DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

January 9, 2025

Licensee
Topcare Health Services LLC
7225 Kyle Avenue North
Brooklyn Center, MN 55429

RE: Project Number(s) SL37505015

Dear Licensee:

On December 5, 2024, the Minnesota Department of Health completed a follow-up survey of your facility to determine if orders from the October 3, 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,

Jessie Chenze, Supervisor
State Evaluation Team
Email: jessie.chenze@state.mn.us
Telephone: 218-332-5175 Fax: 1-866-890-9290

JMD

Electronically Delivered

November 13, 2024

Licensee
Topcare Health Services LLC
7225 Kyle Avenue North
Brooklyn Center, MN 55429

RE: Project Number(s) SL37505015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on October 3, 2024, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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 . . ."

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.

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

2310 - 144g.91 Subd. 4 (a) - Appropriate Care And Services - $3,000.00

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is $3,000.00**. 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 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

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.

To submit a hearing request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

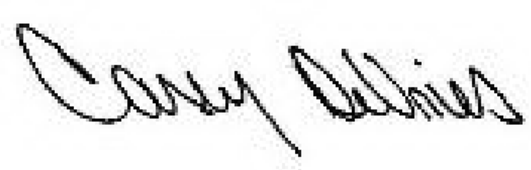
To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration **or** a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

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,



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

JMD

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	37505	A. BUILDING: _____ B. WING _____	10/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOPCARE HEALTH SERVICES LLC	7225 KYLE AVENUE NORTH BROOKLYN CENTER, MN 55429

(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: SL37505015-0 On September 30, 2024, through October 3, 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 two residents; two of whom received services under the Assisted Living license. An immediate correction order was identified on October 1, 2024, issued for SL37505015-0, tag identification 2310. During the survey, the licensee took action to mitigate the immediate risk. However, noncompliance remained, and the scope and level remain unchanged.	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 subd. 1, 2, and 3.	
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements	0 480		

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0 480	Continued From page 1 (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 This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR), dated September 30, 2024, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection. TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		
0 970 SS=C	144G.50 Subd. 5 Waivers of liability prohibited The contract must not include a waiver of facility liability for the health and safety or personal	0 970		

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0 970	Continued From page 2 property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract did not include language waiving the licensee's liability for health, safety, or personal property of a resident for two of two residents (R1, R2). This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: R1 R1 was admitted to the licensee and began receiving assisted living services on December 13, 2021. R2 R2 was admitted to the licensee and began receiving assisted living services on August 3, 2022. R1 and R2's Assisted Living Contracts, included on page seven, a section titled Primary Services.	0 970		

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0 970	Continued From page 3 Number six of this section, titled Emergency Services/Staff Availability indicated licensee would not be liable for resident safety once the resident had departed the premises. Number seven of this section, on page eight, titled Security/ Valuables/ Keys, indicated resident rooms had locks, and that if the resident chose not to lock their valuables, the resident assumed liability for those valuables. The contracts included, on page seventeen, a section titled Miscellaneous Provisions. Part one of this section indicated the resident shall always maintain his or her own health, personal property, liability, automobile (if applicable), and other insurance coverages and shall provide evidence of same by copies of binders or policies provided to licensee upon request. The section included resident acknowledgement that licensee was not an insurer of the resident's person or property. The resident agreed to release licensee from liability for any personal injury or property damage suffered by the resident or the resident's agents, guests, or invitees, unless caused by the negligence of licensee or its employees or agents. Page twenty-one of the contracts included a section titled Liability that indicated the resident and any separate responsible party agreed to be liable and responsible for all obligations referenced within the contract, monetary and otherwise. On October 2, 2024, at 3:00 p.m., licensed assisted living director/ clinical nurse supervisor (LALD/CNS)-A stated they were aware of the liability issues within the contract and were working with a consultant to revise the contract.	0 970		

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0 970	Continued From page 4 No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 970		
01290 SS=F	144G.60 Subdivision 1 Background studies required (a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information. (b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12. (c) Termination of an employee in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a background study (BGS) was submitted and received in affiliation with the assisted living licensee's health facility identification number (HFID) 37505 prior to employees providing services for three of twelve employees (unlicensed personnel (ULP)-F, ULP-G, ULP-H). 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	01290		

