



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

Electronically Delivered

October 18, 2024

Licensee  
2 Caring Hands Inc.  
20541 Iceland Avenue  
Lakeville, MN 55044

RE: Project Number(s) SL25395015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on September 25, 2024, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

MDH 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. 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 MDH within 15 calendar days of the correction order receipt date.

To submit a reconsideration request, please visit:

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

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **<https://forms.office.com/g/Bm5uQEPhVa>**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at [susan.winkelmann@state.mn.us](mailto:susan.winkelmann@state.mn.us) or call 651-201-5952.

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

If you have any questions, please contact me.

Sincerely,



Jodi Johnson, Supervisor

State Evaluation Team

Email: [Jodi.Johnson@state.mn.us](mailto:Jodi.Johnson@state.mn.us)

Telephone: 507-344-2730 Fax: 1-866-890-9290

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>25395</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/25/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>2 CARING HANDS INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>20541 ICELAND AVENUE LAKEVILLE, MN 55044</b>
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0 000	<p><b>Initial Comments</b></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 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></p> <p>SL25395015</p> <p>On September 23, 2024, through September 25, 2024, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were four residents; four receiving services under the Assisted Living Facility 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><b>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.</b></p> <p><b>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</b></p> <p><b>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.</b></p>	
0 460 SS=F	<p><b>144G.41 Subdivision 1 Minimum requirements</b></p> <p><b>(5) provide a means for residents to request</b></p>	0 460		

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

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0 460	<p>Continued From page 1</p> <p>assistance for health and safety needs 24 hours per day, seven days per week;</p> <p>(6) allow residents the ability to furnish and decorate the resident's unit within the terms of the assisted living contract;</p> <p>(7) permit residents access to food at any time;</p> <p>(8) allow residents to choose the resident's visitors and times of visits;</p> <p>(9) allow the resident the right to choose a roommate if sharing a unit;</p> <p>(10) notify the resident of the resident's right to have and use a lockable door to the resident's unit. The licensee shall provide the locks on the unit. Only a staff member with a specific need to enter the unit shall have keys, and advance notice must be given to the resident before entrance, when possible. An assisted living facility must not lock a resident in the resident's unit;</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide a means for residents to request assistance for health and safety needs 24 hours a day, seven days a week.</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 the residents).</p> <p>The findings include:</p> <p>During the entrance conference on September</p>	0 460		

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0 460	Continued From page 2  23, 2024, at 11:13 a.m., house manager (HM)-A stated the licensee lacked a system for residents to request staff assistance when needed 24 hours a day. HM-A stated it was a small residence with awake staff, therefore ambulatory residents could just go to staff to request assistance and in an emergency, they would yell for staff if needed.  No further information was provided.  TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 460		
0 470 SS=C	144G.41 Subdivision 1 Minimum requirements  (11) develop and implement a staffing plan for determining its staffing level that: (i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility; (ii) ensures sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; and (iii) ensures that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility; (12) ensure that one or more persons are available 24 hours per day, seven days per week, who are responsible for responding to the requests of residents for assistance with health or safety needs. Such persons must be: (i) awake; (ii) located in the same building, in an attached building, or on a contiguous campus with the facility in order to respond within a reasonable amount of time;	0 470		

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0 470	<p>Continued From page 3</p> <p>(iii) capable of communicating with residents; (iv) capable of providing or summoning the appropriate assistance; and (v) capable of following directions;</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the staff posting included all the required elements, potentially affecting all the licensee's current residents, staff, and visitors.</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 the residents).</p> <p>The findings included:</p> <p>During the entrance conference on September 23, 2024, at 11:13 a.m. house manager (HM)-A indicated the following staffing hours: Day shift: 7:00 a.m. - 7:00 p.m. Evening shift: 7:00 p.m. - 7:00 a.m. HM-A stated one direct care staff was scheduled for each shift.</p> <p>During the facility tour on September 23, 2024, at 11:56 a.m., the surveyor observed the licensee's posted staff schedule above the desk in the dining area. The posting indicated one direct care staff on the day and evening shift; although, it did not include the hours of each shift. HM-A stated being unaware of the requirement.</p>	0 470		

