Electronically Delivered

April 13, 2023

Licensee
Amira Choice Minnetonka
2004 Plymouth Road
Minnetonka, MN 55305

RE: Project Number(s) SL33358015

Dear Licensee:

The Minnesota Department of Health completed an evaluation on March 21, 2023, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the evaluation, the Minnesota Department of Health 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.

LICENSING ORDERS
The enclosed State Form documents the state licensing orders. The Department of Health 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 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.20, Subd. 4 (a)(5), the Department of Health imposes fine amounts of either $1,000 or $5,000 to licensees who are found to be responsible for maltreatment. The Department of Health imposes 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 Department of Health 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 (a)(5)(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 evaluation:

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

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
Per Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document any action taken to comply with the correction order by the correction order date. A copy of the provider's records documenting those actions may be requested for follow-up evaluations. The licensee is not required to submit a plan of correction 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 issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by the Department of Health within 15 calendar days of the correction order receipt date.

A state licensing 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 Department of Health 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 this letter and the results of this visit with the President of your organization's Governing Body. If you have any questions, please contact me.

Sincerely,

Jess Schoenecker, Supervisor
State Rapid Response Team / State Evaluation Team
Health Regulation Division
85 East Seventh Place, Suite 220
P.O. Box 64970 / P.O. Box 3879
St. Paul, MN 55164-0970 / 55101-3879
Email: Jess.Schoenecker@state.mn.us
Telephone: 651-201-3789 Fax: 651-215-6894 / 651-281-9796

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	33358	A. BUILDING: _____ B. WING _____	03/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMIRA CHOICE MINNETONKA	2004 PLYMOUTH ROAD MINNETONKA, MN 55305

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments ******ATTENTION****** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. 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. INITIAL COMMENTS: SL33358015-0 On March 20, through March 21, 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 107 active residents; 54 receiving services under the Assisted Living Dementia Care license.	0 000	Minnesota Department of Health is documenting the State Licensing 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. 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. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. 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.	
0 510 SS=F	144G.41 Subd. 3 Infection control program (a) All assisted living facilities must establish and	0 510		

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0 510	Continued From page 1 maintain an infection control program that 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. 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 to comply with accepted health care, medical, and nursing standards for infection control. This had the potential to affect all residents, staff, and visitors. 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). The findings include: On March 21, 2023, at 8:20 a.m., evaluator observed unlicensed personnel (ULP)-F push R6 in wheelchair into the dining room. ULP-F logged into their computer, prepared and completed medication administration for R6 before completing hand hygiene.	0 510		

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0 510	Continued From page 2 On March 21, 2023, at 8:31 a.m., evaluator observed ULP-F take R7's medications from a pre-packed pillbox and put the contents into a medication cup. ULP-F completed R7's medication administration before completing hand hygiene. On March 21, 2023, at 8:45 a.m., evaluator observed ULP-F complete medication administration for R8 in his room. ULP-F walked with R8 to the dining room and served R8 breakfast before completing hand hygiene. On March 21, 2023, at 8:53 a.m., evaluator observed ULP-E prepare medications for R5. ULP-E then pushed R5 into her room and administered medications. ULP-E then used a gait belt and transferred R5 into a recliner chair. ULP-E returned to the medication cart and started preparing another resident's medications before completing hand hygiene. On March 21, 2023, 10:30 a.m., both ULP-E and ULP-F indicated they had been trained in methods of infection control including washing hands before and after resident cares. On March 21, 2023, at 1:35 p.m., clinical nurse supervisor (CNS)-D and licensed assisted living director (LALD)-C stated all licensee's staff are trained annually on infection control methods. The Centers for Disease Control and Prevention (CDC) article titled Hand Hygiene in Health Care Settings, dated January 30, 2020, indicated healthcare personnel should use an alcohol-based hand rub or wash with soap and water for the following clinical indications: - Immediately before touching a patient;	0 510		

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0 510	Continued From page 3 - Before performing an aseptic task (e.g., placing an indwelling device) or handling invasive medical devices; - Before moving from work on a soiled body site to a clean body site on the same patient; - After touching a patient or the patient's immediate environment; - After contact with blood, body fluids, or contaminated surfaces; and - Immediately after glove removal. The licensee's Standard Infection Control Precautions policy dated August 1, 2022, indicated proper hand washing is the most important way to break the chain of infection. Staff will wash hands: - After touching blood, body fluids, feces, or contaminated items (regardless of whether gloves are worn); - Before putting on gloves; - Immediately after gloves or gowns are removed; - As necessary, between tasks and procedures on the same client to prevent cross; and - contamination of different body sites, and between all client contacts. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 510		
01500 SS=D	144G.63 Subd. 5 Required annual training (a) All staff that perform direct services must complete at least eight hours of annual training for each 12 months of employment. The training may be obtained from the facility or another source and must include topics relevant to the provision of assisted living services. The annual	01500		