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01290	Continued From page 5 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 September 30, 2024, at 11:45 a.m., licensed assisted living director/ clinical nurse supervisor (LALD/CNS)-A provided the surveyor with a document titled Employee List that included name, title, hire date, and phone numbers for ten employees. LALD/CNS-A stated the list included all active employees working in the facility. LALD/CNS-A also provided a schedule for the week of September 30, 2024, to October 6, 2024. The schedule included a list of seven employees and the hours they were scheduled to work in the facility that week. On September 30, 2024, at 3:30 p.m., LALD/CNS-A provided the surveyor with licensee's current NETStudy 2.0 (a web-based system used to submit background study requests to the Department of Human Services (DHS))Employee Roster. The roster listed all employees with current background study information that were authorized to provide care for licensee's HFID 37505. ULP-F ULP-F had a hire date of February 26, 2024, ULP-F provided direct services to residents. ULP-F was included on the schedule to provide care to licensee's residents on October 5, 2024, from 8:00 a.m., to 8:00 p.m. ULP-F was not included on the Employee List. ULP-F was not included on the NETStudy 2.0 Employee Roster.	01290		

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01290	Continued From page 6 ULP-G ULP-G had a hire date of September 11, 2024, ULP-G provided direct services to residents. ULP-G was included on the schedule to provide care to licensee's residents on September 30, October 1, and October 6, 2024, from 8:00 p.m., to 8:00 a.m. on each day they were scheduled. ULP-G was included on the Employee List. ULP-G was not included on the NETStudy 2.0 Employee Roster. ULP-H ULP-H had a hire date of October 5, 2021, ULP-H provided direct services to residents. ULP-H was included on the schedule to provide care to licensee's residents on October 5, 2024, from 8:00 p.m., to 8:00 a.m. ULP-F was not included on the Employee List. ULP-F was not included on the NETStudy 2.0 Employee Roster. On September 30, 2024, at 4:30 p.m., LALD/CNS-A stated the schedule for the week was accurate and that ULP-F, ULP-G, and ULP-H were active employees who provided direct care to residents. LALD/CNS-a stated ULP-F and ULP-H should be included on the list of current employees and that ULP-F, ULP-G, and ULP-H should be included on the NETStudy 2.0 Roster. On October 1, 2024, at 10:52 a.m., LALD/CNS-A stated they had current background studies for ULP-F, ULP-G, and ULP-H that were completed under licensee's other HFID numbers. LALD/CNS-A stated they associated the employees with HFID 37505 and would provide the surveyor with an updated NETStudy 2.0 Roster. The updated roster included ULP-F,	01290		

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01290	Continued From page 7 ULP-G, and ULP-H and indicated they were affiliated with HFID 37505 on September 30, 2024. On October 2, 2024, at 3:00 p.m., LALD/CNS-A stated they were the person responsible for completing background studies and maintaining the NETStudy 2.0 roster. LALD/CNS-A stated they thought the employee list and roster were up to date but must have missed the recent hires. The Licensee's Recruitment and Hiring policy dated August 1, 2021, indicated the licensee would ensure all persons were appropriately screened prior to employment. The policy indicated licensee would conduct a Minnesota Department of Human Services Background Study on all employees and would maintain completed background studies in individual employee records. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	01290		
01470 SS=F	144G.63 Subd. 2 Content of required orientation (a) The orientation must contain the following topics: (1) an overview of this chapter; (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; (3) handling of emergencies and use of emergency services; (4) compliance with and reporting of the maltreatment of vulnerable adults under section	01470		

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01470	Continued From page 8 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC); (5) the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; (6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person; (7) handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints; (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 (9) a review of the types of assisted living services the employee will be providing and the facility's category of licensure. (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: (1) an explanation of age-related hearing loss 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	01470		

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01470	Continued From page 9 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 observation, interview, and record review, the licensee failed to ensure employees received orientation to assisted living facility licensing requirements and regulations prior to providing services for four of four employees (house manager (HM)-C, unlicensed personnel (ULP)-B, ULP-E, ULP-F). 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). The findings include: HM-C HM-C had a hire date of August 1, 2016, HM-C provided direct services to residents. HM-C's employee record lacked the following required orientation content: - an overview of this assisted living statutes; - policies and procedures related to the provision of assisted living services; - handling and reporting of residents' complaints; - consumer advocacy services; and - a review of the types of assisted living services the employee will be providing.	01470		