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0 470	Continued From page 4  No further information provided.  TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 470		
0 480 SS=F	<p>144G.41 Subd 1 (13) (i) (B) Minimum requirements</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 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). The findings include: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated September 24, 2024, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection. TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.</p>	0 480		

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0 550	Continued From page 5	0 550		
0 550 SS=F	<p><b>144G.41 Subd. 7 Resident grievances; reporting maltreatment</b></p> <p>All facilities must post in a conspicuous place information about the facilities' grievance procedure, and the name, telephone number, and email contact information for the individuals who are responsible for handling resident grievances. The notice must also have the contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities and must have information for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center. The notice must also state that if an individual has a complaint about the facility or person providing services, the individual may contact the Office of Health Facility Complaints at the Minnesota Department of Health.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to post the required information related to the grievance procedure as well as the required information related to the contact information for the state and applicable regional Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities. This had the potential to affect all residents, staff, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems</p>	0 550		



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0 550	<p>Continued From page 6</p> <p>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 facility tour on September 23, 2024, the surveyor reviewed the licensee's posted information. There was no evidence the grievance procedure or contact information for the state and applicable regional Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities was posted in a conspicuous place. House manager (HM)-A stated the grievance procedure was not posted; although residents received a copy of it upon admission. HM-A further stated the ombudsman contact information was not posted; although was included in the resident lease agreement.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 550		
0 780 SS=F	<p>144G.45 Subd. 2 (a) (1) Fire protection and physical environment</p> <p>(a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:</p> <p>(1) for dwellings or sleeping units, as defined in the State Fire Code:</p> <p>(i) provide smoke alarms in each room used for sleeping purposes;</p> <p>(ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity</p>	0 780		

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0 780	<p>Continued From page 7</p> <p>of bedrooms;</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 keep the facility in compliance with the Minnesota Fire Code. The deficient condition has 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>Findings include:</p> <p>On facility tour with house manager (HM)-A on September 25, 2024, between 8:45 a.m. and 10:00 a.m. the following deficient conditions were observed:</p>	0 780		

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0 780	<p>Continued From page 8</p> <p><b>HANDRAIL/GUARDING:</b></p> <p>The surveyor observed that the handrail for the lower-level steps was missing and that the area open to the floor below required guarding.</p> <p>The surveyor explained to HM-A that a code compliant handrail and guard shall be installed.</p> <p>These deficient conditions were visually verified by HM-A accompanying on the tour.</p> <p><b>TIME PERIOD FOR CORRECTION:</b> Seven (7) days.</p>	0 780		
0 950 SS=C	<p><b>144G.50 Subd. 3 Designation of representative</b></p> <p>(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:</p> <p><b>"RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES.</b></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>(b) The contract must contain a page or space for</p>	0 950		

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0 950	<p>Continued From page 9</p> <p>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.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to offer the opportunity to identify a designated representative, on a separate form, for one of one resident (R1).</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 Service Plan dated July 13, 2024, indicated services including assistance with bathing, grooming, toileting, transfers, ambulation, laundry, housekeeping, and medication management.</p> <p>On September 24, 2024, at 1:26 p.m. house manager (HM)-A reviewed R1's contract and stated the right to designate a representative statutory language was not present anywhere in the current assisted living contract. HM-A further stated all residents were provided the same contract.</p>	0 950		

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0 950	<p>Continued From page 10</p> <p>The licensee's Assisted Living Contracts policy, undated, indicated:</p> <p>3. Clients have the right to designate a representative before they sign a contract. The facility must offer the resident the opportunity to identify a representative in writing on the contract and must provide the following notice on a document separate from the contract:</p> <p style="padding-left: 20px;">a. 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.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	0 950		
01620 SS=F	<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 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</p>	01620		

