



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically Delivered

October 6, 2023

Licensee  
Able View Assisted Living, Inc.  
1368 Desoto Street  
Saint Paul, MN 55130

RE: Project Number(s) SL38921015

Dear Licensee:

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

The Minnesota Department of Health completed an initial survey on September 12, 2023, for the purpose assessing compliance with state licensing statutes. At the time of the survey, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G.

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

#### **STATE CORRECTION ORDERS**

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

#### **DOCUMENTATION OF ACTION TO COMPLY**

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

The correction order documentation should include the following:

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

### **CORRECTION ORDER RECONSIDERATION PROCESS**

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

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

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

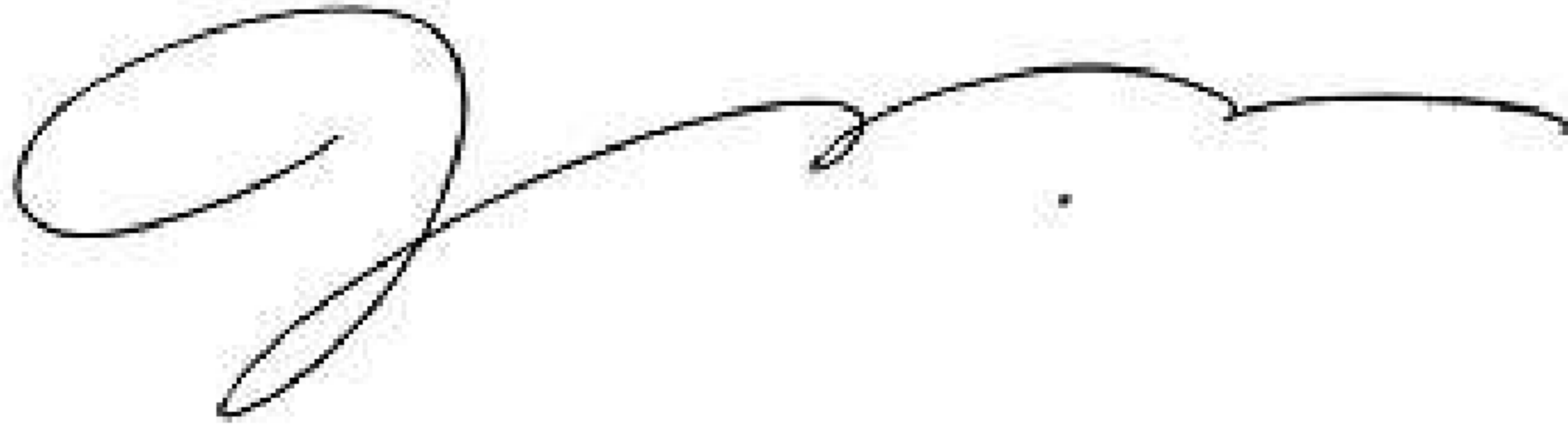
Please address your cover letter for reconsideration requests to:

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

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

If you have any questions, please contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jess Schoenecker'. The signature is fluid and cursive, starting with a large loop for the letter 'J' and ending with a horizontal flourish.

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

PMB

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>38921</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/12/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ABLE VIEW ASSISTED LIVING INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1368 DESOTO STREET SAINT PAUL, MN 55130</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	<p><b>Initial Comments</b></p> <p>*****ATTENTION*****</p> <p><b>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)</b></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 the Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p><b>INITIAL COMMENTS:</b> SL38921015</p> <p>On September 11, 2023, through September 12, 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 2 active residents; 2 receiving services under the provisional 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 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 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 evaluators' 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 SUBDIVISION 1-3.</p>	
0 480 SS=F	<b>144G.41 Subd 1 (13) (i) (B) Minimum requirements</b>	0 480		

Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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0 480	<p>Continued From page 1</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. This had the potential to affect all residents of the assisted living facility.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents).</p> <p>The findings include:</p> <p>Please refer to the included document titled, Food and Beverage Establishment Inspection Report, dated September 11, 2023, for the specific Minnesota Food Code deficiencies.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 480		
0 660 SS=D	<p>144G.42 Subd. 9 Tuberculosis prevention and control</p> <p>(a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current</p>	0 660		