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01470	Continued From page 10 ULP-B ULP-B had a hire date of April 8, 2023, ULP-B provided direct services to residents. On September 30, 2024, at 12:27 p.m., the surveyor observed ULP-B prepare and administer medications to R1. ULP-B's employee record lacked the following required orientation content: - an overview of this assisted living statutes; - policies and procedures related to the provision of assisted living services; - handling and reporting of residents' complaints; - consumer advocacy services; and - a review of the types of assisted living services the employee will be providing. ULP-E ULP-E had a hire date of September 14, 2021, ULP-E provided direct services to residents. On October 2, 2024, at12:48 p.m., the surveyor observed ULP-E prepare and administer medications to R1. ULP-E's employee record lacked the following required orientation content: - policies and procedures related to the provision of assisted living services. ULP-F ULP-F had a hire date of February 26, 2024, ULP-F provided direct services to residents. ULP-F's employee record lacked the following required orientation content: - an overview of this assisted living statutes; - policies and procedures related to the provision	01470		

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01470	Continued From page 11 of assisted living services; - the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; - the principles of person-centered planning and service delivery; - handling and reporting of residents' complaints; - consumer advocacy services; and - a review of the types of assisted living services the employee will be providing. On October 2, 2024, at 3:00 p.m., licensed assisted living director/ clinical nurse supervisor (LALD/CNS)-A stated they were responsible for providing education to new employees. LALD/CNS-A stated they entered new employees into their online learning management system (Educare) and the system was set up to automatically enroll the employees into the learning modules they needed to complete for initial orientation and annual education ongoing. LALD/CNS-A stated they were responsible to ensure all learning modules were completed before the new employee began working. LALD/CNS-A stated they did provide education on the policies and procedures during orientation but that it was not documented. The licensee's Staff Orientation and Education policy dated August 1, 2021, indicated before providing services to residents, all employees would attend general orientation that included the following topics: - overview of Minnesota Assisted Living Statute 144G and Minnesota Rules Chapter 4659; - policies and procedures related to the provision of assisted living services; - handling of emergencies and the use of emergency services; - identification and reporting of maltreatment;	01470		

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01470	Continued From page 12 - the Assisted Living Bill of Rights and the employee's responsibilities to ensure the exercise and protection of those rights; - principles of person-centered planning and service delivery and how they apply to direct support services provided by staff; - consumer advocacy services; - the types of assisted living services the employee will be providing based on the Uniform Checklist Disclosure of Services and the organization's category of licensure; and - the organizational chart and roles of staff within the facility. In addition, the Orientation Checklist would be completed and retained to verify the completion of orientation for each employee. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01470		
01500 SS=F	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 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	01500		

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01500	Continued From page 13 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; (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	01500		

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01500	Continued From page 14 access in real time, and closed captions. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure all employees that performed direct services completed all required training components for each twelve months of employment for three of three employees (house manager (HM)-C, unlicensed personnel (ULP)-B, ULP-E). 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: HM-C HM-C had a hire date of August 1, 2016, HM-C provided direct services to residents. HM-C's employee record lacked training for the following required topics: - review of provider policies and procedures for 2021, 2022, 2023 and 2024. ULP-B ULP-B had a hire date of April 8, 2023, ULP-B provided direct services to residents. On September 30, 2024, at 12:27 p.m., the surveyor observed ULP-B prepare and administer medications to R1.	01500		

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01500	Continued From page 15 ULP-B's employee record lacked training for the following required topics: - review of provider policies and procedures for 2024. ULP-E ULP-E had a hire date of September 14, 2021, ULP-E provided direct services to residents. On October 2, 2024, at12:48 p.m., the surveyor observed ULP-E prepare and administer medications to R1. ULP-E's employee record lacked training for the following required topics: - review of provider policies and procedures for 2022, 2023, and 2024. On October 2, 2024, at 3:00 p.m., licensed assisted living director/ clinical nurse supervisor (LALD/CNS)-A stated they were responsible for providing annual education to all employees. LALD/CNS-A stated they provided education on the policies and procedures during initial orientation but not ongoing with annual education. The licensee's Staff Orientation and Education policy dated August 1, 2021, indicated all employees would receive at least eight hours of education for every twelve months of employment. Annual education would include: - reporting of maltreatment of adults; - review of Assisted Living Bill of Rights and staff responsibilities related to ensuring the exercise and protection of those rights; - review of the organization's policies and procedures related to provision of assisted living services and how to implement them; - infection control techniques used in the home; - effective approaches to use to problem solve	01500		