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NAME OF PROVIDER OR SUPPLIER  <b>2 CARING HANDS INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>20541 ICELAND AVENUE LAKEVILLE, MN 55044</b>
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01620	<p>Continued From page 11</p> <p>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) had completed and/or documented a comprehensive reassessment to include required areas of assessment per Assisted Living Facilities: Minnesota Rules Chapter 4659, 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 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 hypertension (high blood pressure), and hemiplegia/hemiparesis</p>	01620		

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01620	<p>Continued From page 12</p> <p>(weakness/paralysis) following cerebral infarction (stroke) affecting left non-dominant side.</p> <p>R1's Service Plan dated July 13, 2024, indicated services including assistance with bathing, grooming, toileting, transfers, ambulation, laundry, housekeeping, and medication management.</p> <p>R1's last three assessments were requested. Assessments dated June 18, 2024, August 6, 2024, and September 22, 2024, were provided and reviewed by the surveyor. The assessments did not include the components required per the Uniform Assessment Tool in the Assisted Living Facilities: Minnesota Rules Chapter 4659.0150.</p> <p>On September 23, 2024, at 1:45 p.m. clinical nurse supervisor (CNS)-B stated being aware the assessment tools utilized for all residents did not include all required content as they had been cited for this on a previous survey at another facility. CNS-B further stated having a new uniform assessment tool he planned to utilize moving forward; however, had not implemented it yet.</p> <p>The Assisted Living Facilities: Minnesota Rules Chapter 4659.0150 Uniform Assessment Tool indicated:</p> <ul style="list-style-type: none"> <li>- Subpart 1. Definition. For purposed of this part, "Uniform Assessment Tool" means an assessment tool that meets the requirements of this part and is used by a licensee to comprehensively evaluate a resident's or prospective resident's physical, mental, and cognitive needs</li> <li>- Subp. 2. Assessment tool elements. Each facility must develop a uniform assessment tool. The facility may use any acceptable form or</li> </ul>	01620		

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01620	<p>Continued From page 13</p> <p>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. A uniform assessment tool must address the following:</p> <p>A. the resident's personal lifestyle preferences, including:</p> <p>(1) sleep schedule, dietary and social needs, leisure activities, and any other customary routine that is important to the resident's quality of life;</p> <p>(2) spiritual and cultural preferences; and</p> <p>(3) advance health care directives and end-of-life preferences, including whether a person has or wants to seek a "do not resuscitate" order and "do not attempt resuscitation order or "physician/provider orders for life-sustaining treatment: order.</p> <p>B. activities of daily living, including:</p> <p>(1) toileting pattern, bowel, and bladder control;</p> <p>(2) dressing, grooming, bathing, and personal hygiene;</p> <p>(3) mobility, including ambulation, transfers, and assistive devices; and</p> <p>(4) eating, dental status oral care, and assistive devices and dentures, if applicable;</p> <p>C. instrumental activities of daily living, including:</p> <p>(1) ability to self manage medications;</p> <p>(2) housework and laundry; and</p> <p>(3) transportation;</p> <p>D. physical health status, including:</p> <p>(1) a review of relevant health history and current health conditions, including medical and nursing diagnoses;</p> <p>(2) allergies and sensitivities related to medication, seasonality, environment, and food and if any of the allergies or sensitivities are life threatening;</p>	01620		