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01500	Continued From page 4 training must include: (1) training on reporting of maltreatment of vulnerable adults under section 626.557; (2) review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; (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; (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; (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 (6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person. (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: (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and challenges it poses to communication;	01500		

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01500	Continued From page 5 (2) the 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. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure employees received at least eight (8) hours of annual training for each 12 months of employment for one of two employees (registered nurse (RN)-A). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: RN-A started employment with licensee September 7, 2021. RN-A's learning trascript dated January 23, 2023, indicated RN-A had completed the following annual training topics for a total of 5.75 credits: - Reporting maltreatment of vulnerable adults or minors- 1.25 credits; - Assisted Living bill of rights- 0.75 credit; - Infection control techniques- 1 credit;	01500		

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01500	Continued From page 6 - Principles of person-centered planning/service delivery- 0.5 credit; and - Dementia Training- 2.25 credits. RN-A's employee record lacked at least eight hours of annual training for each 12 months of employment to include the following topics: - Review of provider's policies and procedures; and - Hearing loss training (optional). On March 21, 2023, at 1:48 p.m., clinical nurse supervisor (CNS)-D and licensed assisted living director (LALD)-C indicated RN-A's employee record was missing the required eight (8) hours of annual training for each 12 months of employment. In addition, CNS-D stated the licensee will include the missing content in licensee's training program so none of the employees will miss it again. The licensee's Required Training - Annual/Bi-Annual policy dated January 2022, indicated all staff that perform direct care services at licensee will complete at least eight (8) hours of annual training for each 12 months of employment. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01500		
01640 SS=D	144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to (a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan.	01640		

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01640	Continued From page 7 (b) The service plan and any revisions must include a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities. (c) The facility must implement and provide all services required by the current service plan. (d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable. (e) Staff providing services must be informed of the current written service plan. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the current service plan included a signature or other authentication by the resident or resident's designated representative and the licensee to document agreement on the services to be provided for one of three residents (R3). 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).	01640		

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01640	Continued From page 8 The findings include: R3 was admitted to the licensee on February 21, 2023. R3's signed service plan dated February 22, 2023, indicated R3 received assistance with toileting, skin monitoring, transfers, ambulation, bed mobility, medication administration, laundry, housekeeping, bathing, dressing, grooming, oral care, and TED hose/wrap (compression stockings to reduce swelling). R3's unsigned service plan printed March 21, 2023, identified by clinical nurse supervisor (CNS)-D as R3's current service plan, indicated R3 received all the above-mentioned services as well as wound observation once a day effective March 9, 2023, and medication administration related to wound care once a day effective March 13, 2023. Additionally, R3's service plan indicated a fee increase related to additional services provided. On March 21, 2023, at approximately 2:00 p.m., CNS-D stated R3's last signed service plan was from February 22, 2023. CNS-D indicated licensee had failed to obtain a signature from the resident or the resident's representative for the updated service plan. The licensee's Service Plan Agreement Development and Revision policy dated December 2, 2020, indicated if the service plan agreement needs modification based on the client's [resident] needs or changes in fees, the registered nurse (RN): - Makes necessary changes to the service plan; - Signs the revised service plan with name,	01640		

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01640	Continued From page 9 title, and date; - Requests that the client [resident] and/or the client's [resident] representative sign and date the revised service plan; - Files the signed service plan in the client [resident] record; and - The RN will have a tracking method to ensure the required signature is on file in a timely manner. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01640		
01890 SS=D	144G.71 Subd. 20 Prescription drugs 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 label with legible information including the expiration or beyond-use date of a time-dated drug. 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 with legible information for one of four residents (R10). In addition, the licensee failed to discard expired medication for one of four residents (R9). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at an	01890		

