182 R 20PSI160 con
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Milk
Temperature: 41 Degrees Fahrenheit - Location: Expo L
Violation Issued: No

Process/Item: Non-TCS
Temperature: 41 Degrees Fahrenheit - Location: Expo R
Violation Issued: No

Process/Item: Ham
Temperature: 41 Degrees Fahrenheit - Location: Prep
Violation Issued: No

Process/Item: Mashed potato 9/24
Temperature: 38 Degrees Fahrenheit - Location: Walk-in cooler
Violation Issued: No

Process/Item: Baked potato
Temperature: 38 Degrees Fahrenheit - Location: Walk-in cooler
Violation Issued: No

Type: Full
Date: *09/25/23*
Time: 12:30:00
Report: 1025231219
Harmony Gardens

Food and Beverage Establishment Inspection Report

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

Main kitchen
Memory care kitchen – not in use during inspection, to be in use next 1-2 weeks for serving, utensil storage; discussed using the neighborhood kitchen for non-TCS/non-Perishable items only
Skilled Nursing kitchen – not inspected
Dining area – kitchenette not in use
Grocery area by front desk – no TCS items stored, not under purview of culinary
Happy hour/activities not under purview of culinary
Bistro area for self-service beverages or occasional cafeteria serving

Discussed internal contact testing of dish machine in main kitchen, testing equipment for cold/hot temperatures, dish machine testing, 3 comp sink use (for pots/pans before going through dish machine), combi-oven being served; cooling, hot holding, reheating, cook temperatures; handwashing and employee exclusion and recording (infection control); hand hygiene; highly-susceptible population - Pasteurized eggs and product used only, substitutions sent back; water filters for combi ovens and other equipment (suggest marking the date on the canister); quarantine meal service (disposable); transport and holding times for meals held for residents/extras.

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 1025231219 of 09/25/23.

Certified Food Protection Manager: Laura Erickson-White

Certification Number: FM47378 Expires: 03/14/25

Inspection report reviewed with person in charge and emailed.

Signed: _____
Establishment Representative

Signed: _____
Casey Kipping
Public Health Sanitarian III
Freeman Building St Paul
651-201-4513
casey.kipping@state.mn.us

Report #: 1025231219

Food Establishment Inspection Report

DEPARTMENT OF HEALTH

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

No. of RF/PHI Categories Out	0
No. of Repeat RF/PHI Categories Out	0
Legal Authority MN Rules Chapter 4626	

Date 09/25/23
Time In 12:30:00
Time Out

Harmony Gardens	Address: 1440 Count Rd C E	City/State: Maplewood, MN	Zip Code	Telephone
License/Permit #: N039485	Permit Holder	Purpose of Inspection: Full	Est Type	Risk Category

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item — Mark "X" in appropriate box for COS and/or R

IN= in compliance **OUT=** not in compliance **N/O=** not observed **N/A=** not applicable **COS=** corrected on-site during inspection **R=** repeat violation

Compliance Status					COS	R
Surpervision						
1	(IN)	OUT		PIC knowledgeable; duties & oversight		
2	(IN)	OUT	N/A	Certified food protection manager, duties		
Employee Health						
3	(IN)	OUT		Mgmt/Staff;knowledge,responsibilities&reporting		
4	(IN)	OUT		Proper use of reporting, restriction & exclusion		
5	(IN)	OUT		Procedures for responding to vomiting & diarrheal events		
Good Hygenic Practices						
6	(IN)	OUT	N/O	Proper eating, tasting, drinking, or tobacco use		
7	(IN)	OUT	N/O	No discharge from eyes, nose, & mouth		
Preventing Contamination by Hands						
8	(IN)	OUT	N/O	Hands clean & properly washed		
9	(IN)	OUT N/A	N/O	No bare hand contact with RTE foods or pre-approved alternate pprocedure properly followed		
10	(IN)	OUT		Adequate handwashing sinks supplied/accessible		
Approved Source						
11	(IN)	OUT		Food obtained from approved source		
12	IN	OUT N/A	(N/O)	Food received at proper temperature		
13	(IN)	OUT		Food in good condition, safe, & unadulterated		
14	IN	OUT (N/A)	N/O	Required records available; shellstock tags, parasite destruction		
Protection from Contamination						
15	(IN)	OUT N/A	N/O	Food separated and protected		
16	(IN)	OUT N/A		Food contact surfaces: cleaned & sanitized		
17	(IN)	OUT		Proper disposition of returned, previously served, reconditioned, & unsafe food		

Compliance Status					COS	R
Time/Temperature Control for Safety						
18	IN	OUT N/A	(N/O)	Proper cooking time & temperature		
19	(IN)	OUT N/A	N/O	Proper reheating procedures for hot holding		
20	(IN)	OUT N/A	N/O	Proper cooling time & temperature		
21	(IN)	OUT N/A	N/O	Proper hot holding temperatures		
22	(IN)	OUT N/A		Proper cold holding temperatures		
23	(IN)	OUT N/A	N/O	Proper date marking & disposition		
24	IN	OUT (N/A)	N/O	Time as a public health control: procedures & records		
Consumer Advisory						
25	IN	OUT (N/A)		Consumer advisory provided for raw/undercooked food		
Highly Susceptible Populations						
26	(IN)	OUT N/A		Pasteurized foods used; prohibited foods not offered		
Food and Color Additives and Toxic Substances						
27	IN	OUT (N/A)		Food additives: approved & properly used		
28	(IN)	OUT		Toxic substances properly identified, stored, & used		
Conformance with Approved Procedures						
29	IN	OUT (N/A)		Compliance with variance/specialized process/HACCP		

Risk factors (RF) are improper practices or proceedures identified as the most prevalent contributing factors of foodborne illness or injury. **Public Health Interventions** (PHI) are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is **not** in compliance — Mark "X" in appropriate box for COS and/or R — **COS=** corrected on-site during inspection **R=** repeat violation

			COS	R
Safe Food and Water				
30	(IN) OUT N/A	Pasteurized eggs used where required		
31		Water & ice obtained from an approved source		
32	IN OUT (N/A)	Variance obtained for specialized processing methods		
Food Temperature Control				
33		Proper cooling methods used; adequate equipment for temperature control		
34	IN OUT N/A (N/O)	Plant food properly cooked for hot holding		
35	IN OUT N/A (N/O)	Approved thawing methods used		
36		Thermometers provided & accurate		
Food Identification				
37		Food properly labled; original container		
Prevention of Food Contamination				
38		Insects, rodents, & animals not present		
39		Contamination prevented during food prep, storage & display		
40		Personal cleanliness		
41		Wiping cloths: properly used & stored		
42		Washing fruits & vegetables		

			COS	R
Proper Use of Utensils				
43		In-use utensils: properly stored		
44		Utensils, equipment & linens: properly stored, dried, & handled		
45		Single-use/single service articles: properly stored & used		
46		Gloves used properly		
Utensil Equipment and Vending				
47		Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
48		Warewashing facilities: installed, maintained, & used; test strips		
49		Non-food contact surfaces clean		
Physical Facilities				
50		Hot & cold water available; adequate pressure		
51		Plumbing installed; proper backflow devices		
52		Sewage & waste water properly disposed		
53		Toilet facilities: properly constructed, supplied, & cleaned		
54		Garbage & refuse properly disposed; facilities maintained		
55		Physical facilities installed, maintained, & clean		
56		Adequate ventilation & lighting; designated areas used		
57		Compliance with MCIAA		
58		Compliance with licensing & plan review		

Food Recalls:

Person in Charge (Signature) [signature] **Date:** 09/25/23

Inspector (Signature) [signature]