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01500	Continued From page 16 when working with a resident's challenging behaviors and how to communicate with residents who have dementia, Alzheimer's Disease or related disorders; and - principles of person-centered planning and service delivery and how they apply to direct support services provided by staff. In addition, the policy indicated licensee would maintain proof of orientation and education in personnel files. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01500		
01640 SS=F	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. (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.	01640		

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01640	Continued From page 17 (e) Staff providing services must be informed of the current written service plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to execute a signed service plan to include services being provided by the licensee for two of two residents (R1, R2). In addition, the licensee failed to execute a signed service plan within fourteen days of services being initiated for one of two residents (R2). 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: R1 R1 was admitted to licensee and began receiving assisted living services on December 13, 2021. R1's diagnoses included history of cerebral vascular accident in 2009, ulcerative colitis, bipolar type schizoaffective disorder, generalized anxiety disorder, and heart failure. R1's Service Plan, dated December 13, 2023, indicated R1 received the following services: - medication set up every other week; - medication administration daily; - meal preparation daily; - laundry weekly; - shopping weekly;	01640		

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01640	Continued From page 18 - behavioral management daily; - transportation two to three times weekly; and - housekeeping daily and as needed. R1's Medication Administration Record (MAR), dated September 2024, listed timed medication and care services provided for R1. Employee initials on the document indicated the services had been completed. The MAR indicated R1 received the following services that were not included in R1's Service Plan: - turning and repositioning every two hours; - assistance with brushing teeth twice daily; - ostomy bag change every three to four days and as needed; - vital signs monthly; - safety check every two hours; and - assist with shower daily. On October 1, 2024, at 1:45 p.m., the surveyor observed ULP-B assist R1 with emptying their ileostomy bag. R1 refused to let ULP-B check their incontinence brief, brush teeth, comb hair, shower, or transfer to wheelchair. ULP-B repositioned R1 by pulling R1 over onto their left side in bed with draw sheet and positioning pillows behind R1's back and another pillow between R1's knees. On October 2, 2024, at 12:48 p.m., the surveyor observed ULP-E prepare and administer medications for R1. ULP-E stated they assisted R1 with transfers when R1 was willing to get out of bed. ULP-E stated transfers went better with two employees assisting R1, but they were able to transfer R1 with one assist and that R1 also required assistance of one employee with bed mobility and repositioning. R2	01640		

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01640	Continued From page 19 R2 was admitted to licensee and began receiving assisted living services on August 3, 2022. R2's diagnoses included schizophrenia, traumatic brain injury, and chronic obstructive pulmonary disease. R2's Service Plan, dated September 10, 2024, indicated R2 received the following services: - medication set up every other week; - medication administration daily; - meal preparation daily; - laundry weekly; - shopping weekly; - behavioral management daily; - transportation two to three times weekly; and - housekeeping daily and as needed. R2's MAR, dated September 2024, indicated R2 received the following services that were not included in R2's Service Plan: - assist with changing brief in the morning; - assist with routine daily cares twice daily; - linen change weekly; - vital signs monthly; - safety check every two hours; and - assist with shower daily. On October 2, 2024, at 3:00 p.m., licensed assisted living director/ clinical nurse supervisor (LALD/CNS)-A stated the service plan should include all of the services provided. LALD/CNS-A reviewed the service plans for both residents with the surveyor and agreed they did not include activities of daily living for either resident. LALD/CNS-A stated R1 and R2 both received some level of assistance with dressing, grooming, and bathing. LALD/CNS-A stated R1 received assistance with transfers and bed mobility.	01640		