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01620	<p>Continued From page 14</p> <p>(3) infectious conditions;</p> <p>(4) a review of medications according to Minnesota Statutes, section 144G.71, subdivision 2, including prescriptions, over-the-counter medications, and supplements, and for each:</p> <p>(a) the reason taken;</p> <p>(b) any side effects, contraindications, allergies or adverse reactions, and actions to address these issues;</p> <p>(c) the dosage;</p> <p>(d) the frequency of use;</p> <p>(e) the route administered or taken;</p> <p>(f) any difficulties the resident faces in taking the medication;</p> <p>(g) whether the resident self administers the medication;</p> <p>(h) the resident's preferences in how to take medication;</p> <p>(i) interventions needed in management of medications to prevent diversion of medication by the resident or others who may have access to the medications; and</p> <p>(j) provide instructions to the resident and resident's legal or designated representatives on interventions to manage the resident's medications and prevent diversion of medications;</p> <p>(5) a review of medical, dental, and emergency room visits in the past 12 months, including visits to a primary health care provider, hospitalizations, surgeries, an care from a post acute care facility;</p> <p>(6) a review of any reports from a physical therapist, occupational therapist, speech therapist, or cognitive evaluations within the last 12 months;</p> <p>(7) weight; and</p> <p>(8) initial vital signs if indicated by health conditions or medications;</p> <p>E. emotional and mental health conditions,</p>	01620		

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01620	<p>Continued From page 15</p> <p>including;</p> <p>(1) review of history of and any diagnoses of mood disorders, including depression, anxiety, bipolar disorder, and thought or behavioral disorder;</p> <p>(2) current symptoms of mental health conditions and behavioral expressions of concerns; and</p> <p>(3) effective medication treatment and nonmedication interventions;</p> <p>F. cognition, including;</p> <p>(1) a review of any neurocognitive evaluations and diagnoses; and</p> <p>(2) current memory, orientation, confusion, and decision-making status and ability;</p> <p>G. communication and sensory capabilities, including;</p> <p>(1) hearing;</p> <p>(2) vision;</p> <p>(3) speech;</p> <p>(4) assistive communication and sensory devices including hearing aids; and</p> <p>(5) the ability to understand and be understood;</p> <p>H. pain, including;</p> <p>(1) location, frequency, intensity, and duration; and</p> <p>(2) effectiveness of medication and nonmedication alternatives;</p> <p>I. skin conditions</p> <p>J. nutritional and hydration status and preferences;</p> <p>K. list of treatments, including type, frequency, and level of assistance needed;</p> <p>L. nursing needs, including potential to receive nursing-delegated services;</p> <p>M. risk indicators, including;</p> <p>(1) risk for falls including history of falls;</p> <p>(2) emergency evacuation ability;</p> <p>(3) complex medication regimen;</p>	01620		

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01620	<p>Continued From page 16</p> <p>(4) risk for dehydration, including history or urinary tract infections and current fluid intake pattern;</p> <p>(5) risk for emotional or psychological distress due to personal losses;</p> <p>(6) unsuccessful prior placements;</p> <p>(7) elopement risk including history or previous elopements;</p> <p>(8) smoking, including the ability to smoke without causing burns or injury to the resident or others or damage to property; and</p> <p>(9) alcohol and drug use, including the resident's alcohol use or drug use not prescribed by a physician;</p> <p>N. who has decision-making authority for the resident, including;</p> <p>(1) the presence of any advance health care directive or other legal document that establishes a substitute decision maker; and</p> <p>(2) the scope of decision-making authority of a substitute decision maker under subitem (1); and</p> <p>O. the need for follow-up referral for additional medical or cognitive care by health professionals.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01620		
01710 SS=F	<p>144G.71 Subd. 3 Individualized medication monitoring and reas</p> <p>The assisted living facility must monitor and reassess the resident's medication management services as needed under subdivision 2 when the resident presents with symptoms or other issues that may be medication-related and, at a</p>	01710		

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01710	<p>Continued From page 17</p> <p>minimum, annually.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) conducted a face-to-face medication management reassessment to include all 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 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>During the entrance conference on September 23, 2024, at 11:13 a.m., clinical nurse supervisor (CNS)-B stated the licensee provided medication management services to the residents at the facility.</p> <p>R1's diagnoses included hypertension (high blood pressure), hemiplegia/hemiparesis (weakness/paralysis) following cerebral infarction (stroke) affecting left non-dominant side, and constipation.</p> <p>R1's Service Plan dated July 13, 2024, indicated services including medication administration.</p> <p>R1's medication administration record dated September 2024, included one antiplatelet (to</p>	01710		

