



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

October 31, 2023

Licensee
Asian American Elderly Assisted Living
2113 Minnehaha Avenue East
Saint Paul, MN 55119

RE: Project Number(s) SL37596015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on October 18, 2023, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, the MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

IMPOSITION OF FINES

In accordance with Minn. Stat. § 144G.31, Subd. 4, fines and enforcement actions may be imposed based on the level and scope of the violations and may be imposed immediately with no opportunity to correct the violation first as follows:

Level 1: no fines or enforcement.

Level 2: a fine of \$500 per violation, in addition to any enforcement mechanism authorized in § 144G.20 for widespread violations;

Level 3: a fine of \$3,000 per violation per incident, in addition to any enforcement mechanism authorized in § 144G.20.

Level 4: a fine of \$5,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20.

In accordance with Minn. Stat. § 144G.31, Subd. 4 (a)(5), the MDH may impose fine amounts of either \$1,000 or \$5,000 to licensees who are found to be responsible for maltreatment.

The MDH may impose a fine of \$1,000 for each substantiated maltreatment violation that consists of abuse, neglect, or financial exploitation according to Minn. Stat. § 626.5572, Subds. 2, 9, 17. The MDH also may

impose a fine of \$5,000 for each substantiated maltreatment violation consisting of sexual assault, death, or abuse resulting in serious injury.

In accordance with Minn. Stat. § 144G.31, Subd. 4 (b), when a fine is assessed against a facility for substantiated maltreatment, the commissioner shall not also impose an immediate fine under this chapter for the same circumstance.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, the following fines are assessed pursuant to this survey:

St - 0 - 0510 - 144g.41 Subd. 3 - Infection Control Program - \$500.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$500.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

DOCUMENTATION OF ACTION TO COMPLY

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

The correction order documentation should include the following:

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

CORRECTION ORDER RECONSIDERATION PROCESS

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

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

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

Please address your cover letter for reconsideration requests to:

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

REQUESTING A HEARING

Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the MDH within 15 business days of the correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor. Requests for hearing may be emailed to:

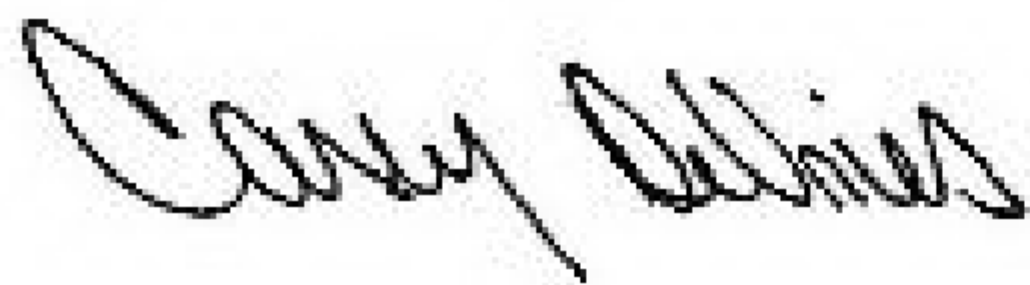
Health.HRD.Appeals@state.mn.us.

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration or a hearing, but not both.

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,



Casey DeVries, Supervisor
State Evaluation Team
Email: casey.devries@state.mn.us
Telephone: 651-201-5917 Fax: 1-866-890-9290

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 37596	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/18/2023
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NAME OF PROVIDER OR SUPPLIER ASIAN AMERICAN ELDERLY AL	STREET ADDRESS, CITY, STATE, ZIP CODE 2113 MINNEHAHA AVENUE EAST SAINT PAUL, MN 55119
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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: SL37596015-0</p> <p>On October 16, 2023, through October 18, 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 four active residents receiving services under the Assisted Living license.</p>	0 000	<p>Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3.</p>	
0 510 SS=F	<p>144G.41 Subd. 3 Infection control program</p> <p>(a) All assisted living facilities must establish and maintain an infection control program that</p>	0 510		

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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0 510	<p>Continued From page 1</p> <p>complies with accepted health care, medical, and nursing standards for infection control. (b)The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities. (c) The facility must maintain written evidence of compliance with this subdivision.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to establish and maintain an effective infection control program that complied with accepted health care, medical and nursing standards for infection control related to gloving and hand hygiene for two of two employees (unlicensed personnel (ULP)-B and Owner (O)-C).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>ULP-B ULP-B began employment under the licensee's previous comprehensive home care licensure on June 6, 2013, and began providing assisted living services on August 1, 2021.</p>	0 510		