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0 660	<p>Continued From page 2</p> <p>tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines.</p> <p>(b) The facility must maintain written evidence of compliance with this subdivision.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to establish and maintain a tuberculosis (TB) prevention program based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) which included baseline testing and screening for one of two employees (licensed assisted living director (LALD)-A).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>The licensee's TB facility risk assessment tool dated September 10, 2023, indicated the licensee had a low risk for TB.</p>	0 660		
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0 660	<p>Continued From page 3</p> <p>LALD-A was hired on June 14, 2022.</p> <p>LALD-A's employee record included TB Testing Documentation - one step Mantoux dated July 30, 2022, and reading on August 1, 2022, with negative result. LALD-A's record lacked TB history and symptom screen and second step Mantoux completed at hire.</p> <p>On September 11, 2023, at 1:10 p.m., LALD-A stated the licensee sent new employees to outside clinic for completed history and symptom screening and a 2-step Mantoux. LALD-A stated she did not go back to the clinic to get the second step because she forgot. LALD-A also stated the licensee did not complete history and symptom screening or audit of recent hire employee charts to look for incomplete TB results. LALD-A stated the licensee had added the audit process going forward to become compliant with the TB needs of the facility.</p> <p>The Minnesota Department of Health's Assisted Living Resources &amp; Frequently Asked Questions (FAQs) dated August 7, 2023, indicated baseline TB screening includes:</p> <ul style="list-style-type: none"> <li>- assess for current symptoms of active TB disease;</li> <li>- assess TB history; and</li> <li>- test for the presence of Mycobacterium tuberculosis by administering either a two-step tuberculin skin test (TST) or single TB blood test.</li> </ul> <p>The licensee's Tuberculosis Screening/Prevention policy dated June 4, 2022, indicated the Centers for Disease Control (CDC) guidelines (2019) for preventing Mycobacterium tuberculosis transmission in health care settings include the following recommendations:</p> <ol style="list-style-type: none"> <li>1) TB screening with an individual risk</li> </ol>	0 660		

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0 660	<p>Continued From page 4</p> <p>assessment and symptom evaluation at baseline (preplacement);                      2) TB testing with an interferon-gamma release assay (IGRA) or a tuberculin skin test (TST) for persons without documented prior TB disease or latent TB infection (LTBI);                      3) no routine serial TB testing at any interval after baseline in the absence of a 1--known exposure or ongoing transmission;                      4) encouragement of treatment for all health care personnel with untreated L TBI, unless treatment is contraindicated;                      5) annual symptom screening for health care personnel with untreated L TBI; and                      6) annual TB education of all health care personnel.</p> <p>The policy indicated baseline testing completed on hire for all direct care providers and anyone who visited residents (including volunteers).</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 660		
0 780 SS=F	<p>144G.45 Subd. 2 (a) (1) Fire protection and physical environment</p> <p>(a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:</p> <p>(1) for dwellings or sleeping units, as defined in the State Fire Code:                      (i) provide smoke alarms in each room used for sleeping purposes;                      (ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms;</p>	0 780		



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0 780	<p>Continued From page 5</p> <p>(iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics;</p> <p>(iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and</p> <p>(v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated;</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide smoke alarms for the newly constructed resident bedroom #5 that are interconnected so that the actuation of the bedroom alarm causes all alarms in the home to actuate and sound throughout the home. This has the potential to affect residents receiving care, staff, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when 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 September 12, 2023, between 10:00 a.m. to 11:00 a.m. survey staff toured the home with the</p>	0 780		
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0 780	<p>Continued From page 6</p> <p>owner (O)-B. During the home tour, the O-B tested the smoke alarm located inside the new main-level resident bedroom #5, and the alarm sounded local and was not interconnected with the other smoke alarms in the home. The finding was verbally verified by the O-B and he stated that the smoke alarm for the construction of bedroom #5 was installed by the contractor and inspected by the city already. Survey staff explained that the smoke alarm inside the new bedroom #5 and outside the hallway of bedroom #5 must also be interconnected with the other smoke alarms in the home for proper notifications as required by Minnesota Statutes.</p> <p>On September 12, 2023, at approximately 11:30 a.m., the O-B acknowledged the findings.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 780		
0 790 SS=B	<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 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>	0 790		