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01710	<p>Continued From page 18</p> <p>prevent blood clots), one laxative, one beta blocker (for hypertension), one antihyperlipidemic (for high cholesterol), one alpha blocker (to relax the prostate), and one anti-fungal cream.</p> <p>On September 24, 2024, unlicensed personnel (ULP)-D was observed administering medications to R1.</p> <p>R1's Assessment for Medication Assistance dated May 4, 2024, did not include a face-to-face review of all medications R1 was known to be taking to include indications for use, side effects, contraindications, allergic or adverse reactions, and actions to address these issues. In addition, R1's record did not identify interventions needed in the management of medications to prevent diversion of medications by the resident or others who may have access to the medications. R1's previous Face to Face Medication Administration assessment was dated December 14, 2019.</p> <p>On September 23, 2024, at 1:45 p.m. CNS-B stated being aware the medication assessment utilized for all residents did not include all required content as they had been cited for this on a previous survey at another facility. CNS-B further stated having a new uniform assessment tool he planned to utilize moving forward; however, they had not implemented it yet.</p> <p>The licensee's Comprehensive Resident Assessment policy, undated, indicated: 7. f. Assessment of all medications the client is taking and will identify potential adverse effects, drug reactions, ineffective therapy, significant side effects or drug interaction, and duplicate drug therapy the clinician will also assess for risk of diversion.</p>	01710		

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01710	Continued From page 19  No further information was provided.  TIME PERIOD FOR CORRECTION: Seven (7) days	01710		
01760 SS=E	<p><b>144G.71 Subd. 8 Documentation of administration of medication</b></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 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 observation, interview, and record review, the facility failed to ensure the medication administration record (MAR) was authenticated with the name and title of the staff administering medications for two of two residents (R1, R2) observed during medication administration.</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</p>	01760		

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01760	<p>Continued From page 20</p> <p>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><b>R2</b> R2's diagnoses included dementia, anxiety, depression, and osteoporosis.</p> <p>R2's Service Plan dated July 13, 2024, indicated R2 received services including medication administration.</p> <p>On September 24, 2024, unlicensed personnel (ULP)-D was observed administering medications to R2.</p> <p>Review of R2's MAR dated September 2024, included initials of seven different staff members who had administered medications. The name, title, and initials, for two of the seven staff was included on the MAR. Neither R2's record or the MAR included a key to identify the name and title of the other five staff administering the medications.</p> <p><b>R1</b> R1's diagnoses included hypertension (high blood pressure), hemiplegia/hemiparesis (weakness/paralysis) following cerebral infarction (stroke) affecting left non-dominant side, and constipation.</p> <p>R1's Service Plan dated July 13, 2024, indicated services including medication administration.</p> <p>On September 24, 2024, at 8:20 a.m. ULP-D was observed administering medications to R1.</p>	01760		

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01760	<p>Continued From page 21</p> <p>Review of R1's MAR dated September 2024, included initials for seven different staff members who had administered medications. The name, title, and initials, for two of the seven staff was included on the MAR. Neither R1's record or the MAR included a key to identify the name and title of the five other staff administering the medications.</p> <p>On September 24, 2024, at 9:05 a.m. house manager (HM)-A reviewed the medication administration binder that included all four resident's MARs and stated there was not a key to identify all staffs' names and titles that administered medications.</p> <p>The licensee's Documentation of Medication Administration policy, undated, indicated: 4. To document the medication reminder or administration, initial the appropriate box (or enter electronically) on the MAR form to verify the medication has been administered at the appropriate time and date. All staff administering medications to a resident must include the staff person's name/initials and title in the signature box on the MAR or applicable authentication.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01760		
01880 SS=F	<p><b>144G.71 Subd. 19 Storage of medications</b></p> <p>An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access.</p>	01880		