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0 510	<p>Continued From page 2</p> <p>O-C Staff roster indicated that O-C had a hired-on date of August 1, 2022.</p> <p>On October 17, 2023, from 7:30 a.m. to 8:30 a.m., during continuous observation, the surveyor observed ULP-B prepare breakfast in the kitchen. ULP-B was not observed wearing gloves while preparing breakfast for residents.</p> <p>On October 17, 2023, during continuous observation, from 7:44 a.m. to 7:54 a.m., the surveyor observed ULP-B and O-C provide morning activities of daily living (ADL) for R5 and R4. Without completing hand hygiene or applying clean gloves, ULP-B provided morning ADL assistance to R5 at the bathroom sink. Upon completion of ADLs, ULP-B then assisted R5 to a couch in the main living area. No hand hygiene was observed after completion of cares. Without completing hand hygiene or applying clean gloves, O-C provided morning ADL assistance to R4 at the bathroom sink. Upon completion of ADLs, O-C then assisted R4 to their bedroom. No hand hygiene was observed after completion of cares. After assisting with morning cares, ULP-B was then observed providing breakfast to R4 and R5.</p> <p>On October 17, 2023, at 7:56 a.m., the surveyor observed ULP-B prepare medications for R4 at the kitchen table. Without completing hand hygiene or applying clean gloves, medications were dumped out of pre-prepared Medi planner into medication cups and then administered to R4.</p> <p>On October 17, 2023, at 8:00 a.m., the surveyor observed ULP-B prepare medications for R5 at</p>	0 510		

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0 510	<p>Continued From page 3</p> <p>the kitchen table. Without completing hand hygiene or applying clean gloves, medications were dumped out of pre-prepared Medi planner into medication cups and then administered to R5.</p> <p>On October 17, 2023, at 8:15 a.m., the surveyor observed ULP-B complete hand hygiene at the kitchen sink. No hand hygiene was observed being completed by O-C.</p> <p>The licensee's undated Standard Precautions for all Health Care Workers policy indicated that gloves, such as vinyl or latex medical gloves, must be worn when cleaning reusable equipment; when having direct contact with blood, body fluids, mucous membranes, or non-intact skin; when handling items soiled with blood; or when handling equipment contaminated with blood or body fluids. Gloves should be changed after each resident contact. When gloves are removed, thorough hand washing is required. Gloves do not take the place of hand washing.</p> <p>The Centers for Disease Control's (CDC), "CDC's Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings" dated November 29, 2022, under section 5a.1-2 read: 1.) Require healthcare personnel to perform hand hygiene in accordance with Centers for Disease Control and Prevention (CDC) recommendations. 2.) Use an alcohol-based hand rub or wash with soap and water for the following clinical indications: a.) Immediately before touching a patient; b.) Before performing an aseptic task (e.g., placing an indwelling device) or handling invasive medical devices; c.) Before moving from work on a soiled body site to a clean body site on the same patient;</p>	0 510		

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0 510	Continued From page 4 d.) After touching a patient or the patient's immediate environment; e.) After contact with blood, body fluids or contaminated surfaces; and f.) Immediately after glove removal. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 510		
0 660 SS=F	144G.42 Subd. 9 Tuberculosis prevention and control (a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current 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. (b) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to maintain a tuberculosis (TB) prevention and control program, based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC), to include an updated facility TB risk assessment.	0 660		

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0 660	<p>Continued From page 5</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>The facility TB risk assessment was completed June 2, 2023, completed by the licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A, however failed to indicate the TB risk level of the facility or to designate the person responsible for TB infection control.</p> <p>On October 18, 2023, at 9:53 a.m., LALD/CNS-A stated they were unaware that the Facility TB Risk Assessment Worksheet had not been completed correctly.</p> <p>The licensee's undated Tuberculosis Prevention and Control policy indicated that the facility will complete the Community TB Risk Assessment annually.</p> <p>The Centers for Disease Control's (CDC), "Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005" dated December 30, 2005, indicated: The first and most important level of TB controls is the use of administrative measures to reduce the risk for exposure to persons who might have TB disease. Administrative controls consist of the following activities:</p>	0 660		