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01640	Continued From page 20 MEDICATION SET UP ON SERVICE PLAN BUT NOT PROVIDED R1 and R2's Service Plan's indicated each resident received medication set up every other week. On September 30, 2024, at 11:24 a.m., during the facility tour, the surveyor observed the medication storage area with LALD/CNS-A. R1 and R2's medications were in bubble packs set up by the pharmacy with scheduled medications for each medication pass in individual bubble packs. Medications not included in the bubble packs were in prescription bottles and boxes from the manufacturer stored in a locked file cabinet or refrigerator in the medication room. LALD/CNS-A stated the ULP prepared the medications from the bubble packs and bottles then administered medications for R1 and R2. LALD/CNS-A stated they checked the medications from the pharmacy to make sure they were correct, but they did not set up medications for R1 or R2. SERVICE PLAN NOT COMPLETED WITHIN FOURTEEN DAYS OF ADMISSION FOR R2 R2's Resident Evaluation, dated August 3, 2022, was completed by LALD/CNS-A and indicated R2 required assistance with bathing, dressing, grooming, eating, and medication administration. R2's MAR, dated August 2022, indicated licensee began providing medication administration for R2 at 8:00 p.m., on August 3, 2022. R2's Service Plan, dated September 11, 2022, was signed by R2's guardian and an employee no longer working for the licensee. Each signature was dated September 11, 2022.	01640		

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01640	Continued From page 21 On October 2, 2024, at 3:00 p.m., LALD/CNS-A stated R2 did move in and began receiving services on August 3, 2022, and that there was not an earlier service plan than the one dated September 11, 2022. LALD/CNS-A stated R2's guardian had never come to the facility. The Service Plan was mailed to the guardian for signature and mailed back to the facility. LALD/CNS-A stated they did not have any documentation about when the document was mailed, received back, or of any discussion with the guardian about the plan for services. The licensee's Service Plan policy, dated August 1, 2021, indicated an individualized service plan would be implemented for all residents and licensee would provide all services required by the current service plan. The service plan would be completed no later than fourteen days after the date services were first provided and revised when needed based on resident review or reassessment. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01640		
01730 SS=F	144G.71 Subd. 5 Individualized medication management plan (a) For each resident receiving medication management services, the assisted living facility must prepare and include in the service plan a written statement of the medication management services that will be provided to the resident. The facility must develop and maintain a current individualized medication management record for	01730		

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01730	Continued From page 22 each resident based on the resident's assessment that must contain the following: (1) a statement describing the medication management services that will be provided; (2) a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; (3) documentation of specific resident instructions relating to the administration of medications; (4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis; (5) identification of medication management tasks that may be delegated to unlicensed personnel; (6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and (7) any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions. (b) The medication management record must be current and updated when there are any changes. (c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop and maintain a current individualized medication management record for each resident to include	01730		

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01730	Continued From page 23 all required content for two of two residents (R1, R2). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: R1 R1 was admitted to the licensee and began receiving assisted living services on December 13, 2021. R1's diagnoses included history of cerebral vascular accident in 2009, ulcerative colitis, bipolar type schizoaffective disorder, generalized anxiety disorder, and heart failure. R1's Service Plan, dated December 13, 2023, indicated R1 received medication set up every other week completed by the registered nurse (RN) and medication administration daily completed by unlicensed personnel (ULP). On September 30, 2024, at 11:24 a.m., during the facility tour, the surveyor observed the medication storage area with licensed assisted living director/ clinical nurse supervisor (LALD/CNS)-A. R1's medications were in bubble packs set up by the pharmacy with scheduled medications for each medication pass time in individual bubble packs. Medications not included in the bubble packs were in prescription bottles. LALD/CNS-A stated the ULP prepare the medications from the bubble	01730		

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01730	Continued From page 24 packs and bottles then administer medications for R1. LALD/CNS-A stated they check the medications from the pharmacy to make sure they were correct, but they did not set up medications for R1. On September 30, 2024, at 12:27 p.m., the surveyor observed ULP-B obtain R1's medications from the medication room and brought them to the kitchen. ULP-B compared the label to the MAR and put the following medications into a plastic cup: - 5 milligrams (mg) buspirone hydrochloric (hcl) one tablet; and - 125 mg divalproex delayed release (DR) capsule. ULP-B used a pill crusher to pulverize the buspirone hcl, mixed it into applesauce, then opened the divalproex DR capsule and sprinkled it into the applesauce. ULP-B administered the crushed medications in applesauce by spoon to R1. R1's record lacked a current medication management plan to include the following required content: - a statement describing the medication management services that will be provided; and - identification of medication management tasks that may be delegated to unlicensed personnel. R2 R2 was admitted to the licensee and began receiving assisted living services on August 3, 2022. R2's diagnoses included schizophrenia, traumatic brain injury, and chronic obstructive pulmonary disease.	01730		

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	37505	A. BUILDING: _____ B. WING _____	10/03/2024