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0 790	<p>Continued From page 7</p> <p>This MN Requirement is not met as evidenced by: Based on observation, record review, and interview, the licensee failed to maintain portable fire extinguishers in accordance with the State Fire Code as required by MN Statute 144G.45 Subd(a)(2). This had the potential to directly affect all residents receiving care and staff.</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 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>On September 12, 2023, between 10:00 a.m. to 11:00 a.m. survey staff toured the home with the owner (O)-B. During the home tour, survey staff observed two mounted portable fire extinguishers, one on the main floor and one in the basement, and observed that the portable fire extinguishers had not been annually serviced by a qualified vendor as required. The records posted next to the extinguishers showed the required monthly quick inspections since May of 2022 but no records or documentation were observed or provided to show the annual service on the extinguishers.</p> <p>On September 12, 2023, at approximately 11:30 a.m., the O-B acknowledged the findings.</p> <p>No further information was provided.</p>	0 790		
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0 790	Continued From page 8  TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 790		
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> <ul style="list-style-type: none"> <li>(1) location and number of resident sleeping rooms;</li> <li>(2) employee actions to be taken in the event of a fire or similar emergency;</li> <li>(3) fire protection procedures necessary for residents; and</li> <li>(4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation.</li> </ul> <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>	0 810		

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0 810	<p>Continued From page 9</p> <p>This MN Requirement is not met as evidenced by: Based on observation, record review, and interview, the licensee failed to provide an accurate and complete fire safety and evacuation plan and the minimum required training on fire safety and evacuation. This has the potential to directly affect the safety of all residents receiving care, staff, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On September 12, 2023, between 10:00 a.m. to 11:00 a.m. survey staff toured the home with the owner (O)-B.</p> <p>On September 12, 2023, at approximately 11:00 a.m., survey staff received and reviewed the home's fire safety and evacuation, the evacuation drill, and the training documentation. At approximately, 11:30 a.m., document review and interview with the O-B, indicated the following:</p> <ul style="list-style-type: none"> <li>-Document review indicated that the home's fire policy lacked fire protection procedures for residents.</li> <li>-Document review indicated the posted main-level floor plan did not show resident bedroom #5. Survey staff asked the O-B about</li> </ul>	0 810		
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NAME OF PROVIDER OR SUPPLIER  <b>ABLE VIEW ASSISTED LIVING INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1368 DESOTO STREET SAINT PAUL, MN 55130</b>
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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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0 810	<p>Continued From page 10</p> <p>bedroom #5 and the O-B agreed that he needed to have a new floor plan layout to accurately show bedroom #5.</p> <p>-Document review indicated the posted main-level floor plan incorrectly shows evacuation exit routes through the garage and back yard. Survey staff explained to the O-B that the garage is considered a hazardous area and the back yard had no access and walkways to the public way in front of the home, and must not be considered as primary exits.</p> <p>-Document review indicated the licensee failed to meet the minimum frequency of employee training on the fire safety and evacuation plan twice a year (after new hire orientation). The documentation provided for review showed the annual training from Educare with an explanation from the O-B that was all the training that they were required to meet. Survey staff explained that the fire safety and evacuation plan training frequency for employees is more restrictive and must be provided to employees at least twice a year rather than annually.</p> <p>-The licensee failed to provide documentation to show training of residents that can self-assist in their evacuation on the proper actions to be taken in the event of a fire including movement, evacuation, or relocation. The O-B stated that they have one resident who can self assist and had engaged the resident in the drills but did not document.</p> <p>On September 12, 2023, at approximately 11:30 a.m., the O-B acknowledged the above findings.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 810		
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>38921</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/12/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ABLE VIEW ASSISTED LIVING INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1368 DESOTO STREET SAINT PAUL, MN 55130</b>
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0 970	Continued From page 11	0 970		
0 970 SS=C	<p><b>144G.50 Subd. 5 Waivers of liability prohibited</b></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 resident assisted living contract did not include language waiving the licensee's liability for health, safety, or personal property of a resident. This had the potential to affect 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 potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On September 11, 2023, at 11:30 a.m., licensed assisted living director (LALD)-A provided a blank assisted living contract and indicated the document was the licensee's assisted living contract signed by all residents who lived in the facility.</p>	0 970		

Minnesota Department of Health

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0 970	<p>Continued From page 12</p> <p>The licensee's assisted living contract dated 2022, on page 13, included a section titled Indemnification and read, licensee "shall not be liable for any damage or injury to the resident, or any other person, or to any property, occurring on the premises, or any part thereof, or in common areas thereof, and the resident agrees to hold [licensee] harmless from any claims or damages unless caused solely by negligence of [licensee]... Nothing contained herein is intended to create a waiver of facility liability for the health and safety or personal property of a resident."</p> <p>On September 11, 2023, at 11:30 a.m., LALD-A acknowledged the licensee's assisted living contract indicated the licensee was not liable for residents' personal property. LALD-A indicated the language needed to be removed as current language did waive the licensee's liability for the residents' personal property.</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 970		
01500 SS=D	<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</p>	01500		



Minnesota Department of Health

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01500	<p>Continued From page 13</p> <p>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 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</p>	01500		
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Minnesota Department of Health

