

Electronically Delivered

November 17, 2023

Licensee

Compassionate Hearts, LLC
1284 Berry Ridge Road
Eagan, MN 55123

RE: Project Number(s) SL35466015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on November 1, 2023, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, the MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

STATE CORRECTION ORDERS

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

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

DOCUMENTATION OF ACTION TO COMPLY

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

The correction order documentation should include the following:

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

CORRECTION ORDER RECONSIDERATION PROCESS

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

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

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
HRD 3A, 3rd Floor
P.O. Box 64900
625 Robert Street North
St. Paul, MN 55164

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,



Kelly Thorson, Supervisor
State Evaluation Team
Email: kelly.thorson@state.mn.us
Telephone: 320-223-7336 Fax: 1-866-890-9290

PMB

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35466	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/01/2023
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NAME OF PROVIDER OR SUPPLIER COMPASSIONATE HEARTS LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1284 BERRY RIDGE ROAD EAGAN, MN 55123
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0 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.</p> <p>Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p>INITIAL COMMENTS: SL35466015</p> <p>On October 30, 2023, through November 1, 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 3 active residents; all of whom were receiving services under the Assisted Living license.</p>	0 000	<p>Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living 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>	
0 250 SS=F	<p>144G.20 Subdivision 1 Conditions</p> <p>(a) The commissioner may refuse to grant a provisional license, refuse to grant a license as a</p>	0 250		

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

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0 250	<p>Continued From page 1</p> <p>result of a change in ownership, refuse to renew a license, suspend or revoke a license, or impose a conditional license if the owner, controlling individual, or employee of an assisted living facility:</p> <p>(1) is in violation of, or during the term of the license has violated, any of the requirements in this chapter or adopted rules;</p> <p>(2) permits, aids, or abets the commission of any illegal act in the provision of assisted living services;</p> <p>(3) performs any act detrimental to the health, safety, and welfare of a resident;</p> <p>(4) obtains the license by fraud or misrepresentation;</p> <p>(5) knowingly makes a false statement of a material fact in the application for a license or in any other record or report required by this chapter;</p> <p>(6) denies representatives of the department access to any part of the facility's books, records, files, or employees;</p> <p>(7) interferes with or impedes a representative of the department in contacting the facility's residents;</p> <p>(8) interferes with or impedes ombudsman access according to section 256.9742, subdivision 4, or interferes with or impedes access by the Office of Ombudsman for Mental Health and Developmental Disabilities according to section 245.94, subdivision 1;</p> <p>(9) interferes with or impedes a representative of the department in the enforcement of this chapter or fails to fully cooperate with an inspection, survey, or investigation by the department;</p> <p>(10) destroys or makes unavailable any records or other evidence relating to the assisted living facility's compliance with this chapter;</p> <p>(11) refuses to initiate a background study under</p>	0 250		

Minnesota Department of Health

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0 250	<p>Continued From page 2</p> <p>section 144.057 or 245A.04; (12) fails to timely pay any fines assessed by the commissioner; (13) violates any local, city, or township ordinance relating to housing or assisted living services; (14) has repeated incidents of personnel performing services beyond their competency level; or (15) has operated beyond the scope of the assisted living facility's license category. (b) A violation by a contractor providing the assisted living services of the facility is a violation by the facility.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to show they met the requirements of licensure, by attesting the managerial officials who oversaw the day-to-day operations understood applicable statutes and rules; nor developed and/or implemented current policies and procedures as required. This had the potential to affect all three 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 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 "Application for Assisted Living License", section titled "Official Verification of</p>	0 250		

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0 250	<p>Continued From page 3</p> <p>Owner or Authorized Agent", (page five of the application), identified "I certify I have read and understand the following:" [a check mark was placed before each of the following]:</p> <ul style="list-style-type: none"> - I have read and fully understand Minn. [Minnesota] Stat. [statute] sect. [section] 144G.45 (opens in a new window), my building(s) must comply with subdivisions 1-3 of the section, as applicable section Laws 2020, 7th Spec. [special] Sess [session]., chpt. [chapter] 1. art. [article] 6, sect. 17 (opens in a new window). - I have read and fully understand Minn. Stat. sect. 144G.80 (opens in a new window), 144G.81 (opens in a new window). and Laws 2020, 7th Spec. Sess., chpt. 1, art. 6, sect. 22 (opens in a new window), my building(s) must comply with these sections if applicable. - Assisted Living Licensure statutes in Minn. Stat. chpt. 144G (opens in a new window). - Assisted Living Licensure rules in Minnesota Rules, chpt. 4659 (opens in a new window). - Reporting of Maltreatment of Vulnerable Adults (opens in a new window). - Electronic Monitoring in Certain Facilities (opens in a new window)." - I understand pursuant to Minn. Stat. sect. 13.04 Rights of Subjects of Data (opens in a new window), the Commissioner will use information provided in this application, which may include an in-person or telephone conference, to determine if the applicant meets the requirements for assisted living licensing. I understand I am not legally required to supply the requested information; however, failure to provide information or the submission of false or misleading information may delay the processing of my application or may be grounds for denying a license. I understand that information submitted to the commissioner in the application 	0 250		
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0 250	<p>Continued From page 4</p> <p>may, in some circumstances, be disclosed to the appropriate state, federal or local agency, and law enforcement office to enhance investigative or enforcement efforts or further a public health protective process. Types of offices include Adult Protective Services, offices of the ombudsmen, health-licensing boards, Department of Human Services, county or city attorneys' offices, police, local or county public health offices.</p> <p>- I understand in accordance with Minn. Stat. sect. 144.051 Data Relating to Licensed and Registered Persons (opens in a new window), all data submitted on this application shall be classified as public information upon issuance of a provisional license. All data submitted are considered private until MDH issues a license.</p> <p>- I declare that, as the owner or authorized agent, I attest that I have read Minn. Stat. chapter 144G (opens in a new window), and Minnesota Rules, chapter 4659 (opens in a new window), governing the provision of assisted living facilities, and understand as the licensee I am legally responsible for the management, control, and operation of the facility, regardless of the existence of a management agreement or subcontract.</p> <p>- I have examined this application and all attachments and checked the above boxes indicating my review and understanding of Minnesota Statutes, Rules, and requirements related to assisted living licensure. To the best of my knowledge and believe, this information is true, correct and complete. I will notify MDH, in writing, of any changes to this information as required.</p> <p>- I attest to have all required policies and procedures of Minn. Stat. chapter 144G (opens in new window). and Minn. Rules chapter 4659 (proposed and not final) (opens in new window), in place upon licensure and to keep them current</p>	0 250		
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0 250	<p>Continued From page 5</p> <p>as applicable. Page 6 was electronically signed by the licensee on May 10, 2023.</p> <p>The licensee had an Assisted Living license, issued on June 1, 2023.</p> <p>The licensee failed to ensure the following policies and procedures were developed and/or implemented:</p> <ul style="list-style-type: none"> - conducting and handling background studies on employees; - orientation, training, and competency evaluations of staff, and a process for evaluating staff performance; - conducting initial and ongoing resident evaluations and assessments of resident needs; - conducting appropriate screenings, or documentation of prior screenings, to show that staff were free of tuberculosis, consistent with current United States Centers for Disease Control and Prevention of Standards; and - medication and treatment management. <p>As a result of this survey, the following orders were issued under 0650, 1290, 1370, 1380, 1470, 1500, 1530, 1620, 1760, and 1890, indicating the licensee's understanding of the Minnesota statutes were limited, or not evident for compliance with the Minnesota statutes, section 144G.08 to 144G.95.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 250		
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements	0 480		