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01730	Continued From page 25 R2's Service Plan, dated September 10, 2024, indicated R2 received medication set up every other week completed by the RN and medication administration daily completed by the ULP. On September 30, 2024, at 11:24 a.m., the surveyor observed the medication storage area. R2's medications were in bubble packs set up by the pharmacy, prescription bottles and boxes locked in a file cabinet drawer and two prescription boxes locked in a medication refrigerator. LALD/CNS-A stated the ULP prepares the medications from the bubble packs and bottles then administer medications for R2. The ULP obtains the nebulizer medications from the prescription boxes, sets up the nebulizer machine, and administers them for R2. LALD/CNS-A stated they did not set up medications for R2. On October 1, 2024, at 9:59 a.m., the surveyor observed ULP-B obtain the following medications from the medication room for R2's morning medication pass: - benztropine mesylate 0.5 mg one tablet; - desmopressin acetate 0.2 mg one tablet; - Mucinex 600 mg two tablets; - risperidone 1mg one tablet; - Incruse Ellipta 62.5 microgram (mcg) inhaler; - Brovana 15 mcg per 2 ml vial for nebulizer administration; - budesonide 0.5 mg per 2 ml suspension for nebulizer administration; and - albuterol sulfate 0.63 mg per 3 ml solution for nebulizer administration. ULP-B brought the medications to the kitchen, compared them to the MAR, and placed the benztropine mesylate, desmopressin acetate, Mucinex, and risperidone into a plastic cup, crushed them, and administered them to R2. R2	01730		

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01730	Continued From page 26 was at the kitchen table eating breakfast. ULP-B set the Incruse Ellipta inhaler, Brovana vial, budesonide suspension, and albuterol sulfate solution on the kitchen counter. On October 1, 2024, at 11:54 a.m., after R2 finished eating their breakfast, the surveyor observed ULP-B administer the Incruse Elipta inhaler, get R2 a glass of water, and directed R2 to rinse their mouth and spit the water into the sink. At 11:58 a.m., ULP-B had R2 sit down at the kitchen counter next to the nebulizer machine and ULP-B set up the Brovana suspension to nebulize. At 12:05 p.m., after the machine had delivered all the Brovana and the nebulizer cup was empty, ULP-B put the vial of albuterol sulfate solution into the cup and the machine began to administer the medication to R2 via the nebulizer mouthpiece. At 12:22 p.m., the albuterol sulfate finished, and ULP-B placed the budesonide suspension into the nebulizer cup for administration. On October 1, 2024, at 3:06 p.m., the surveyor asked ULP-B how they selected the order the nebulized medications were administered. ULP-B stated they usually did the refrigerated medication first then the other two, but in no specific sequence. ULP-B stated they had not ever washed the medication cup between medications but washed it with water after all the medications were complete. On October 2, 2024, at 3:00 p.m., LALD/CNS-A stated when employees administered R2's nebulizer medications they expected the ULPs to wait five minutes in between each medication and rinse the nebulizer cup in between medications. LALD/CNS-A stated the sequence R2's nebulized medications was administered did not matter.	01730		

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01730	Continued From page 27 R2's record contained an undated document titled Order for Nebulizer Administration. The document indicated R2 had four nebulizer solutions and listed "the sequence" of medications to be administered. The sequence listed was Brovana, budesonide, albuterol, and sodium chloride. After the first three medications the document indicated the ULP should wait three to five minutes before starting the next medication and rinse the plastic nebulizer cup before putting in the next medication. On October 2, 2024, at 3:00 p.m., the surveyor showed the Order for Nebulizer Administration document to LALD/CNS-A. LALD/CNS-A stated they had developed the document and used it in training for the ULPs. LALD/CNS-A stated the medications should be administered in the order on the document but added the document needed to be updated because R2 no longer received sodium chloride solution via nebulizer. R2's record contained a Medication Management Plan, dated September 11, 2022, included with R2's contract. R2's ongoing assessments indicated the Medication Management Plan had been reviewed and no changes were needed. R2's Medication Management Plan, dated September 11, 2022, indicated R2's medications would be stored in a locked cabinet. On September 30, 2024, at 11:24 a.m., the surveyor observed R2's Brovana nebulizer solution and Vivitrol vial for injection to be stored in a locked refrigerator. R2's record lacked a current medication management plan to include the following	01730		