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01890	Continued From page 10 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). The findings include: On March 21, 2023, at 9:10 a.m., the evaluator observed the memory care unit medication cart and observed the following unlabeled medication which unlicensed personnel (ULP)-E identified as belonging to R10: - dorzolamide and timolol maleate ophthalmic solution On March 21, 2023, at 9:20 a.m., the evaluator observed the memory care unit medication cart two and observed the following expired medications: - diclofenac gel 1% expired November 8, 2022. On March 21, 2023, at 9:36 a.m., ULP-E stated all medications in the cart are supposed to be labeled. In addition, ULP-E stated the medication carts are audited weekly by nurses to remove expired medications. On March 21, 2023, at 10:36 a.m., registered nurse (RN)-A stated ULPs are trained to label any medication if the label falls off or inform nurse when they find unlabeled medications in the cart which they cannot identify. In addition, RN-A stated the medication carts are audited frequently to remove expired medications, further stated this one medication must have been an oversight. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890		

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AMIRA CHOICE MINNETONKA	**2004 PLYMOUTH ROAD MINNETONKA, MN 55305**

(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

Minnesota Department of Health
Food, Pools, & Lodging Services
P.O. Box 64975
St. Paul, MN 55164-0975
651-201-4500

Type: Full
Date: *03/21/23*
Time: 14:51:26
Report: 8041231067

Food and Beverage Establishment Inspection Report

Location:
Cherrywood Pointe Minnetonka
2004 Plymouth Road
Minnetonka, MN55305
Hennepin County, 27

Establishment Info:
ID #: 0038361
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 9525254555
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.

Surface and Equipment Sanitizers

Quaternary Ammonia: = 400 ppm at Degrees Fahrenheit
Location: sani bucket- prep
Violation Issued: No

Quaternary Ammonia: = 400 ppm at Degrees Fahrenheit
Location: 3 comp. sink
Violation Issued: No

Utensil Surface Temp.: = at 174 Degrees Fahrenheit
Location: dish machine
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cold Holding
Temperature: 34 Degrees Fahrenheit - Location: memory care cooler: yogurt
Violation Issued: No

Process/Item: Cold Holding
Temperature: 37 Degrees Fahrenheit - Location: walk-in cooler: pork
Violation Issued: No

Process/Item: Cooling
Temperature: 53 Degrees Fahrenheit - Location: walk-in cooler: tuna (1 hour 15 min.)
Violation Issued: No

Process/Item: Cold Holding
Temperature: 37 Degrees Fahrenheit - Location: walk-in cooler: taco meat
Violation Issued: No

Process/Item: Cold Holding
Temperature: 36 Degrees Fahrenheit - Location: walk-in cooler: chicken
Violation Issued: No

Process/Item: Hot Holding
Temperature: 146 Degrees Fahrenheit - Location: hot box: tater tot
Violation Issued: No

Process/Item: Cooking
Temperature: 183 Degrees Fahrenheit - Location: bistro: potato soup
Violation Issued: No

Process/Item: Cold Holding
Temperature: 41 Degrees Fahrenheit - Location: line cooler: shredded cheese
Violation Issued: No

Process/Item: Cold Holding
Temperature: 36 Degrees Fahrenheit - Location: line cooler: chicken breast
Violation Issued: No

Process/Item: Cold Holding
Temperature: 39 Degrees Fahrenheit - Location: norlake upright cooler: egg salad
Violation Issued: No

Process/Item: Cooling
Temperature: 51 Degrees Fahrenheit - Location: walk-in freezer: sausage patty (1 hour cooling)
Violation Issued: No

Process/Item: Cold Holding
Temperature: 33 Degrees Fahrenheit - Location: bistro prep cooler: ambient air temp.
Violation Issued: No

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

Inspection was completed with the Culinary Director, Chase Crowley. Tesa Brown was the lead Health Regulation Division Nurse Evaluator on site completing site survey.

Establishment has a kitchen, bistro and memory care serving area on the main floor. An additional independent living serving area is located on the 2nd floor. Food that is brought to the serving areas is plated in the main kitchen. Food is not currently stored in the bistro area.

Discussed the following:
-Employee illness policy and logging requirements
-Reportable diseases
-Reporting foodborne illness complaints to the health department
-Cooling methods
-Glove-use and bare hand contact
-Thermometer use and temperature logs
-Utensil storage
-Vomit clean-up procedures
-Highly susceptible population restrictions

-Proper cold holding

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 8041231067 of 03/21/23.

Certified Food Protection Manager: Chase Crowley

Certification Number: fm83040 Expires: 08/12/25

Inspection report reviewed with person in charge and emailed.

Signed: _____

Chase Crowley
Culinary Director

Signed: Sarah Conboy

Sarah Conboy
Public Health Sanitarian III
651-201-3984
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