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0 660	<p>Continued From page 6</p> <ul style="list-style-type: none"> - assigning responsibility for TB infection control in the setting; - conducting a TB risk assessment of the setting; - developing and instituting a written TB infection-control plan to ensure prompt detection, airborne precautions, and treatment of persons who have suspected or confirmed TB disease; - ensuring the timely availability of recommended laboratory processing, testing, and reporting of results to the ordering physician and infection-control team; - implementing effective work practices for the management of patients with suspected or confirmed TB disease; - ensuring proper cleaning and sterilization or disinfection of potentially contaminated equipment (usually endoscopes); - training and educating HCWs regarding TB, with specific focus on prevention, transmission, and symptoms; - screening and evaluating HCWs who are at risk for TB disease or who might be exposed to M. tuberculosis (i.e., TB screening program); - applying epidemiologic-based prevention principles, including the use of setting-related infection-control data; - using appropriate signage advising respiratory hygiene and cough etiquette; and - coordinating efforts with the local or state health department. <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 660		
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 7</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 interview and record review, the licensee failed to maintain a written emergency preparedness (EP) plan with all the required content as defined in Appendix Z. 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 was issued at a widespread scope (when</p>	0 680		

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0 680	<p>Continued From page 8</p> <p>problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>The licensee's emergency disaster preparedness plan lacked evidence of the following required content:</p> <ul style="list-style-type: none"> - Quarterly review of missing resident policy; - Emergency Officials Contact Information; <ul style="list-style-type: none"> - State Licensing and Certification Agency. <p>On October 18, 2023, at 9:53 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated that to the best of their knowledge, the provided emergency preparedness plan (EPP) was complete and there was no additional information to add.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 680		
0 810 SS=F	<p>144G.45 Subd. 2 (b)-(f) Fire protection and physical environment</p> <p>(b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to:</p> <ol style="list-style-type: none"> (1) location and number of resident sleeping rooms; (2) employee actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar 	0 810		

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0 810	<p>Continued From page 9</p> <p>emergency including the identification of unique or unusual resident needs for movement or evacuation.</p> <p>(c) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter.</p> <p>(d) Fire safety and evacuation plans shall be readily available at all times within the facility.</p> <p>(e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year.</p> <p>(f) Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill.</p> <p>This MN Requirement is not met as evidenced by: The licensee failed to develop a fire safety and evacuation plan with the required elements and failed to conduct required evacuation drills as required. This had the potential to affect all staff, residents, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p>	0 810		

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0 810	<p>Continued From page 10</p> <p>Findings include:</p> <p>An interview and record review were conducted on October 17, 2023, at approximately 10:00 a.m. with the Licensed Assisted Living Director/Clinical Nursing Supervisor (LALD/CNS)-A on the fire safety and evacuation plan, fire safety and evacuation training for the facility, and fire safety and evacuation drills for the facility.</p> <p>Record review of the available documentation indicated that the licensee did not maintain the fire safety and evacuation plan for the facility. Review of the available documentation provided by LALD/CNS-A contained the following discrepancies:</p> <ul style="list-style-type: none"> - The policy stated that residents would be moved to a sister facility at 2113 Minnehaha Ave E, Saint Paul, MN 55119. However, it was observed that the given address was the surveyed facility address. During the interview, LALD/CNS-A stated that the facility has a sister facility in which they can relocate residents in any emergency, and the fire safety plan needs to be edited to the correct address. LALD/CNS-A verified that the facility's fire safety and evacuation plan lacked these provisions. - The policy states that the facility is built with fire alarms and is equipped with a sprinkler system to meet the fire code. During the tour, it was observed that the facility did not have a fire alarm system or sprinkler system installed. <p>During interview, LALD/CNS-A verified that the fire safety and evacuation plan for the facility lacked these provisions.</p>	0 810		