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01730	Continued From page 28 required content: - an accurate statement describing the medication management services that would be provided; - a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; - documentation of specific resident instructions relating to the administration of medications; and - identification of medication management tasks that may be delegated to unlicensed personnel. On October 2, 2024, at 3:00 p.m., LALD/CNS-A stated they thought they had all the required information in the record and did not realize the medication management plan needed to be updated annually. LALD/CNS-A stated they had recently started working with a consultant to update some of their forms and procedures. The licensee's Service Plan for Medication Management policy dated August 1, 2021, indicated Medication Management Plans would be kept current and updated with any changes and would include the following content: - a statement describing the medication management services to be provided; - a description of the storage of medications based on the resident assessment and addressing resident preference, risk of diversion and instructions per manufacturer; - plans for staff notifying the licensed health professional when/if a problem with medication management services arises; and - any resident-specific requirements related to documenting medication administration, verification that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse	01730		

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01730	Continued From page 29 reactions. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01730		
01760 SS=F	144G.71 Subd. 8 Documentation of administration of medication Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were administered as prescribed; failed to ensure accurate documentation of medication administration; failed to ensure prescribed medications were available for use for two of two residents (R1, R2); and failed to ensure prescribed medications were administered according to manufacturer recommendations for one of two residents (R2). This practice resulted in a level two violation (a	01760		

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01760	Continued From page 30 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). The findings include: RESIDENTS RECEIVING MEDICATION MANAGEMENT SERVICES R1 R1 was admitted to the licensee and began receiving assisted living services on December 13, 2021. R1's diagnoses included history of cerebral vascular accident in 2009, ulcerative colitis, bipolar type schizoaffective disorder, generalized anxiety disorder, and heart failure. R1's Service Plan, dated December 13, 2023, indicated R1 received medication administration, housekeeping, meal preparation, laundry, shopping, and behavioral management. R2 R2 was admitted to the licensee and began receiving assisted living services on August 3, 2022. R2's diagnoses included schizophrenia, traumatic brain injury, and chronic obstructive pulmonary disease. R2's Service Plan, dated September 10, 2024, indicated R2 received medication administration,	01760		

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01760	Continued From page 31 housekeeping, meal preparation, laundry, shopping, and behavioral management. DOCUMENTATION OF INJECTION ADMINISTRATION R2's Medication Administration Record (MAR), dated September 2024, indicated R2 received Vivitrol 380 milligram (mg) vial diluent suspension injected intramuscular (IM) once monthly. Instructions on the MAR indicated "call RN (registered nurse) to give shot monthly". On September 28, 2024, initials on the MAR indicated the injection was administered by unlicensed personnel (ULP)-E. R2's MAR, dated August 2024, included initials on August 28 that indicated the injection was administered by ULP-F. On October 2, 2024, at 12:40 p.m., ULP-E stated they had put their initials on the MAR for R2's injection, but they had never administered the injection. ULP-E stated they had brought the supplies and medication from the medication room to licensed assisted living director/ clinical nurse supervisor (LALD/CNS)-A; then LALD/CNS-A administered the injection for R2. ULP-E stated they signed off on the MAR because they obtained the medication and supplies, then verified them with the MAR before giving them to LALD/CNS-A. On October 2, 2024, at 3:00 p.m., LALD/CNS-A stated they administered R2's Vivitrol injection monthly. The surveyor asked LALD/CNS-A why the ULPs had signed off as administering the injection in August and September. LALD/CNS-A stated they had asked the ULPs to include in their notes that LALD/CNS-A had been there and administered the injection. LALD/CNS-A stated	01760		

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01760	Continued From page 32 they should have signed off on the MAR that they administered the injections. MEDICATION NOT ADMINISTERED BUT DOCUMENTED AS ADMINISTERED R2's MAR dated October 2024, indicated the following medications were to be administered at 8:00 a.m., daily: - desmopressin acetate 0.2 mg one tablet by mouth; - benztropine mesylate 0.5 mg one tablet by mouth; - Mucinex extended release (ER) 600 mg two tablets by mouth; - paroxetine hydrochloride (hcl) 30 mg one tablet by mouth; - risperidone 1 mg one tablet by mouth; - polyethylene glycol 3350 mix 17 grams with 8 ounces of liquid and drink; - Incruse Ellipta 62.5 microgram (mcg) inhaler inhale one actuation; - Brovana 15 mcg per 2 milliliter (ml) vial for nebulizer administration; - budesonide 0.5 mg per 2 ml suspension for nebulizer administration; and - albuterol sulfate 0.63 mg per 3 ml solution for nebulizer administration. On October 1, 2024, at 9:59 a.m., the surveyor observed ULP-B prepare and administer the following medications for R2: - desmopressin acetate 0.2 mg one tablet by mouth; - benztropine mesylate 0.5 mg one tablet by mouth; - Mucinex ER 600 mg two tablets by mouth; - risperidone 1 mg one tablet by mouth; - Incruse Ellipta 62.5 mcg inhaler; - Brovana 15 mcg per 2 ml vial for nebulizer	01760		

