



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

December 20, 2024

Licensee
2 Caring Hands
13220 Humboldt Avenue South
Burnsville, MN 55337

RE: Project Number(s) SL33962015

Dear Licensee:

On November 14, 2024, the Minnesota Department of Health completed a follow-up survey of your facility to determine if orders from the August 2, 2024, survey were corrected. This follow-up survey verified that the facility is in substantial compliance.

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

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink that reads 'Tim Hanna'.

Tim Hanna, Supervisor
State Engineering Services Section
Health Regulation Division
Email: Tim.Hanna@state.mn.us
Telephone: 507-208-8982 Fax: 1-866-890-9290

JMD



Protecting, Maintaining and Improving the Health of All Minnesotans

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September 6, 2024

Licensee
2 Caring Hands
13220 Humboldt Avenue South
Burnsville, MN 55337

RE: Project Number(s) SL33962015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on August 2, 2024, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted no violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

STATE CORRECTION ORDERS

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

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

DOCUMENTATION OF ACTION TO COMPLY

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

The correction order documentation should include the following:

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

CORRECTION ORDER RECONSIDERATION PROCESS

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

To submit a reconsideration request, please visit:

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

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

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

If you have any questions, please contact me.

Sincerely,



Jodi Johnson, Supervisor
State Evaluation Team
Email: 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: 33962	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/02/2024
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NAME OF PROVIDER OR SUPPLIER 2 CARING HANDS	STREET ADDRESS, CITY, STATE, ZIP CODE 13220 HUMBOLDT AVENUE SOUTH BURNSVILLE, MN 55337
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0 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.</p> <p>Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p>INITIAL COMMENTS:</p> <p>SL33962015-0</p> <p>On July 29, 2024, 2024, through August 2, 2024, the Minnesota Department of Health conducted a full survey at the above provider, and the following correction orders are issued. At the time of the survey, there were six residents; six receiving services under the provider's Assisted Living Facility license.</p> <p>An immediate correction order was identified on August 1, 2024, issued for SL33962015-0, tag identification 0820.</p> <p>On August 2, 2024, the immediacy of correction order 0820 was removed, however non-compliance remained at an scope and level of I.</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>	
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Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Minnesota Department of Health

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0 480	Continued From page 1	0 480		
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.</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 document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated July 29, 2024, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.</p> <p>TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.</p>	0 480		
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness	0 680		

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0 680	<p>Continued From page 2</p> <p>(a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review the licensee failed to develop an emergency preparedness (EP) program and plan to include all Appendix Z required elements.</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>	0 680		
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0 680	<p>Continued From page 3</p> <p>are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents).</p> <p>The findings include:</p> <p>The licensee lacked the following required information according to Emergency Preparedness: Appendix Z:</p> <ul style="list-style-type: none"> - Identify at risk population - Process for EP Collaboration - Subsistence needs for staff and patients - Procedures for tracking of staff and patients - Policies and Procedures including evacuation - Policies and Procedures for Sheltering - Policies and Procedures for medical documents - Policies and Procedures for volunteers - Roles under a waiver declared by the Secretary - Methods for sharing information - Sharing information on occupancy needs - LTC family notifications - Emergency Prep testing requirements <p>On July 30, 2024, at 1:00 p.m. registered nurse (RN)-B stated did not have their EP manual completed and were currently working with a consultant to complete them.</p> <p>The licensee's Emergency Preparedness policy dated January 2024, indicated the emergency preparedness plan references Centers for Medicare and Medicaid (CMS) State Operations Manual Appendix Z and Minnesota (MN) Rules 4659.0100.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	0 680		

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0 780	Continued From page 4	0 780		
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> <ul style="list-style-type: none"> (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; (iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics; (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 (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>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide smoke alarms that functioned and are interconnected so that the actuation of one alarm causes all alarms in the dwelling unit to actuate. This deficient condition had the ability to affect all staff and residents.</p> <p>This practice resulted in a level two violation (a</p>	0 780		