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0 480	<p>Continued From page 6</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, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated October 31, 2023, 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		
0 650 SS=F	<p>144G.42 Subd. 8 Employee records</p> <p>(a) The facility must maintain current records of</p>	0 650		

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0 650	<p>Continued From page 7</p> <p>each paid employee, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following information:</p> <p>(1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules;</p> <p>(2) records of orientation, required annual training and infection control training, and competency evaluations;</p> <p>(3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision;</p> <p>(4) documentation of annual performance reviews that identify areas of improvement needed and training needs;</p> <p>(5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and</p> <p>(6) documentation of the background study as required under section 144.057.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the employee record contained the required content for three of three employees (licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A , unlicensed personnel (ULP)-C, ULP-D).</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>	0 650		
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0 650	<p>Continued From page 8</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>LALD/CNS-A LALD/CNS-A started employment on January 1, 2020, under the comprehensive home care license and began providing assisted living services on August 1, 2021.</p> <p>LALD/CNS-A's employee record lacked documented evidence of the following: - annual performance review; and - tuberculosis (TB) training at hire.</p> <p>ULP-C ULP-C was hired to provide assisted living services on June 8, 2022.</p> <p>ULP-C's Annual Performance Evaluation dated June 10, 2023, included a space for areas for improvement and educational needs. However, both areas were blank.</p> <p>ULP-D ULP-D was hired to provide assisted living services on September 23, 2022.</p> <p>ULP-D's Annual Performance Evaluation dated September 23, 2023, included a space for areas of improvement and educational needs. However, both areas were blank.</p> <p>On October 31, 2023, at 12:03 p.m., the surveyor observed ULP-D provide medication administration to R3.</p> <p>On November 1, 2023, at 7:48 a.m., LALD/CNS-A</p>	0 650		
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0 650	<p>Continued From page 9</p> <p>stated an annual performance review had not been completed for her, and the review completed for ULP-C and ULP-D lacked the required content. LALD/CNS-A also stated annual education was provided to all staff on the licensee's policies and procedures, but was not documented. In addition, she stated she thought she had additional training at the other office and would send it by the end of the day. However, no further information was provided.</p> <p>The licensee's Personnel Records policy dated August 1, 2021, noted the personnel record would contain results of background studies, documentation of annual performance reviews identifying areas of improvement needed and training needs, and records of annual training.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	0 650		
0 680 SS=F	<p>144G.42 Subd. 10 Disaster planning and emergency preparedness</p> <p>(a) The facility must meet the following requirements:</p> <p>(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;</p> <p>(2) post an emergency disaster plan prominently;</p> <p>(3) provide building emergency exit diagrams to all residents;</p> <p>(4) post emergency exit diagrams on each floor; and</p>	0 680		

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0 680	<p>Continued From page 10</p> <p>(5) have a written policy and procedure regarding missing residents.</p> <p>(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.</p> <p>(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 have a written emergency preparedness plan (EPP) with all of the required content defined in Appendix Z. In addition, the licensee failed to evaluate/revise the missing resident plan at least quarterly. This had the potential to affect all three residents receiving services under the assisted living license, 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 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>During the initial tour with manager/unlicensed personnel (ULP)-B on October 30, 2023, at 2:30 p.m., the surveyor observed the facility's layout</p>	0 680		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35466	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/01/2023
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NAME OF PROVIDER OR SUPPLIER COMPASSIONATE HEARTS LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1284 BERRY RIDGE ROAD EAGAN, MN 55123
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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
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0 680	<p>Continued From page 11</p> <p>including a split entry main entrance. The upper level included three resident rooms, the kitchen and dining room, the living room, and a bathroom. The lower level included one resident room, one office, a living room area, a bathroom, and the utility room.</p> <p>The emergency preparedness binder included a Hazard Vulnerability Assessment (HVA) dated January 2023 which was noted as prepared by licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A . The EPP lacked the following required content:</p> <ul style="list-style-type: none"> - hazard vulnerability assessment to include an all-hazards approach with probable risks/hazards by likelihood of occurrence; - documentation of a missing resident plan that is reviewed quarterly; - a process for cooperation and collaboration with local, tribal, regional, State, and Federal emergency program (EP) to maintain integrated response; - development of policies/procedures to address whether evacuated or shelter in place for staff/residents: <ul style="list-style-type: none"> - food, medical supplies, pharmaceutical supplies; - alternative sources of energy to maintain: <ul style="list-style-type: none"> - temperatures to protect resident health/safety; and - safe/sanitary storage of provisions. - sewage and waste disposal - policy/procedure to track the location of on-duty staff and sheltered residents, and if relocated to document the specific name/location of the receiving facility or other location; - policy/procedure to address safe evacuation from the facility including staff responsibilities, transportation, identification of evacuation locations; 	0 680		
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Minnesota Department of Health

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0 680	<p>Continued From page 12</p> <ul style="list-style-type: none"> - policy/procedure to shelter in place for residents, staff, and volunteers who remain in the facility; - policy/procedure to address a system of medical documentation that preserves resident information, protects confidentiality, and secures/maintains availability of records; - policy/procedure to address the use of volunteers, including the process/role for integration; - policy/procedure to address the role of the facility under a waiver declared by the Secretary in accordance with section 1135 of the Act; - a communication plan that included: <ul style="list-style-type: none"> - names/contact information of staff, entities providing services under the agreement, residents' physicians, other facilities, volunteers, Federal, State, tribal, regional EP staff, State Licensing and Certification Agency, and MN Office of Ombudsman for Long Term Care; - means, in event of evacuation, to release resident information as permitted under 45 CFR 164.510(b)(1)(ii); - means of providing information about general condition/location of residents under the facility's care as permitted under 45 CFR 164.510(b)(4); - means to providing information about the facility's occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee; - method for sharing information from the emergency plan, that the facility has determined appropriate, with residents and their families/representatives; - EP training and testing program; and - EP testing/annual testing requirements. <p>On November 1, 2023, at 1:45 p.m., LALD/CNS-A</p>	0 680		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35466	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/01/2023
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NAME OF PROVIDER OR SUPPLIER COMPASSIONATE HEARTS LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1284 BERRY RIDGE ROAD EAGAN, MN 55123
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0 680	<p>Continued From page 13</p> <p>stated she reviewed the binder annually and dated the review on the HVA, and the plan did not have the required content. LALD/CNS-A said the missing resident policy was reviewed annually, not quarterly.</p> <p>Per Assisted Living Facilities: Minnesota Rules Chapter 4695, 4659.0100, sections A and B, assisted living facilities shall comply with the federal emergency preparedness regulations for long-term care facilities under Code of Federal Regulations, title 42, section 483.73, or successor requirements. This part references documents, specifications, methods, and standards in "State Operations Manual Appendix Z - Emergency Preparedness for All Providers and Certified Supplier Types: Interpretive Guidance," which is incorporated by reference.</p> <p>Per Assisted Living Facilities: Minnesota Rules Chapter 4659, 4659.0110, Subp. 4. Review missing resident plan. The assisted living director and clinical nurse supervisor must review the missing person plan at least quarterly and document any changes to the plan.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	0 680		
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 Code;</p> <p>(3) install portable fire extinguishers having a</p>	0 790		