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0 810	Continued From page 11 Record review of the available documentation indicated that the licensee did not conduct evacuation drills twice per year per shift and every other month as required by statute. Provided documentation indicated that the drills were conducted on 3/17/23 at 10:45 a.m., 4/14/23 at 1:10 p.m., 7/22/23 at 10:41 a.m., 8/15/23 at 11:25 a.m. and 9/26/23 at 2:15 p.m. with no further drills being documented. It was observed that the licensee failed to provide fire drills every other month and failed to provide two drills on the second shift and the third shift. LALD/CNS-A verified that there were no further documented drills for the facility and verified this deficient condition. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810		
0 950 SS=C	144G.50 Subd. 3 Designation of representative (a) Before or at the time of execution of an assisted living contract, an assisted living facility must offer the resident the opportunity to identify a designated representative in writing in the contract and must provide the following verbatim notice on a document separate from the contract: "RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES. You have the right to name anyone as your "Designated Representative." A Designated Representative can assist you, receive certain information and notices about you, including some information related to your health care, and advocate on your behalf. A Designated Representative does not take the place of your guardian, conservator, power of attorney	0 950		

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0 950	<p>Continued From page 12</p> <p>("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 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 resident the opportunity to identify a designated representative in writing with the required statutory language. This had the potential to affect all residents.</p> <p>This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents).</p> <p>The findings include:</p> <p>R2 admitted to licensee on July 1, 2022, and began receiving assisted living services.</p> <p>R2's Resident Contract for Assisted Living was signed on July 10, 2023.</p> <p>R2's record lacked documentation of the opportunity to designate a representative and the</p>	0 950		

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0 950	<p>Continued From page 13</p> <p>verbatim "right to designate a representative for certain purposes" notice.</p> <p>On October 17, 2023, at 9:44 a.m., Licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A confirmed the same assisted living contract was utilized for all residents at the facility. LALD/CNS-A stated that they were unaware of the requirement of including an opportunity to designate a representative utilizing the verbatim language of "right to designate a representative for certain purposes" notice.</p> <p>The licensee's undated Assisted living contracts policy indicated the following: 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 style="padding-left: 20px;">b. The contract must contain a page or space for the name and contact information of the Designated Representative and a box the resident must initial if they decline to name a representative. The resident has the right to add, remove, or change the name and contact information of the Designated Representative at</p>	0 950		

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0 950	Continued From page 14 any time. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 950		
01370 SS=F	144G.61 Subd. 2 (a) Training and evaluation of unlicensed personn (a) Training and competency evaluations for all unlicensed personnel must include the following: (1) documentation requirements for all services provided; (2) reports of changes in the resident's condition to the supervisor designated by the facility; (3) basic infection control, including blood-borne pathogens; (4) maintenance of a clean and safe environment; (5) appropriate and safe techniques in personal hygiene and grooming, including: (i) hair care and bathing; (ii) care of teeth, gums, and oral prosthetic devices; (iii) care and use of hearing aids; and (iv) dressing and assisting with toileting; (6) training on the prevention of falls; (7) standby assistance techniques and how to perform them; (8) medication, exercise, and treatment reminders; (9) basic nutrition, meal preparation, food safety, and assistance with eating; (10) preparation of modified diets as ordered by a licensed health professional; (11) communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences,	01370		

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01370	<p>Continued From page 15</p> <p>cultural background, and family; (12) awareness of confidentiality and privacy; (13) understanding appropriate boundaries between staff and residents and the resident's family; (14) procedures to use in handling various emergency situations; and (15) awareness of commonly used health technology equipment and assistive devices.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure training and competency evaluations were completed for all required skill areas, prior to providing services, for one of one unlicensed personnel ((ULP)-B).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>ULP-B began employment under the licensee's previous comprehensive home care licensure on June 6, 2013, and began providing assisted living services on August 1, 2021.</p> <p>ULP-B's employee record lacked the following competency evaluation: - understanding appropriate boundaries between staff and residents and the resident's family.</p>	01370		

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01370	<p>Continued From page 16</p> <p>On October 9, 2023, at 9:44 a.m., Licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated that they were unaware that this component of core training was missing from the employee record. LALD/CNS-A stated that all staff receive the same training, and that all staff records would be deficient in this requirement.</p> <p>The licensees undated Qualifications, Trainings and Competency policy, indicated that all unlicensed personnel providing assisted living services must have completed training which will include understanding appropriate boundaries between staff and residents and the resident's family.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01370		
01470 SS=F	<p>144G.63 Subd. 2 Content of required orientation</p> <p>(a) The orientation must contain the following topics:</p> <p>(1) an overview of this chapter;</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>	01470		