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01880	<p>Continued From page 22</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were stored securely 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 of the residents).</p> <p>The findings include:</p> <p>During the entrance conference on September 23, 2024, at 11:13 a.m. clinical nurse supervisor (CNS)-B stated the licensee provided medication management services to all four residents in the facility.</p> <p>R1's diagnoses included hypertension (high blood pressure), hemiplegia/hemiparesis (weakness/paralysis) following cerebral infarction (stroke) affecting left non-dominant side, and constipation.</p> <p>R1's Service Plan dated July 13, 2024, indicated services including medication administration.</p> <p>On September 24, 2024, at 8:20 a.m. unlicensed personnel (ULP)-D was observed preparing R1's medications for administration. ULP-D obtained the medications from a locked cabinet in the dining area that could be opened with a magnet. After setting up R1's medications, ULP-D returned the extra medications to the cabinet and</p>	01880		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>25395</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/25/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>2 CARING HANDS INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>20541 ICELAND AVENUE LAKEVILLE, MN 55044</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
01880	<p>Continued From page 23</p> <p>locked the cabinet with the magnet. ULP-D then placed the magnet into another unlocked cabinet in the dining area, allowing anyone access to the magnet. ULP-D left the area and administered the medications to R1 in his room. When interviewed immediately following the observation, ULP-D stated she usually carried the magnet in her pocket. House manager (HM)-A interjected that ULP-D did not wear clothing with pockets that day, so was keeping the magnet in the other cabinet until needed. HM-A stated the key to the locked cabinet should be secured by staff at all times.</p> <p>The licensee's Medication Prescriptions and Refills policy, undated, indicated: 12. Pharmacies will be asked to deliver medications and supplies when the RN (registered nurse) or LPN (licensed practical nurse) is on-site to receive them. If that is not possible, upon delivery, the medications will be put in a designated locked area by the facility staff until the nurse is available. The RN/LPN will verify delivery of medications and/or miscellaneous supplies, which will then be placed into either the resident's apartment or into secured medication storage area.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01880		
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 24</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 ensure medications were maintained bearing the original prescription label for one of two residents (R2) observed during medication administration.</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>R2's provider orders dated May 23, 2024, included: - Breo Ellipta inhaler 200-25 inhale one puff by mouth once daily - Spiriva 18 mcg (micrograms) Handihaler inhale content of one capsule into the lungs once daily</p> <p>On September 24, 2024, at 8:03 a.m. unlicensed personnel (ULP)-D was observed setting up medications to administer for R2 including the Breo Ellipta inhaler and Spiriva Handihaler; neither medication included a pharmacy label. When interviewed at 8:12 a.m. immediately following the observation, ULP-D stated the inhalers probably came with a label on the box, but the boxes had been thrown away.</p>	01890		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>25395</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/25/2024</b>
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01890	Continued From page 25  On September 24, 2024, at 10:21 a.m. clinical nurse supervisor (CNS)-B stated the box the inhalers come in bear the pharmacy label though the boxes had not been saved and should have been.  No further information was provided.  TIME PERIOD FOR CORRECTION: Seven (7) days.	01890		
02320 SS=D	144G.91 Subd. 4 (b) Appropriate care and services  (b) Residents have the right to receive health care and other assisted living services with continuity from people who are properly trained and competent to perform their duties and in sufficient numbers to adequately provide the services agreed to in the assisted living contract and the service plan.  This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure delegated procedures were followed for one of two residents (R2) observed during medication administration.  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).	02320		