Minnesota Department of Health

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0 790	<p>Continued From page 14</p> <p>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 all 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 October 31, 2023, at 8:08 a.m., with licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A, survey staff observed the fire extinguishers throughout the facility did not have current tags or documentation to indicate annual and monthly inspections had been performed as required. Annual and monthly inspections of the fire extinguishers are required to ensure that all systems are maintained and remain in working order.</p>	0 790		
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Minnesota Department of Health

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0 790	Continued From page 15 On October 31, 2023, at 8:08 a.m., LALD/CNS-A verbally confirmed survey staff observations. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 790		
0 800 SS=E	<p>144G.45 Subd. 2 (a) (4) Fire protection and physical environment</p> <p>(4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program.</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain the 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.</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 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).</p>	0 800		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35466	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/01/2023
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0 800	<p>Continued From page 16</p> <p>The findings include:</p> <p>On November 1, 2023, at 9:56 a.m., survey staff toured the facility with licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A. During the facility tour, survey staff observed and verified the following maintenance issues.</p> <ol style="list-style-type: none"> 1. The basement bathroom wall had areas where sheetrock was falling off. 2. Carpet in the basement, near bottom of stairs and by the bathroom, was soiled and stained. 3. It was observed cigarette butts were not being put in the proper receptacle. <p>On November 1, 2023, at 9:56 a.m., LALD/CNS-A verbally confirmed survey staff observations during the facility tour.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 800		
0 810 SS=F	<p>144G.45 Subd. 2 (b)-(f) Fire protection and physical environment</p> <p>(b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to:</p> <ol style="list-style-type: none"> (1) location and number of resident sleeping rooms; (2) employee actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or 	0 810		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35466	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/01/2023
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0 810	<p>Continued From page 17</p> <p>evacuation.</p> <p>(c) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter.</p> <p>(d) Fire safety and evacuation plans shall be readily available at all times within the facility.</p> <p>(e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year.</p> <p>(f) Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill.</p> <p>This MN Requirement is not met as evidenced by: Based on a record review and interview, the licensee failed to develop a fire safety and evacuation plan with required elements, failed to provide required employee and resident training on fire safety and evacuation, and failed to conduct required evacuation drills. This had the potential to affect all staff, residents, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident 's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p>	0 810		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35466	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/01/2023
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NAME OF PROVIDER OR SUPPLIER COMPASSIONATE HEARTS LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1284 BERRY RIDGE ROAD EAGAN, MN 55123
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0 810	<p>Continued From page 18</p> <p>The findings include:</p> <p>On November 1, 2023, at 2:52 p.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A provided documents on the fire safety and evacuation plan, fire safety and evacuation training, and evacuation drills for the facility.</p> <p>Record review of the available documentation indicated the evacuation plan did not include employee actions to be taken in the event of a fire or similar emergency. The current plan used the standard RACE (Remove, Alarm, Confine and Extinguish or Evacuate) directive, however did not include facility specific emergency risk situational actions for employees to execute in case of an emergency.</p> <p>Record review of the available documentation indicated the evacuation plan did not include complete procedures for residents' evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation.</p> <p>Record review of the available documentation indicated the licensee did not provide training for employees on the fire safety and evacuation plans upon hire and at least twice per year thereafter.</p> <p>Record review of the available documentation indicated the licensee did not conduct evacuation drills twice per year, per shift and every other month for employees as required by statute. The licensed lacked documentation of drills.</p> <p>During interview on November 1, 2023, at 2:52</p>	0 810		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35466	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/01/2023
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0 810	Continued From page 19 p.m., LALD/CNS-A verified that the fire safety and evacuation plan for the facility lacked these provisions. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	0 810		
0 950 SS=C	144G.50 Subd. 3 Designation of representative (a) Before or at the time of execution of an assisted living contract, an assisted living facility must offer the resident the opportunity to identify a designated representative in writing in the contract and must provide the following verbatim notice on a document separate from the contract: "RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES. You have the right to name anyone as your "Designated Representative." A Designated Representative can assist you, receive certain information and notices about you, including some information related to your health care, and advocate on your behalf. A Designated Representative does not take the place of your guardian, conservator, power of attorney ("attorney-in-fact"), or health care power of attorney ("health care agent"), if applicable." (b) The contract must contain a page or space for the name and contact information of the designated representative and a box the resident must initial if the resident declines to name a designated representative. Notwithstanding subdivision 1, paragraph (f), the resident has the right at any time to add, remove, or change the name and contact information of the designated representative.	0 950		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35466	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/01/2023
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0 950	<p>Continued From page 20</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure one of one resident's (R1) assisted living contract included a notice with the required verbiage for the residents to identify a designated representative. This had the potential to affect the licensee's three current residents.</p> <p>This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>R1's diagnoses included schizophrenia, delusions and paranoia, depression, and anxiety.</p> <p>R1's Service Plan dated September 1, 2023, noted services including housekeeping and medication management.</p> <p>R1's Assisted Living Contract signed by R1 on September 1, 2023, noted on page 19 "Resident has the right to name an individual of their choice as 'Designated Representative' for the purposes of receiving certain information and to whom Provider can go to with questions related to Resident's residency and care at COMPASSIONATE HEARTS. If a Responsible Person is party to this Contract and Resident fails to name and provide contact information for a Designated Representative, Provider will direct</p>	0 950		
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35466	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/01/2023
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0 950	<p>Continued From page 21</p> <p>questions related to Resident's residency and care at COMPASSIONATE HEARTS to the Responsible Person. Resident may name as Resident's Designated Representative an individual serving as Resident's Responsible Person. Resident also has the right to decline to name a Designated Representative, regardless of whether an individual has agreed to execute this Contract as Resident's Responsible Person."</p> <p>The contract lacked the following required verbatim notice:</p> <p>"RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES.</p> <p>You have the right to name anyone as your "Designated Representative." A Designated Representative can assist you, receive certain information and notices about you, including some information related to your health care, and advocate on your behalf. A Designated Representative does not take the place of your guardian, conservator, power of attorney ("attorney-in-fact"), or health care power of attorney ("health care agent"), if applicable."</p> <p>On November 1, 2023, at 7:45 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated contract lacked the verbatim notice, and said the same contract format was utilized for all residents.</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	0 950		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35466	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/01/2023
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0 970	Continued From page 22	0 970		
0 970 SS=C	<p>144G.50 Subd. 5 Waivers of liability prohibited</p> <p>The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract did not include language waiving the facility's liability for health, safety, or personal property of a resident. This had the potential to affect all residents.</p> <p>This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents).</p> <p>The findings include:</p> <p>The Assisted Living Contract provided included clauses which indicated the resident would waive the facility's liability for health, safety, or personal property of the resident.</p> <p>VI. General Terms section 2., page 14 of the contract, "INDEMNIFICATION Resident will indemnify and hold harmless Provider, its</p>	0 970		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35466	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/01/2023
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0 970	<p>Continued From page 23</p> <p>employees and agents from and against any and all claims, actions, damages, and liability and expense in connection with loss of life, personal injury or damage to property, arising from or out of the use by Resident of the rented premises or any other part of Provider's property, or caused wholly or in part by an act or omission of Resident..."</p> <p>VI. General Terms section 4., page 15 of the contract, "LIABILITY Provider is not liable to Resident ... for any injury, death or property damage occurring in the Apartment Unit or on Provider's premises unless such injury, death or property damage occurs as the result of an equipment malfunction or hazardous conditions within the building not caused by Resident ... Provider may be liable to Resident for its own negligent acts or those of its employees or agents. Unless caused by one of the aforementioned excepted reasons, Resident agrees to hold Provider harmless from any and all claims for injuries, property damage or any other loss resulting from an accident or other occurrence in the Apartment Unit or on Provider's premises."</p> <p>On November 1, 2023, at 7:45 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A did not comment regarding the waiver of liability language in the contract.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	0 970		
01060 SS=F	144G.52 Subd. 9 Emergency relocation	01060		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35466	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/01/2023
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NAME OF PROVIDER OR SUPPLIER COMPASSIONATE HEARTS LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1284 BERRY RIDGE ROAD EAGAN, MN 55123
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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
01060	<p>Continued From page 24</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> <ol 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> <ol 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 returned to the facility within four days. <p>(d) Following an emergency relocation, a facility's</p>	01060		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35466	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/01/2023
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01060	<p>Continued From page 25</p> <p>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 the required content for an emergency relocation for one of one resident (R1) hospitalized.</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>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 	01060		
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35466	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/01/2023
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01060	<p>Continued From page 26</p> <p>information for the agency to which the resident may submit an appeal.</p> <p>In addition, R1's record lacked notification to the OOLTC that R1 had been relocated and had not returned to the facility within four days.</p> <p>R1's diagnoses included schizophrenia, delusions and paranoia, depression, and anxiety.</p> <p>R1's Service Plan dated September 1, 2023, noted services including housekeeping and medication management.</p> <p>R1's Resident Notes dated October 15, 2023, noted R1 was hospitalized from October 10, 2023, through October 15, 2023 for intractable nausea and vomiting.</p> <p>On October 31, 2023, at 1:15 p.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated R1, R1's legal and designated representative, and OOLTC had not been provided with a written notice with the required content, and stated she was not aware of the requirement to do so.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	01060		
01290 SS=E	<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</p>	01290		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35466	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/01/2023
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01290	<p>Continued From page 27</p> <p>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 observation, interview, and record review, the licensee failed to ensure a background study was submitted and clearance was received in affiliation with the assisted living license for two of three employees (unlicensed personnel (ULP)-C, ULP-D).</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 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).</p> <p>The findings include:</p> <p>ULP-C ULP-C was hired to provide assisted living services on June 8, 2022.</p> <p>ULP-C's employee record contained a background study clearance affiliated with the</p>	01290		
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35466	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/01/2023
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01290	<p>Continued From page 28</p> <p>licensee's comprehensive home care license, dated May 17, 2022. However, it lacked documented evidence of a background study clearance for the current health facility identification number (HFID).</p> <p>ULP-D ULP-D was hired to provide assisted living services on September 23, 2022.</p> <p>ULP-D's employee record contained a background study clearance affiliated with the licensee's comprehensive home care license, dated September 19, 2022. However, it lacked documented evidence of a background study clearance for the current HFID.</p> <p>On October 31, 2023, at 12:03 p.m., the surveyor observed ULP-D provide medication administration to R3.</p> <p>On November 1, 2023, at 7:48 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated she had affiliated her background study to this license, but had not done so for ULP-C or ULP-D. LALD/CNS-A was able to affiliate them during the survey.</p> <p>The licensee's Personnel Records policy dated August 1, 2021, noted results of background studies would be kept in the personnel record.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Two (2) days</p>	01290		
01370 SS=F	144G.61 Subd. 2 (a) Training and evaluation of unlicensed personn	01370		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35466	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/01/2023
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01370	<p>Continued From page 29</p> <p>(a) Training and competency evaluations for all unlicensed personnel must include the following:</p> <ul style="list-style-type: none"> (1) documentation requirements for all services provided; (2) reports of changes in the resident's condition to the supervisor designated by the facility; (3) basic infection control, including blood-borne pathogens; (4) maintenance of a clean and safe environment; (5) appropriate and safe techniques in personal hygiene and grooming, including: <ul style="list-style-type: none"> (i) hair care and bathing; (ii) care of teeth, gums, and oral prosthetic devices; (iii) care and use of hearing aids; and (iv) dressing and assisting with toileting; (6) training on the prevention of falls; (7) standby assistance techniques and how to perform them; (8) medication, exercise, and treatment reminders; (9) basic nutrition, meal preparation, food safety, and assistance with eating; (10) preparation of modified diets as ordered by a licensed health professional; (11) communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family; (12) awareness of confidentiality and privacy; (13) understanding appropriate boundaries between staff and residents and the resident's family; (14) procedures to use in handling various emergency situations; and (15) awareness of commonly used health technology equipment and assistive devices. 	01370		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35466	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/01/2023
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01370	<p>Continued From page 30</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure training and competency evaluations were completed as required prior to providing direct care for two of two unlicensed personnel ((ULP)-C, ULP-D).</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>ULP-C ULP-C was hired to provide assisted living services on June 8, 2022.</p> <p>ULP-C's employee record lacked documented evidence of the following required training/competency as required:</p> <ul style="list-style-type: none"> - maintenance of a clean and safe environment; - appropriate and safe techniques in person hygiene and grooming including hair care and bathing, care of teeth, gums, and oral prosthetic devices, care and use of hearing aids, and dressing and assisting with toileting; - training on the prevention of falls for providers working with the elderly or individuals at risk of falls; - standby assistance techniques and how to perform them; - preparation of modified diets as ordered by a 	01370		