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01470	<p>Continued From page 17</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 and how it manifests itself, its prevalence, and the challenges it poses to communication;</p> <p>(2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or</p> <p>(3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions.</p>	01470		

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01470	<p>Continued From page 18</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure staff providing services completed an orientation to assisted living facility licensing requirements and regulations before providing services for two of two employees (licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A and unlicensed personnel (ULP)-B).</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>LALD/CNS-A LALD/CNS-A began employment under the licensee's previous comprehensive home care licensure on April 15, 2012, and began providing assisted living services on August 1, 2021.</p> <p>ULP-B ULP-B began employment under the licensee's previous comprehensive home care licensure on June 6, 2013, and began providing assisted living services on August 1, 2021.</p> <p>LALD/CNS-A and ULP-B's employee records lacked evidence of orientation to assisted living regulations for the following: - an overview of providers policies and procedures.</p>	01470		

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01470	<p>Continued From page 19</p> <p>On October 17, 2023, at 9:44 a.m., LALD/CNS-A stated that there may be record of acknowledgement of provider policies stored offsite at the central office. LALD/CNS-A stated that they would attempt to locate the documentation and provide it to the surveyor.</p> <p>At the time of the exit conference on September 18, 2023, at 10:30 a.m., documentation of the overview of provider policies and procedures was not provided to the surveyor.</p> <p>The licensee's undated Annual Training Requirements policy indicated that annual training must include a review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01470		
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 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</p>	01620		

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01620	<p>Continued From page 20</p> <p>completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review.</p> <p>(e) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the registered nurse (RN) completed ongoing resident reassessments that did not exceed 90 days for all residents residing within the facility as required with records reviewed.</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>R2 R2 admitted to licensee on July 1, 2022, and began receiving assisted living services.</p> <p>R2's Assisted Living Service Plan dated July 1, 2022, indicated R2 received services for safety checks, medication set up, medication</p>	01620		

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01620	<p>Continued From page 21</p> <p>administration, and nursing assessments.</p> <p>R2's record indicated the RN completed ongoing 90-day assessments on December 19, 2022, May 30, 2023, and August 31, 2023.</p> <p>R3 R3 admitted to licensee on February 5, 2009, under the licensee's previous comprehensive home care licensure and began receiving assisted living services August 1, 2021.</p> <p>R3's undated Assisted Living Service Plan, indicated R3 received services for laundry, housekeeping, safety checks, medication set up, medication administration, and nursing assessments.</p> <p>R3's record indicated the RN completed ongoing 90-day assessments on December 19, 2022, May 30, 2023, and August 31, 2023.</p> <p>On October 18, 2023, at approximately 9:53 a.m., Licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated that R2 and R3's 90-day assessments were past due. LALD/CNS-A stated that they had relied upon RTasks (electronic charting software) to notify them of upcoming assessments that were due, and that the notification of the past due assessments must have been overlooked. LALD/CNS-A stated that they try to complete all assessments for residents residing within the facility on the same day, and that all residents residing within the facility would have 90 assessment dates that were late.</p> <p>The licensee's undated Comprehensive Resident Assessment policy indicated that resident assessment and monitoring must be conducted</p>	01620		

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01620	Continued From page 22 no more than 14 days after initiation of services. On-going 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. All assessments will be included in the resident record. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01620		
01790 SS=F	144G.71 Subd. 10 Medication management for residents who will (2) for unplanned time away, when the pharmacy is not able to provide the medications, a licensed nurse or unlicensed personnel shall provide medications in amounts and dosages needed for the length of the anticipated absence, not to exceed seven calendar days; (3) the resident must be provided written information on medications, including any special instructions for administering or handling the medications, including controlled substances; and (4) the medications must be placed in a medication container or containers appropriate to the provider's medication system and must be labeled with the resident's name and the dates and times that the medications are scheduled. (b) For unplanned time away when the licensed nurse is not available, the registered nurse may delegate this task to unlicensed personnel if: (1) the registered nurse has trained the unlicensed staff and determined the unlicensed staff is competent to follow the procedures for giving medications to residents; and (2) the registered nurse has developed written	01790		