Minnesota Department of Health

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02320	<p>Continued From page 26</p> <p>The findings include:</p> <p>R2's diagnoses included dementia, anxiety, depression, and osteoporosis.</p> <p>R2's Service Plan dated July 13, 2024, indicated R2 received services including medication administration.</p> <p>R2's provider orders dated May 23, 2024, included:</p> <ul style="list-style-type: none"> <li>- Breo Ellipta inhaler 200-25 inhale one puff by mouth once daily</li> <li>- Spiriva 18 mcg (micrograms) Handihaler inhale content of one capsule into the lungs once daily</li> <li>- olopatadine solution 0.2% instill one drop in both eyes once daily</li> </ul> <p>On September 24, 2024, at 8:03 a.m. unlicensed personnel (ULP)-D was observed setting up medications to administer for R2. Six of R2's oral medications had been set up by clinical nurse supervisor (CNS)-B in a two-week medication minder (medi-minder). ULP-D poured the oral medications from the "Tuesday" slot into a medication cup. ULP-D then obtained a small plastic tub containing R2's inhalers and eye drops; the two inhalers were not in a box and did not have a prescription label attached to them. ULP-D transported R2's oral medications, inhalers, and eye drops into R2's room. ULP-D then administered all the scheduled medications to R2 while R2 remained in bed. ULP-D did not prompt/offer R2 to rinse her mouth after utilizing the Breo Ellipta inhaler. In addition, ULP-D did not review R2's MAR to ensure the number of oral medications previously set up against the orders, review the orders for the unlabeled inhalers, or compare the label on the eye drops</p>	02320		

Minnesota Department of Health

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02320	<p>Continued From page 27</p> <p>with the MAR prior to administration. When interviewed at 8:12 a.m. immediately following the observation, ULP-D stated she reviewed the MAR when signing off the medications immediately following administration. ULP-D further stated the inhalers probably came with a label on the box, but the boxes had been thrown away. When interviewed at 9:05 a.m., ULP-D stated she had been trained to prompt residents to rinse their mouth after inhaler use; however, ULP-D did not do this for R2.</p> <p>On September 24, 2024, at 10:21 a.m. clinical nurse supervisor (CNS)-B stated they expect staff to review the MAR prior to administering oral medications and verify the number of medications in the medi-minder matched the number of medications to be administered per the MAR. CNS-B further stated they expected staff to review R2's orders in the MAR against the pharmacy label when administering the inhalers and eye drops. CNS-B stated the box the inhalers come in bear the pharmacy label; although the boxes had not been saved and should have been. CNS-B also stated when training staff on inhaler medication administration, he instructed staff to prompt the resident to rinse their mouth after inhaler use.</p> <p>The licensee's Documenting of Medication Administration policy, undated, indicated:</p> <ol style="list-style-type: none"> <li>1. Locate appropriate MAR sheet for the client. Staff will also refer to the medication profile listing the medications name, strength, description, amount to be given and time of day to be given, as well as the purpose of the medication and any special instructions, if applicable. The profile or the MAR will also tell staff what side effects to problems to watch for and report.</li> <li>2. Staff administering medications will verify the</li> </ol>	02320		

Minnesota Department of Health

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02320	<p>Continued From page 28</p> <p>medications are set up correctly before administration to the client by using the medication profile. If there is any question whether the medications have been set up accurately, the staff will contact the nurse and will receive direct instructions on handling any necessary changes at the time, while in direct contact with the nurse.</p> <p>3. Staff will administer the medication according to the instructions on the MAR.</p> <p>The Breo Ellipta manufacturer instructions revised May 2023, indicated: After inhalation, the patient should rinse his/her mouth with water without swallowing to help reduce the risk of oropharyngeal candidiasis (thrush-an oral infection in the mouth caused by yeast).</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	02320		

Type: Full  
Date: 09/24/24  
Time: 10:00:00  
Report: 1005241241

## Food and Beverage Establishment Inspection Report

Page 1

**Location:**

2 Caring Hands  
20541 Iceland Avenue  
Lakeville, MN55044  
Dakota County, 19

**Establishment Info:**

ID #: 0038309  
Risk:  
Announced Inspection: No

**License Categories:**

Expires on: / /

**Operator:**

Phone #: 9522368192  
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.

### 4-200 Equipment Design and Construction

#### 4-204.112A

MN Rule 4626.0620A Provide a temperature measuring device located in the warmest part of mechanically refrigerated units and coolest part of hot food storage units that are capable of measuring air temperature or a simulated product temperature.

THERE IS NO AMBIENT THERMOMETER IN THE GARAGE REFRIGERATOR.