Minnesota Department of Health

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01370	<p>Continued From page 31</p> <p>licensed health professional; - communication skills that included preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family; and - awareness of commonly used health technology equipment and assistive devices.</p> <p>ULP-D ULP-D was hired to provide assisted living services on September 23, 2022.</p> <p>ULP-D's employee record lacked documented evidence of the following required training/competency as required: - maintenance of a clean and safe environment; - appropriate and safe techniques in person hygiene and grooming including hair care and bathing, care of teeth, gums, and oral prosthetic devices, care and use of hearing aids, and dressing and assisting with toileting; - training on the prevention of falls for providers working with the elderly or individuals at risk of falls; - standby assistance techniques and how to perform them; - preparation of modified diets as ordered by a licensed health professional; - communication skills that included preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family; and - awareness of commonly used health technology equipment and assistive devices.</p> <p>On October 31, 2023, at 12:03 p.m., the surveyor observed ULP-D provide medication administration to R3.</p> <p>On November 1, 2023, at 7:48 a.m., licensed</p>	01370		
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Minnesota Department of Health

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01370	<p>Continued From page 32</p> <p>assisted living director/clinical nurse supervisor (LALD/CNS)-A stated she thought she had additional training at the other office and would send it by the end of the day. However, no further information was provided. In addition, LALD/CNS-A stated her consultant had told her she did not need to train on all items such a preparation of modified diets unless those items were being provided to residents.</p> <p>The licensee's Staff Competency policy dated August 1, 2021, noted training and competency evaluations for all unlicensed personnel included maintenance of a clean and safe environment, appropriate and safe techniques in person hygiene and grooming, including hair care and bathing, care of teeth, gums, and oral prosthetic devices, care of hearing aids and dressing and assistance with toileting, training on the prevention of falls for providers working with the elderly or those at risk of falls, standby assistance techniques and how to perform them, basic nutrition, meal preparation and preparation of modified diets as ordered by a licensed health professional, food safety and assistance with eating, communication skills that included preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family, and awareness of commonly used health technology equipment and assistive devices.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01370		
01380 SS=F	144G.61 Subd. 2 (b) Training and evaluation of unlicensed personn	01380		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35466	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/01/2023
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01380	<p>Continued From page 33</p> <p>(b) In addition to paragraph (a), training and competency evaluation for unlicensed personnel providing assisted living services must include:</p> <ol style="list-style-type: none"> (1) observing, reporting, and documenting resident status; (2) basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel; (3) reading and recording temperature, pulse, and respirations of the resident; (4) recognizing physical, emotional, cognitive, and developmental needs of the resident; (5) safe transfer techniques and ambulation; (6) range of motioning and positioning; and (7) administering medications or treatments as required. <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure training and competency evaluations were completed as required prior to providing direct care for two of two unlicensed personnel ((ULP)-C, ULP-D).</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>ULP-C</p>	01380		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35466	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/01/2023
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01380	<p>Continued From page 34</p> <p>ULP-C was hired to provide assisted living services on June 8, 2022.</p> <p>ULP-C's employee record lacked documented evidence of the following required training/competency as required:</p> <ul style="list-style-type: none"> - basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to the appropriate personnel; and - recognizing physical, emotional, cognitive, and developmental needs of the resident. <p>ULP-D</p> <p>ULP-D was hired to provide assisted living services on September 23, 2022.</p> <p>ULP-D's employee record lacked documented evidence of the following required training/competency as required:</p> <ul style="list-style-type: none"> - basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to the appropriate personnel; and - recognizing physical, emotional, cognitive, and developmental needs of the resident. <p>On October 31, 2023, at 12:03 p.m., the surveyor observed ULP-D provide medication administration to R3.</p> <p>On November 1, 2023, at 7:48 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated she thought she had additional training at the other office and would send it by the end of the day. However, no further information was provided. In addition, LALD/CNS-A stated her consultant had told her she did not need to train on all items such a preparation of modified diets unless those items</p>	01380		