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0 780	<p>Continued From page 5</p> <p>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 facility tour on August 1, 2024, with housing manager (HM)-A, between 8:00 a.m. and 10:30 a.m. the following facility hazards and disrepair were observed:</p> <p>The surveyor observed when the smoke alarms were push button tested by HM-A, some of the alarms did not operate. All the smoke alarms in the residence where not interconnected.</p> <p>The surveyor explained to HM-A, that all smoke alarms shall comply with Minnesota State Statute 144G.45 which states 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.</p> <p>The deficient condition was visually verified by HM-A accompanying on the tour.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days.</p>	0 780		
0 820 SS=I	144G.45 Subd. 2 (g) Fire protection and physical environment	0 820		

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0 820	<p>Continued From page 6</p> <p>(g) Existing construction or elements, including assisted living facilities that were registered as housing with services establishments under chapter 144D prior to August 1, 2021, shall be permitted to continue in use provided such use does not constitute a distinct hazard to life. Any existing elements that an authority having jurisdiction deems a distinct hazard to life must be corrected. The facility must document in the facility's records any actions taken to comply with a correction order, and must submit to the commissioner for review and approval prior to correction.</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide facilities that were not a distinct hazard to life. This had the potential to directly affect all of the residents and staff.</p> <p>This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On a facility tour on August 1, 2024, between 8:00 a.m. and 10:00 a.m. with housing manager (HM)-A, the surveyor observed that compliant emergency escape and rescue openings were not provided in resident sleeping rooms.</p>	0 820	<p>This immediate correction order identified on August 1, 2024, has had the immediacy lifted as of August 2, 2024, however non-compliance remained a scope and level of I.</p>	

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0 820	<p>Continued From page 7</p> <p>OCCUPIED RESIDENT ROOMS</p> <p>Resident sleeping room 1 emergency escape and rescue clear window opening measurements are 32 ½" X 18" X 37", resident sleeping room 2 33" X 19 ½" X 37", resident sleeping room 3 29" X 19 ½" X 37", resident sleeping room 4 30" X 19 ½" X 37", resident sleeping room 5 and 6 14 ½" X 33" X 47". All bedrooms are on the upper level of the home. The windows do not meet the 20 inches minimum requirements for height and some do not meet the 648 square inch total. The windows were measured by the surveyor with the HM-A present.</p> <p>It was explained to HM-A that at least one compliant emergency escape and rescue opening is required within each resident sleeping room.</p> <p>Existing emergency escape and rescue openings are required to meet a minimum clear opening area of 648 square inches and have a minimum dimension of 20 inches in height and a minimum dimension of 20 inches in width. The windowsill height from the floor to the clear opening shall be not more than 48 inches.</p> <p>These deficient conditions were visually verified by HM-A accompanying on the tour. The surveyor explained that an immediate correction order will be issued for the above findings.</p> <p>TIME PERIOD FOR CORRECTION: Immediate.</p>	0 820		
01470 SS=D	<p>144G.63 Subd. 2 Content of required orientation</p> <p>(a) The orientation must contain the following topics: (1) an overview of this chapter;</p>	01470		

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01470	<p>Continued From page 8</p> <p>(2) an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person;</p> <p>(3) handling of emergencies and use of emergency services;</p> <p>(4) compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC);</p> <p>(5) the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights;</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>(7) handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints;</p> <p>(8) consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services; and</p> <p>(9) a review of the types of assisted living services the employee will be providing and the facility's category of licensure.</p> <p>(b) In addition to the topics in paragraph (a), orientation may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics:</p> <p>(1) an explanation of age-related hearing loss</p>	01470		