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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
01790	<p>Continued From page 23</p> <p>procedures for the unlicensed personnel, including any special instructions or procedures regarding controlled substances that are prescribed for the resident. The procedures must address:</p> <ul style="list-style-type: none"> (i) the type of container or containers to be used for the medications appropriate to the provider's medication system; (ii) how the container or containers must be labeled; (iii) written information about the medications to be provided; (iv) how the unlicensed staff must document in the resident's record that medications have been provided, including documenting the date the medications were provided and who received the medications, the person who provided the medications to the resident, the number of medications that were provided to the resident, and other required information; (v) how the registered nurse shall be notified that medications have been provided and whether the registered nurse needs to be contacted before the medications are given to the resident or the designated representative; (vi) a review by the registered nurse of the completion of this task to verify that this task was completed accurately by the unlicensed personnel; and (vii) how the unlicensed personnel must document in the resident's record any unused medications that are returned to the facility, including the name of each medication and the doses of each returned medication. <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) developed training and</p>	01790		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 37596	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/18/2023
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NAME OF PROVIDER OR SUPPLIER ASIAN AMERICAN ELDERLY AL	STREET ADDRESS, CITY, STATE, ZIP CODE 2113 MINNEHAHA AVENUE EAST SAINT PAUL, MN 55119
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01790	<p>Continued From page 24</p> <p>competencies for unlicensed personnel (ULP) providing medications to residents for unplanned time away from home when the licensed nurse was not available for one of one employee (unlicensed personnel (ULP)-B).</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>ULP-B was hired June 6, 2013, under the licensee's former comprehensive license and started providing assisted living services August 1, 2021.</p> <p>ULP-B's employee record lacked documentation of training and competencies for medication administration for unplanned time away when the RN is not available.</p> <p>On October 17, 2023, at 7:56 a.m., the surveyor observed ULP-B prepare medications for R4 at the kitchen table.</p> <p>On October 18, 2023, licensed assisted living director/ clinical nurse supervisor (LALD/CNS)-A stated they have not provided training to any staff for unplanned times away and that if a resident was going to leave the facility for any amount of time, the RN would prepare medications prior to departure. LALD/CNS-A stated that they understood the rationale for needing to have staff trained on this and would ensure that staff are</p>	01790		
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 37596	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/18/2023
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01790	<p>Continued From page 25</p> <p>trained in on this topic in the future.</p> <p>The licensee's undated policy titled Medications for a Resident who will be Away From Facility when Medications are Scheduled indicated that an assisted living facility that provides medication management services for the residents must develop policies and procedures for giving accurate and current medications to residents for planned and unplanned times away from the facility. Additionally, for unplanned time away when the nurse is not available, the RN may delegate this task to the unlicensed personnel if the registered nurse has trained the unlicensed staff and determined the unlicensed staff competent to follow the procedures for giving medications to residents.</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01790		

Type: Full
 Date: 10/16/23
 Time: 15:22:23
 Report: 8058231250

Food and Beverage Establishment Inspection Report

Location:
 Asian American Elderly Al
 2113 Minnehaha Avenue East
 St Paul, MN55119
 Ramsey County, 62

Establishment Info:
 ID #: 0038650
 Risk:
 Announced Inspection: No

License Categories:
 Expires on: / /

Operator:
 Phone #: 7632484627
 ID #:

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

No NEW orders were issued during this inspection.

Food and Equipment Temperatures

Process/Item: GREEN MELLON
 Temperature: 41 Degrees Fahrenheit - Location: COOLER
 Violation Issued: No

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

RESIDENTIAL NEIGHBORHOOD NON COMMERCIAL APPLIANCES AND FINISHES. 4 RESIDENTS

HRD INSPECTOR ZACHARY MORTH

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 8058231250 of 10/16/23.

Certified Food Protection Manager CHOUNG YANG

Certification Number: 109778 Expires: 01/28/25

Inspection report reviewed with person in charge and emailed.

Signed: _____
 CHU XIONG
 PIC

Signed:  _____
 Inspector Number 8058
 Sanitarian 3
 MDH Metro Office
 651 201 4500

Type: Full
Date: 10/16/23
Time: 15:22:23
Report: 8058231250
Asian American Elderly AI

Food and Beverage Establishment Inspection Report



health.foodlodging@state.mn.us