Minnesota Department of Health

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01380	Continued From page 35 were being provided to residents. The licensee's Staff Competency policy dated August 1, 2021, noted training and competency evaluations for all unlicensed personnel included basic knowledge of body functioning and changes in body function, injuries, or other reportable changes, and recognizing physical, emotional, cognitive, and developmental needs of the resident. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01380		
01470 SS=E	144G.63 Subd. 2 Content of required orientation (a) The orientation must contain the following topics: (1) an overview of this chapter; (2) an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person; (3) handling of emergencies and use of emergency services; (4) compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC); (5) the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; (6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person; (7) handling of residents' complaints, reporting of complaints, and where to report complaints,	01470		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35466	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/01/2023
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01470	<p>Continued From page 36</p> <p>including information on the Office of Health Facility Complaints;</p> <p>(8) consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services; and</p> <p>(9) a review of the types of assisted living services the employee will be providing and the facility's category of licensure.</p> <p>(b) In addition to the topics in paragraph (a), orientation may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics:</p> <p>(1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and the challenges it poses to communication;</p> <p>(2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or</p> <p>(3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure employees received orientation to assisted living requirements and regulations prior to providing</p>	01470		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35466	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/01/2023
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NAME OF PROVIDER OR SUPPLIER COMPASSIONATE HEARTS LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1284 BERRY RIDGE ROAD EAGAN, MN 55123
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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
01470	<p>Continued From page 37</p> <p>services for two of three employees (licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A, unlicensed personnel (ULP)-D).</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 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).</p> <p>The findings include:</p> <p>LALD/CNS-A LALD/CNS-A started employment on January 1, 2020, under the comprehensive home care license and began providing assisted living services on August 1, 2021.</p> <p>LALD/CNS-A's employee record lacked documented evidence of the following required training: - principles of person-centered planning and service delivery.</p> <p>ULP-D ULP-D was hired to provide assisted living services on September 23, 2022.</p> <p>ULP-D's employee record lacked documented evidence of the following required training: - principles of person-centered planning and service delivery.</p> <p>On October 31, 2023, at 12:03 p.m., the surveyor observed ULP-D provide medication</p>	01470		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35466	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/01/2023
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01470	<p>Continued From page 38</p> <p>administration to R3.</p> <p>On November 1, 2023, at 7:48 a.m., LALD/CNS-A stated she thought she had additional training at the other office and would send it by the end of the day. However, no further information was provided.</p> <p>The licensee's Staff Orientation and Education policy dated August 1, 2021, noted upon hire and before providing services to residents, all employees would attend a general orientation which included the principles of person-centered planning and service delivery.</p> <p>was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01470		
01500 SS=F	<p>144G.63 Subd. 5 Required annual training</p> <p>(a) All staff that perform direct services must complete at least eight hours of annual training for each 12 months of employment. The training may be obtained from the facility or another source and must include topics relevant to the provision of assisted living services. The annual training must include:</p> <p>(1) training on reporting of maltreatment of vulnerable adults under section 626.557;</p> <p>(2) review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights;</p> <p>(3) review of infection control techniques used in the home and implementation of infection control standards including a review of hand washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal</p>	01500		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35466	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/01/2023
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01500	<p>Continued From page 39</p> <p>of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting communicable diseases;</p> <p>(4) effective approaches to use to problem solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders;</p> <p>(5) review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and</p> <p>(6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person.</p> <p>(b) In addition to the topics in paragraph (a), annual training may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics:</p> <p>(1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and challenges it poses to communication;</p> <p>(2) the health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or</p> <p>(3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions.</p>	01500		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35466	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/01/2023
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01500	<p>Continued From page 40</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure annual training included all required topics for each 12 months of employment for three of three employees (licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A, unlicensed personnel (ULP)-C, ULP-D).</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>LALD/CNS-A LALD/CNS-A started employment on January 1, 2020, under the comprehensive home care license and began providing assisted living services on August 1, 2021.</p> <p>LALD/CNS-A's employee record lacked documented evidence of the following required annual training: - principles of person-centered planning and service delivery.</p> <p>ULP-C ULP-C was hired to provide assisted living services on June 8, 2022.</p> <p>ULP-C's employee record lacked documented evidence of the following required annual training:</p>	01500		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35466	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/01/2023
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01500	<p>Continued From page 41</p> <ul style="list-style-type: none"> - effective approaches to use to problem solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders; and - principles of person-centered planning and service delivery. <p>ULP-D ULP-D was hired to provide assisted living services on September 23, 2022.</p> <p>ULP-D's employee record lacked documented evidence of the following required annual training: - principles of person-centered planning and service delivery.</p> <p>On October 31, 2023, at 12:03 p.m., the surveyor observed ULP-D provide medication administration to R3.</p> <p>On November 1, 2023, at 7:48 a.m., LALD/CNS-A stated she thought she had additional training at the other office and would send it by the end of the day. However, no further information was provided.</p> <p>The licensee's Staff Orientation and Education policy dated August 1, 2021, noted staff providing assisted living services would complete at least eight hours of education for every 12 months of employment, including effective approaches to use to problem solve when working with a resident's challenging behaviors and the principles of person-centered planning and service delivery and how they apply to direct support services provided by staff.</p> <p>No further information was provided.</p>	01500		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35466	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/01/2023
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NAME OF PROVIDER OR SUPPLIER COMPASSIONATE HEARTS LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1284 BERRY RIDGE ROAD EAGAN, MN 55123
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01500	Continued From page 42 TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01500		
01530 SS=F	<p>144G.64 TRAINING IN DEMENTIA CARE REQUIRED</p> <p>(a) All assisted living facilities must meet the following training requirements: (1) supervisors of direct-care staff must have at least eight hours of initial training on topics specified under paragraph (b) within 120 working hours of the employment start date, and must have at least two hours of training on topics related to dementia care for each 12 months of employment thereafter; (2) direct-care employees must have completed at least eight hours of initial training on topics specified under paragraph (b) within 160 working hours of the employment start date. Until this initial training is complete, an employee must not provide direct care unless there is another employee on site who has completed the initial eight hours of training on topics related to dementia care and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for consultation with the new employee until the training requirement is complete. Direct-care employees must have at least two hours of training on topics related to dementia for each 12 months of employment thereafter;</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure three of three employees (licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A,</p>	01530		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35466	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/01/2023