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01470	<p>Continued From page 9</p> <p>and how it manifests itself, its prevalence, and the challenges it poses to communication; (2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or (3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure one of one employee (unlicensed personnel (ULP)-C completed orientation to assisted living facility licensing requirements and regulations.</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>ULP-C was hired on December 16, 2022, to provide direct care services to residents at the assisted living facility.</p> <p>On July 29, 2024, at 11:00 a.m. ULP-C was observed assisting R1 with activities of daily living (ADLs)</p>	01470		
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01470	<p>Continued From page 10</p> <p>ULP-C's employee records lacked evidence of completing the following required orientation content:</p> <ul style="list-style-type: none"> - an overview of the Assisted Living statutes - the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; - a review of the types of assisted living services the employee will be providing and the facility's category of licensure; and - the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person <p>On July 29, 2024, at 3:00 p.m. the surveyor reviewed the training documents for ULP-C with registered nurse (RN)-B. RN-B stated ULP-C was missing some of the required orientation training.</p> <p>The licensee's undated, Facility Employee Orientation Policy indicated all employees of the Assisted Living Facility shall complete and orientation on topics required by Minnesota statutes and rules for assisted living; however, the policy referenced Minnesota (MN) Statutes 144A for home care, instead of MN Statutes 144G for assisted living.</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01470		
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</p>	01500		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 33962	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/02/2024
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NAME OF PROVIDER OR SUPPLIER 2 CARING HANDS	STREET ADDRESS, CITY, STATE, ZIP CODE 13220 HUMBOLDT AVENUE SOUTH BURNSVILLE, MN 55337
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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
01500	<p>Continued From page 11</p> <p>may be obtained from the facility or another source and must include topics relevant to the provision of assisted living services. The annual training must include:</p> <p>(1) training on reporting of maltreatment of vulnerable adults under section 626.557;</p> <p>(2) review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights;</p> <p>(3) review of infection control techniques used in the home and implementation of infection control standards including a review of hand washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal 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>	01500		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 33962	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/02/2024
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NAME OF PROVIDER OR SUPPLIER 2 CARING HANDS	STREET ADDRESS, CITY, STATE, ZIP CODE 13220 HUMBOLDT AVENUE SOUTH BURNSVILLE, MN 55337
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01500	<p>Continued From page 12</p> <p>(1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and challenges it poses to communication;</p> <p>(2) the health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or</p> <p>(3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure one of one employee (unlicensed personnel (ULP)-C) annual training included all required topics for each 12 months of employment.</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>ULP-C was hired on December 16, 2022, to provide direct care services to residents at the assisted living facility.</p> <p>On July 29, 2024, at 11:00 a.m. ULP-C was observed assisting R1 with activities of daily living</p>	01500		

Minnesota Department of Health

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NAME OF PROVIDER OR SUPPLIER 2 CARING HANDS	STREET ADDRESS, CITY, STATE, ZIP CODE 13220 HUMBOLDT AVENUE SOUTH BURNSVILLE, MN 55337
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01500	<p>Continued From page 13</p> <p>(ADLs)</p> <p>ULP-C's employee training record lacked evidence ULP-C had successfully completed annual training as required in the following areas:</p> <ul style="list-style-type: none"> - training on reporting of maltreatment of vulnerable adults under section 626.557; - review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; - 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; and - the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person. <p>ULP-C's record included an online training transcript indicating on May 19, 2024, ULP-C was assigned the required annual training. The transcript indicated the annual training was completed for Dementia training and emergency preparedness.</p> <p>ULP-C's record indicated the following assigned training's had not been started: Assisted living bill of rights. Infection control</p> <p>ULP-C's record failed to show evidence the following required trainings were assigned:</p> <ul style="list-style-type: none"> - reporting of maltreatment of vulnerable adults or minors 	01500		

Minnesota Department of Health

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01500	<p>Continued From page 14</p> <p>- principles of person-centered training</p> <p>On July 29, 2024, at 3:00 p.m. the surveyor reviewed the training documents for ULP-C with registered nurse (RN)-B. RN-B stated ULP-C had not completed all the assigned training.</p> <p>The licensee's undated, Annual Training Requirements policy indicated all staff that provide direct care services in assisted living must complete at least eight hours of annual training for each 12 months of employment.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	01500		

Type: Full
Date: 07/29/24
Time: 12:30:46
Report: 1004241198

Food and Beverage Establishment Inspection Report

Page 1

Location:

2 Caring Hands
13220 Humboldt Avenue South
Burnsville, MN55337
Dakota County, 19

Establishment Info:

ID #: 0038908
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 9527365464
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.