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01500	<p>Continued From page 14</p> <p>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 interview and record review, the licensee failed to ensure annual training included all required topics for each 12 months of employment for one of one employees (licensed assisted living director (LALD)-A)</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>LALD-A was hired on June 14, 2022, to perform direct care services to the licensee's residents.</p> <p>LALD-A's record lacked evidence annual training had been completed as required in the following areas: -Reporting maltreatment of vulnerable adults or minors; -Review of provider's policies and procedures; -Principles of person-centered planning/service delivery; and -Dementia training: two hours annually.</p> <p>On September 11, 2023, at 1:10 p.m., LALD-A</p>	01500		
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Minnesota Department of Health

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01500	<p>Continued From page 15</p> <p>stated, she had not completed any annual training at this time. LALD-A stated she thought Educare (on online training platform) would be sending prompts when annual training was due. LALD-A stated the licensee would begin to place on a calendar when annual reviews are due to stay current.</p> <p>The licensee's Staff Orientation and Education policy dated June 4, 2022, indicated all staff who provided assisted living services would complete at least eight (8) hours of education for every twelve (12) months of employment. Education topics will include, but not be limited to, the following:</p> <ul style="list-style-type: none"> <li>a. Reporting of maltreatment of adult's items;</li> <li>b. Review of Assisted Living Bill of Rights and staff responsibilities related to ensuring the exercise and protection of those rights;</li> <li>c. Review of the organization's policies and procedures related to prov1s1on of assisted living services and how to implement them;</li> <li>d. Infection control techniques used in the home: <ul style="list-style-type: none"> <li>1. Implementation of infection control standards based on current recommendations per the Centers for Disease Control (CDC)</li> <li>2. Hand washing techniques</li> <li>3. Need for/use of personal protective equipment {PPE), including: <ul style="list-style-type: none"> <li>4. Appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades</li> <li>5. Disinfection of reusable equipment</li> <li>6. Disinfection of environmental surfaces</li> <li>7. Reporting of communicable diseases</li> </ul> </li> </ul> </li> <li>e. Effective approaches used 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</li> </ul>	01500		

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01500	<p>Continued From page 16</p> <p>f. The principles of person-centered planning and service delivery and how applied to direct support services provided by staff.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01500		



Type: Full  
Date: 09/11/23  
Time: 12:30:00  
Report: 1043231027

# Food and Beverage Establishment Inspection Report

**Location:**

Able View Assisted Living Inc  
1368 Desoto Street  
Saint Paul, MN55130  
Ramsey County, 62

**Establishment Info:**

ID #: N038921  
Risk:  
Announced Inspection: No

**License Categories:**

Expires on: / /

**Operator:**

Phone #:  
ID #:

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

The following orders were issued during this inspection.

## 2-200 Employee Health

### 2-201.11C

**\*\* Priority 1 \*\***

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

NO ILLNESS LOG IN USE. STAFF CONFIRMED ALL ILLNESS ARE VERBALIZED BUT ARE NOT RECORDED. LOG PROVIDED ON SITE BY R. FOX. CORRECTED ON SITE.

Comply By: 09/11/23

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

### 3-302.11A(1)

**\*\* Priority 1 \*\***

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

RAW SHELL EGGS AND RAW CHICKEN WERE STORED ABOVE PRODUCE IN KITCHEN COOLER. DISCUSSED WITH STAFF AND FOODS WERE RELOCATED. CORRECTED ON SITE.

Comply By: 09/11/23

## 3-800 Highly Susceptible Populations

### 3-801.11B

**\*\* Priority 1 \*\***

MN Rule 4626.0447B Discontinue using unpasteurized eggs or egg products in the preparation of Caesar salad, hollandaise or Bearnaise sauce, mayonnaise, meringue, eggnog, ice cream, and egg-fortified beverages when serving a highly susceptible population.

UNPASTEURIZED EGGS ARE USED FOR RESIDENT MEALS. DISCUSSED WITH STAFF ABOUT USING PASTEURIZED EGGS. COMPLY WITH ABOVE RULE.

Comply By: 09/11/23

Type: Full  
Date: 09/11/23  
Time: 12:30:00  
Report: 1043231027  
Able View Assisted Living Inc

# Food and Beverage Establishment Inspection Report

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### 3-500C Microbial Control: date marking

#### 3-501.17A **\*\* Priority 2 \*\***

MN Rule 4626.0400A Mark the refrigerated, ready-to-eat, TCS food prepared and held for more than 24 hours in the food establishment using an effective method to indicate the date by which the food must be consumed on the premises, sold, or discarded.