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01530	<p>Continued From page 43</p> <p>unlicensed personnel (ULP)-C, ULP-D) received the required amount of dementia care training in the required time frame.</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>The licensee provided services under an assisted living license.</p> <p>LALD/CNS-A LALD/CNS-A started employment on January 1, 2020, under the comprehensive home care license and began providing assisted living services on August 1, 2021.</p> <p>A request of when LALD/CNS-A reached 120 working hours was not provided.</p> <p>LALD/CNS-A's employee record contained evidence of 6.25 hours dementia training upon hire through March 19, 2020, short of the required eight hours of training within 120 working hours.</p> <p>ULP-C ULP-C was hired to provide assisted living services on June 8, 2022.</p> <p>A request of when ULP-C reached 160 working hours was not provided.</p>	01530		
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35466	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/01/2023
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01530	<p>Continued From page 44</p> <p>ULP-C's employee record contained evidence 5.0 hours dementia training upon hire through May 25, 2022, short of the required eight hours of training within 160 working hours.</p> <p>ULP-D ULP-D was hired to provide assisted living services on September 23, 2022.</p> <p>On October 31, 2023, at 12:03 p.m., the surveyor observed ULP-D provide medication administration to R3.</p> <p>A request of when ULP-D reached 160 working hours was not provided.</p> <p>ULP-D's employee record contained evidence 7.5 hours dementia training upon hire through September 18, 2022, short of the required eight hours of training within 160 working hours.</p> <p>On November 1, 2023, at 7:48 a.m., LALD/CNS-A stated she thought she had additional training at the other office and would send it by the end of the day. However, no further information was provided.</p> <p>The licensee's Dementia Education policy dated August 1, 2021, noted supervisors of direct care staff would have at least eight hours of initial education within 120 working hours of the employment start date, and direct care employees would have completed at least eight hours of initial education within 160 working hours, to include an explanation of Alzheimer's disease, assistance with activities of daily living, problem solving with challenging behaviors, communication skills, and person-centered planning and service delivery.</p>	01530		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35466	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/01/2023
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01530	Continued From page 45 No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01530		
01560 SS=C	<p>144G.64 (a, b, c) TRAINING IN DEMENTIA CARE REQUIRED</p> <p>(5) new employees may satisfy the initial training requirements by producing written proof of previously completed required training within the past 18 months.</p> <p>(b) Areas of required training include: (1) an explanation of Alzheimer's disease and other dementias; (2) assistance with activities of daily living; (3) problem solving with challenging behaviors; (4) communication skills; and (5) person-centered planning and service delivery.</p> <p>(c) The facility shall provide to consumers in written or electronic form a description of the training program, the categories of employees trained, the frequency of training, and the basic topics covered.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide in written or electronic form to residents, families, or other persons who requested it, a complete description of the dementia care training program to include person-centered planning and service delivery.</p> <p>This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety), and was issued at a</p>	01560		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35466	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/01/2023
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01560	<p>Continued From page 46</p> <p>widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>The licensee provided services under an assisted living license.</p> <p>The licensee's undated Dementia Disclosure Statement noted all direct care staff and supervisors would be trained on topics including an explanation of Alzheimer's disease and related disorders, how to provide assistance with activities of daily living, effective approaches to use to problem solve with challenging behaviors, how to communicate with residents with Alzheimer's disease or other dementias, and how to provide assistance with daily living. However, it lacked the inclusion of person-centered planning and service delivery.</p> <p>On November 1, 2023, at 7:40 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated the disclosure did not contain the required content.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	01560		
01620 SS=D	<p>144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring</p> <p>(c) Resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services. Ongoing resident</p>	01620		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35466	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/01/2023
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01620	<p>Continued From page 47</p> <p>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 the registered nurse (RN) completed a comprehensive reassessment using the uniform assessment tool 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>	01620		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35466	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/01/2023
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NAME OF PROVIDER OR SUPPLIER COMPASSIONATE HEARTS LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1284 BERRY RIDGE ROAD EAGAN, MN 55123
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01620	<p>Continued From page 48</p> <p>The findings include:</p> <p>R1's diagnoses included schizophrenia, delusions and paranoia, depression, and anxiety.</p> <p>R1's Service Plan dated September 1, 2023, noted services including housekeeping and medication management.</p> <p>R1's Monitoring and Reassessment form dated October 16, 2023, identified as a change of condition, included personal cares, height, weight, transfers, ambulation, toileting, mobility, bowel and bladder continence, dentures, glasses, hearing aids, exercise, behaviors, pain, smoking, skin issues, medication assistance, laundry/housekeeping, and maintenance of a clean and safe environment. However, the assessment lacked all of the elements of the universal assessment tool.</p> <p>On October 31, 2023, at 1:15 p.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated the monitoring and reassessment form was utilized for a change in condition, and did not include all of the required elements.</p> <p>Minnesota Rules - Assisted Living Facilities 4659.0150 Uniform Assessment Tool, subdivision 2 indicated each facility must develop a uniform assessment tool. The facility may use an acceptable form or format for the tool, such as an online or a hard-copy paper assessment tool, as long as the tool includes the elements identified in this subpart.</p> <p>The licensee's Comprehensive Nursing Assessment policy dated August 1, 2021, noted the RN would conduct a comprehensive</p>	01620		
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35466	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/01/2023
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NAME OF PROVIDER OR SUPPLIER COMPASSIONATE HEARTS LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1284 BERRY RIDGE ROAD EAGAN, MN 55123
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01620	Continued From page 49 assessment utilizing a uniform assessment tool. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01620		
01650 SS=F	144G.70 Subd. 4 (f) Service plan, implementation and revisions to (f) The service plan must include: (1) a description of the services to be provided, the fees for services, and the frequency of each service, according to the resident's current assessment and resident preferences; (2) the identification of staff or categories of staff who will provide the services; (3) the schedule and methods of monitoring assessments of the resident; (4) the schedule and methods of monitoring staff providing services; and (5) a contingency plan that includes: (i) the action to be taken if the scheduled service cannot be provided; (ii) information and a method to contact the facility; (iii) the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency; and (iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters.	01650		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35466	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/01/2023
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NAME OF PROVIDER OR SUPPLIER COMPASSIONATE HEARTS LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1284 BERRY RIDGE ROAD EAGAN, MN 55123
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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
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01650	<p>Continued From page 50</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a service plan included the required content 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 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>R1's diagnoses included schizophrenia, delusions and paranoia, depression, and anxiety.</p> <p>R1's Service Plan dated September 1, 2023, noted services including housekeeping and medication management. The service plan lacked:</p> <ul style="list-style-type: none"> - the schedule and method of monitoring assessments of the resident; - the methods of monitoring staff providing services; and - a contingency plan that included the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters. <p>On October 31, 2023, at 1:15 p.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated the schedule and method of monitoring assessments of the resident contained the verbiage from the comprehensive</p>	01650		
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35466	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/01/2023
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01650	<p>Continued From page 51</p> <p>home care license, and lacked the methods of monitoring staff as well as the required portion of the contingency plan noted above.</p> <p>On November 1, 2023, at 8:30 a.m., LALD/CNS-A stated the same format was used for all service plans.</p> <p>The licensee's Service Plan policy dated August 1, 2021, noted the service plan would include the schedule and methods of monitoring reviews or assessments of the resident, the schedule and method of monitoring staff providing services, and a contingency plan including the circumstances in which emergency medical services were not to be summoned and declarations made by the resident related to health care directives.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01650		
01760 SS=D	<p>144G.71 Subd. 8 Documentation of administration of medication</p> <p>Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not</p>	01760		