4-300 Equipment Numbers and Capacities

4-302.12B **** Priority 2 ****

MN Rule 4626.0705B Provide a readily accessible food temperature measuring device with a small diameter probe to measure the temperature in thin foods such as meat patties and fish fillets.

NO SMALL DIAMETER PROBE THERMOMETER ON SITE. PROVIDE FOR USE WITH THIN FOODS FOR ACCURATE TEMPERATURE VERIFICATION.

Comply By: 07/29/24

2-100 Supervision

2-102.12DMN

MN Rule 4626.0033D Post the certified food protection manager certificate.

STATE CERTIFIED FOOD PROTECTION MANAGER CERTIFICATION IS NOT POSTED ON SITE. POST AND MAINTAIN.

Comply By: 07/29/24

Surface and Equipment Sanitizers

Utensil Surface Temp.: > at 160 Degrees Fahrenheit

Location: DISH MACHINE

Violation Issued: No

Food and Equipment Temperatures

Process/Item: BUTTER

Temperature: 39 Degrees Fahrenheit - Location: REFRIGERATOR

Violation Issued: No

Type: Full
Date: 07/29/24
Time: 12:30:46
Report: 1004241198
2 Caring Hands

Food and Beverage Establishment Inspection Report

Process/Item: AMBIENT TEMPERATURE
Temperature: <40 Degrees Fahrenheit - Location: REFRIGERATOR
Violation Issued: No

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

INSPECTION WAS CONDUCTED BY MOLLY DOUGHERTY (FPLS) IN CONJUNCTION WITH A HEALTH REGULATIONS DIVISION (HRD) SURVEY CONDUCTED BY TRACEY FEARON.

DISCUSSED:

- EMPLOYEE ILLNESS POLICY AND LOG
- PREVENTING BAREHAND CONTACT
- HANDWASHING
- SANITIZER USE
- CLEANING/SANITIZING FOOD CONTACT SURFACES AND UTENSILS
- HIGH TEMPERATURE SANITIZING DISH MACHINE TEMPERATURE VERIFICATION
- DATE MARKING PROCEDURES
- THERMOMETER USE AND CALIBRATION
- SERVING A HIGHLY SUSCEPTIBLE POPULATION (NO RAW/UNDERCOOKED ANIMAL FOODS, NO UNPASTEURIZED JUICE, MILK, ETC)
- VOMIT/FECAL INCIDENT CLEAN UP PROCEDURES
- FOOD SOURCE
- FOOD SERVICE PROCEDURES
- PEST CONTROL
- PHYSICAL FACILITIES AND MAINTENANCE

*REPORT WAS DISCUSSED WITH THE PERSON IN CHARGE ON SITE.

*FLOORS ARE WOODEN PLANK, WALLS ARE PAINTED DRYWALL WITH TILE BACKSPLASH, AND CEILING IS "POPCORN" TEXTURE. COUNTERTOPS ARE SOLID STONE AND CABINETS ARE PAINTED WOOD WITH HALLOW BASE. 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.

*KITCHEN HAS A 2-BASIN SINK. ONE BASIN IS DESIGNATED AS THE HANDWASHING SINK. THIS BASIN MAY ONLY BE USED FOR HANDWASHING PURPOSES.

*IF ANY RESIDENT COMPLAINS OF ILLNESS, CONTACT THE MINNESOTA DEPARTMENT OF HEALTH AND PROVIDE THE FOODBORNE ILLNESS HOTLINE PHONE NUMBER TO THE RESIDENT. THE FOODBORNE ILLNESS HOTLINE PHONE NUMBER IS 1-877-366-3455.

Type: Full
Date: 07/29/24
Time: 12:30:46
Report: 1004241198
2 Caring Hands

Food and Beverage Establishment Inspection Report

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 1004241198 of 07/29/24.

Certified Food Protection Manager GABRIELLA A. NOWRANG

Certification Number: FM111879 Expires: 06/22/25

Inspection report reviewed with person in charge and emailed.

Signed: _____

MARTHA POORAN

Signed: Molly Dougherty

Molly Dougherty
Public Health Sanitarian
Metro District Office
651-201-3978
molly.dougherty@state.mn.us