ESTABLISHMENT DOES SAME DAY SERVICE. POTS OF BOILED GREENS AND FISH WERE DATE MARKED 9/10. STAFF CONFIRMED FOODS WERE MADE THE PREVIOUS DAY. INSTRUCTED STAFF TO DISCARD FOOD. CORRECTED ON SITE.  
SEE COMMENT FOR FULL ORDER# DESCRIPTION.

*Comply By: 09/11/23*

### 4-300 Equipment Numbers and Capacities

#### 4-302.14 **\*\* Priority 2 \*\***

MN Rule 4626.0715 Provide an appropriate test kit to accurately measure sanitizing solutions.

BLEACH IS USED AS A SANITIZER. NO TEST KIT WAS AVAILABLE. DISCUSSED WITH STAFF.  
COMPLY WITH ABOVE RULE.

*Comply By: 09/11/23*

### 6-300 Physical Facility Numbers and Capacities

#### 6-301.12 **\*\* Priority 2 \*\***

MN Rule 4626.1445 Provide and maintain a supply of individual disposable towels, a continuous towel system, a heated-air hand drying device, or an approved ambient air temperature hand drying device at each handwashing sink or group of adjacent handwashing sinks.

EMPLOYEES AND RESIDENTS ARE CURRENTLY SHARING THE DOWNSTAIRS BATHROOM.  
PAPER TOWEL OR A HAND DRYING DEVICE WAS NOT AVAILABLE FOR USE. COMPLY WITH ABOVE RULE.

*Comply By: 09/11/23*

### 3-600 Food Identity

#### 3-601.11

MN Rule 4626.0425 Meet the standard of identity and general requirements of the Code of Federal Regulations for all packaged foods.

AN UNOPENED BOTTLE OF 2% MILK IN THE KITCHEN COOLER HAD AN EXPIRATION DATE OF 9/4. STAFF DISCARDED THE CONTAINER DURING THE INSPECTION. CORRECTED ON SITE.

*Comply By: 09/11/23*

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### Food and Equipment Temperatures

Process/Item: AMBIENT

Temperature: 40 Degrees Fahrenheit - Location: COOLER

Violation Issued: No

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Process/Item: LETTUCE

Temperature: 38 Degrees Fahrenheit - Location: COOLER

Violation Issued: No

---

Type: Full  
Date: 09/11/23  
Time: 12:30:00  
Report: 1043231027  
Able View Assisted Living Inc

# Food and Beverage Establishment Inspection Report

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Process/Item: BUTTER  
Temperature: 40 Degrees Fahrenheit - Location: COOLER  
Violation Issued: No

---

Process/Item: RAW CHICKEN  
Temperature: 38 Degrees Fahrenheit - Location: COOLER  
Violation Issued: No

---

Process/Item: COOKED RICE  
Temperature: 173 Degrees Fahrenheit - Location: RICE COOKER  
Violation Issued: No

---

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

ALL FINDINGS ON THIS REPORT WERE DISCUSSED WITH HOUSE GENERAL MANAGER AND HEALTH REGULATION DIVISION NURSE EVALUATOR, ROCHELLE FOX.

THIS IS A RESIDENTIAL HOME. CURRENTLY THERE ARE TWO RESIDENTS WITH A MAXIMUM NUMBER OF FIVE RESIDENTS.

PER CONVERSATION WITH STAFF, FOOD IS MADE FOR SAME DAY SERVICE.

THE KITCHEN HAS A RESIDENTIAL COOLER AND VENTILATION HOOD.

4626.0400 DATE MARKING; READY-TO-EAT TCS FOOD. 3-501.17

A.(1) This part does not apply to items E and F or to food packaged using a reduced oxygen packaging method as specified in part 4626.0420.

(2) Refrigerated, ready-to-eat TCS food prepared and held in a food establishment for more than 24 hours must be clearly marked using an effective method to indicate the day or date by which the food must be consumed on the premises, sold, or discarded, which is 7 calendar days or less from the date of preparation. The date of the preparation must be counted as day 1.P2

**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 1043231027 of 09/11/23.

Certified Food Protection Manager: Tshuesimtauzong H. Her

Certification Number: FM110775 Expires: 04/03/25

**Inspection report reviewed with person in charge and emailed.**

Signed: \_\_\_\_\_

Nou Vang  
Person In Charge

Signed:  \_\_\_\_\_

Blia Lor  
Public Health Sanitarian I  
OLF  
651-231-7981  
blia.lor@state.mn.us