Comply By: 10/01/24

### Surface and Equipment Sanitizers

Utensil Surface Temp.: = at 160+ Degrees Fahrenheit

Location: DISHWASHER

Violation Issued: No

### Food and Equipment Temperatures

Process/Item: Cold Hold/RICE

Temperature: 38 Degrees Fahrenheit - Location: MAYTAG REFRIGERATOR - KITCHEN

Violation Issued: No

Process/Item: Cold Hold/TURKEY

Temperature: 39 Degrees Fahrenheit - Location: MAYTAG REFRIGERATOR - KITCHEN

Violation Issued: No

Process/Item: Cold Hold/HOT DOG

Temperature: 37 Degrees Fahrenheit - Location: MAYTAG REFRIGERATOR - KITCHEN

Violation Issued: No



Type: Full  
Date: 09/24/24  
Time: 10:00:00  
Report: 1005241241  
2 Caring Hands

# Food and Beverage Establishment Inspection Report

Process/Item: Cold Hold/AMBIENT

Temperature: 38 Degrees Fahrenheit - Location: FRIGIDAIRE REFRIGERATOR - GARAGE

Violation Issued: No

---

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

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INSPECTION COMPLETED WITH HOUSE MANAGER AND REVIEWED WITH HRD NURSING EVALUATOR WENDY BUCKHOLZ.

AFTER INSPECTION, OPERATOR SENT INSPECTOR A PICTURE OF A THERMOLABEL THAT THEY RAN THROUGH THEIR DISHWASHER, WHICH SHOWED IT PROVIDED A UTENSIL SURFACE TEMPERATURE OF 160+ DEGREES F.

DISCUSSED DATE MARKING, GLOVE USE, COOKING TEMPERATURES, CROSS-CONTAMINATION, AND EMPLOYEE ILLNESS.

KITCHEN IS RESIDENTIAL AND FOOD IS PREPARED FOR SAME DAY SERVICE.

CABINETS ARE WOOD WITH HOLLOW BASE, COUNTERS ARE LAMINATE, AND THE CEILING HAS SA POPCORN FINISH. ALL ARE FOUND TO BE IN GOOD CONDITION AND WILL BE MONITORED AT FUTURE INSPECTIONS. IF AT SUCH A TIME THEY ARE FOUND TO BE A CONCERN OR RISK OF CONTAMINATION, THEY WILL BE ORDERED TO BE REPLACED AND BROUGHT UP TO CODE.

**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 1005241241 of 09/24/24.

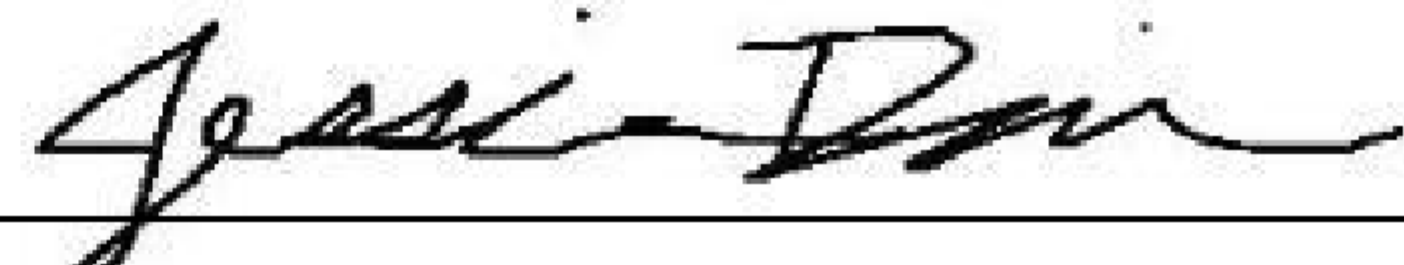
Certified Food Protection Manager GABRIELLA NOWRANG

Certification Number: FM111879 Expires: 06/22/25

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

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

MARTHA POORAN  
HOUSE MANAGER

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

Jessica Davis  
Public Health Sanitarian III  
651-201-3961  
jessica.davis@state.mn.us