Minnesota Department of Health

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NAME OF PROVIDER OR SUPPLIER COMPASSIONATE HEARTS LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1284 BERRY RIDGE ROAD EAGAN, MN 55123
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01760	<p>Continued From page 52</p> <p>administered as prescribed and in compliance with the resident's medication management plan.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to verify accuracy of prescriber orders when transcribing orders 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's diagnoses included schizophrenia, delusions and paranoia, depression, and anxiety.</p> <p>R1's Service Plan dated September 1, 2023, noted services including housekeeping and medication management.</p> <p>R1's October 2023 Med (Medication) Admin (Administration) Summary for October 2023 included the following: - start date October 19, 2023, end date October 30, 2023, omeprazole (used to treat indigestion, heartburn, and acid reflux) 20 milligrams (mg) take one capsule by mouth daily, all being circled and noted as refused, not home, declined, or requesting as an as needed basis; and - start date October 23, 2023, end date October 30, 2023, transderm-scop (used to treat motion</p>	01760		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 35466	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/01/2023
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01760	<p>Continued From page 53</p> <p>sickness) 1 mg apply one patch and change every 72 hours, three circled from October 28, 2023, through October 30, 2023, and noted as declined or not home.</p> <p>R1's unsigned prescriber orders dated as noted by licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A on October 25, 2023, included the following:</p> <ul style="list-style-type: none"> - omeprazole 20 mg take one capsule by mouth daily as needed; and - transderm-scop 1 mg apply one patch to skin as needed every three days. <p>On October 31, 2023, at 1:15 p.m., LALD/CNS-A stated these medications were prescribed by a prescriber who is not R1's primary physician. LALD/CNS-A stated they were ordered after R1 was hospitalized in October, and she has refused them since retuning to the facility. In addition, LALD/CNS-A stated she has contacted the prescriber to get them changed to as needed but has no documentation of this.</p> <p>The licensee's Medication Orders dated August 1, 2021, noted the licensee would maintain a current written or electronically recorded prescription for all prescribed medications managed for the resident.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01760		
01820 SS=D	<p>144G.71 Subd. 13 Prescriptions</p> <p>There must be a current written or electronically recorded prescription as defined in section</p>	01820		

Minnesota Department of Health

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01820	<p>Continued From page 54</p> <p>151.01, subdivision 16a, for all prescribed medications that the assisted living facility is managing for the resident.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure current written or electronically recorded prescriptions were obtained 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) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents).</p> <p>The findings include:</p> <p>R1's diagnoses included schizophrenia, delusions and paranoia, depression, and anxiety.</p> <p>R1's Service Plan dated September 1, 2023, noted services including housekeeping and medication management.</p> <p>R1's October 2023 Med (Medication) Admin (Administration) Summary for October 2023 included the following: - start date October 19, 2023, end date October 30, 2023, omeprazole (used to treat indigestion, heartburn, and acid reflux) 20 milligrams (mg) take one capsule by mouth daily, all being circled and noted as refused, not home, declined, or requesting as an as needed basis; and - start date October 23, 2023, end date October 30, 2023, transderm-scop (used to treat motion</p>	01820		
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Minnesota Department of Health

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01820	<p>Continued From page 55</p> <p>sickness) 1 mg apply one patch and change every 72 hours, three circled from October 28, 2023, through October 30, 2023, and noted as declined or not home.</p> <p>R1's unsigned prescriber orders dated as noted by licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A on October 25, 2023, included the following:</p> <ul style="list-style-type: none"> - omeprazole 20 mg take one capsule by mouth daily as needed; and - transderm-scop 1 mg apply one patch to skin as needed every three days. <p>On October 31, 2023, at 1:15 p.m., LALD/CNS-A stated these medications were prescribed by a prescriber who is not R1's primary physician. LALD/CNS-A stated they were ordered after R1 was hospitalized in October, and she has refused them since retuning to the facility. In addition, LALD/CNS-A stated she has contacted the prescriber to get them changed to as needed but has no documentation of this.</p> <p>The licensee's Prescriber's Orders policy dated August 1, 2021, noted all orders must be signed and dated by the prescriber.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01820		
01890 SS=D	<p>144G.71 Subd. 20 Prescription drugs</p> <p>A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription</p>	01890		

Minnesota Department of Health

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01890	<p>Continued From page 56</p> <p>label with legible information including the expiration or beyond-use date of a time-dated drug.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to date time sensitive medications with an open date 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>On October 31, 2023, at 11:40 a.m., the surveyor observed the medication cart with unlicensed personnel (ULP)-D. The following was observed and confirmed with ULP-C.</p> <p>R1's Ventolin inhaler lacked a date to indicate when the inhaler had been opened and when it would expire.</p> <p>On October 31, 2023, at 2:55 p.m., the surveyor observed the Ventolin inhaler with licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A. At this time, LALD/CNS-A stated she trains staff that inhalers are to be dated when opened.</p> <p>The manufacturer's instructions for use dated</p>	01890		
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Minnesota Department of Health

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01890	Continued From page 57 December 2014 instructed to throw the inhaler away 12 months after the foil pouch was opened. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890		
03090 SS=C	144.6502, Subd. 8 Notice to Visitors (a) A facility must post a sign at each facility entrance accessible to visitors that states: "Electronic monitoring devices, including security cameras and audio devices, may be present to record persons and activities." (b) The facility is responsible for installing and maintaining the signage required in this subdivision. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the required notice was posted at the main entry way of the establishment to display statutory language to disclose electronic monitoring activity, potentially affecting all three current residents in the assisted living facility, staff and any visitors of the licensee. This practice resulted in a level one violation (a violation that has not potential to cause more than a minimal impact on the resident and does not affect health or safety), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include:	03090		

Minnesota Department of Health

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03090	<p>Continued From page 58</p> <p>On October 30, 2023, at 2:15 p.m., the surveyor toured the facility with manager/unlicensed personnel (ULP)-B and noted the electronic monitoring information posted in the upstairs dining area, across from the patio door on a bulletin board.</p> <p>On October 31, 2023, at 2:30 p.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated the patio door was not used as an entrance to the facility, and moved the document from the dining room and taped it on the front door.</p> <p>The licensee's Electronic Monitoring policy dated July 1, 2020, noted the licensee would post a sign at each facility entrance accessible to visitors.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	03090		



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

Type: Full
Date: 10/31/23
Time: 11:00:00
Report: 103923146

Food and Beverage Establishment Inspection Report

Page 1

Location:

Compassionate Hearts
1284 Berry Ridge Road
Eagan, MN55123
Dakota County, 19

Establishment Info:

ID #: 0035855
Risk: Medium
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Compassionate Hearts, LLC

Phone #: 9528552098

ID #: 52494

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.

2-100 Supervision

2-102.12AMN

MN Rule 4626.0033A Employ a certified food protection manager (CFPM) for the establishment.

STAFF MEMBERS HAVE COMPLETED A FOOD SAFETY COURSE. PERSON-IN-CHARGE STATES A COURSE COMPLETION CERTIFICATE HAS BEEN SUBMITTED TO MDH IN ORDER FOR A STAFF MEMBER TO BECOME A CFPM.

Comply By: 10/31/23

Surface and Equipment Sanitizers

Rinse Temp: = at >160 Degrees Fahrenheit

Location: DISH WASHING MACHINE

Violation Issued: No

Food and Equipment Temperatures

Process/Item: SOUR CREAM

Temperature: 34 Degrees Fahrenheit - Location: REFRIGERATOR

Violation Issued: No

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

The inspection was completed with the person in charge and reviewed with MDH nurse evaluator Annette Truebenbach.

The establishment has a residential kitchen and should serve food for same-day service only.

The kitchen has wood cabinets with hollow base, wood floor, painted walls, popcorn ceiling and faux-

Type: Full
Date: 10/31/23
Time: 11:00:00
Report: 103923146
Compassionate Hearts

Food and Beverage Establishment Inspection Report

marble/stone countertops.

The kitchen finishes and surfaces are clean and well maintained.

The kitchen refrigerator/freezer are of residential grade.

A 2-compartment sink is present in kitchen. 1 compartment is designated for hand washing only.

A dish machine is located in the kitchen which is of NSF Residential grade. All utensils should be sanitized in the dishwashing machine. A waterproof irreversible thermometer is present.

A supply of single-use gloves are present in kitchen.

Discussed the following with the person-in-charge: minimum cook temps for animal proteins, food source, foodborne illness symptoms and exclusion of ill employees, avoiding bare hand contact with ready to eat foods.

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 103923146 of 10/31/23.

Certified Food Protection Manager: _____

Certification Number: _____ Expires: ____/____/____

Inspection report reviewed with person in charge and emailed.

Signed: _____

Saeed Barre
Person-in-charge

Signed: _____


Aron Goodner
Public Health Sanitarian I
Freeman Building
aron.goodner@state.mn.us