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01760	Continued From page 33 administration; - budesonide 0.5 mg per 2 ml suspension for nebulizer administration; and - albuterol sulfate 0.63 mg per 3 ml solution for nebulizer administration. The following medications were not included in medications administered to R2: - paroxetine hcl 30 mg one tablet by mouth; and - polyethylene glycol 3350 mix 17 grams with 8 ounces of liquid and drink by mouth. R2's MAR, dated October 1, 2024, included ULP-B's initials on the following medications 8:00 a.m., dose indicating they had administered the medications to R2: - desmopressin acetate 0.2 mg one tablet by mouth; - benztropine mesylate 0.5 mg one tablet by mouth; - Mucinex ER 600 mg twelve-hour tablet two tablets by mouth; - paroxetine hcl 30 mg one tablet by mouth; - risperidone 1 mg one tablet by mouth; - Incruse Ellipta 62.5 mcg inhaler; - Brovana 15 mcg per 2 ml vial for nebulizer administration; - budesonide 0.5 mg per 2 ml suspension for nebulizer administration; and - albuterol sulfate 0.63 mg per 3 ml solution for nebulizer administration. ULP-B documented on the October MAR the polyethylene glycol 3350 was on hold on October 1, 2024. R2's progress notes documented by ULP-B on October 1, 2024, did not indicate why the polyethylene glycol was not administered. R2's MAR, dated September 2024, indicated paroxetine hcl 30 mg one tablet daily was	01760		

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01760	Continued From page 34 administered at 8:00 a.m., every day from September 1 to September 30. The same ULP that administered all 8:00 a.m. medications also signed off that they administered the paroxetine hcl 30 mg each day. A different ULP signed off that they administered medications scheduled for 8:00 p.m. each day. On September 30, 2024, at 11:26 a.m., the surveyor observed the medication storage area. R2's medication bubble packs set up by the pharmacy included packs for morning and bedtime. The morning bubble packs included: - desmopressin acetate 0.2 mg one tablet; - risperidone 1 mg one tablet; and - Mucinex ER 600 mg twos tablets. The bedtime bubble packs included: - paroxetine hcl 30 mg one tablet; - benztropine mesylate 0.5 mg one tablet; - divalproex 125 mg three capsules; - tamsulosin hcl 0.4 mg one capsule; - mirtazapine 7.5 mg one tablet; - quetiapine fumarate 25 mg one tablet; and - Mucinex ER 600 mg two tablets. On October 2, 2024, LALD/CNS-A stated they were not aware the medications packaged in the bubble pack doses from the pharmacy did not match the times of medication administration on the MAR. LALD/CNS-A stated the ULPs had not brought it to their attention, and they had not noticed when they checked in the medications from the pharmacy. MEDICATIONS PRESCRIBED BUT NOT AVAILABLE FOR ADMINISTRATION R1	01760		

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01760	Continued From page 35 R1's Physician Orders dated September 26, 2024, indicated the following orders for R1: - Rena-vite 1 mg one tablet by mouth once daily; - vitamin D3 1000 IU 25 mcg one tablet by mouth daily; - famotidine 40 mg per 5 ml suspension take 5 ml by mouth daily; - haloperidol deaconate 50 mg per ml inject 0.5 ml IM every four weeks; - divalproex delayed release (DR) 125 mg one capsule by mouth twice daily in the morning and afternoon; - buspirone hcl 5 mg one tablet by mouth three times daily; - divalproex DR 125 mg two capsules every night at bedtime; - quetiapine fumarate 25 mg one tablet by mouth daily as needed for agitation; - acetaminophen 160 mg per 5 ml liquid take 15.625 ml by mouth every six hours as needed for fever or mild pain; - zinc oxide 20% ointment applied topically three times daily as needed for dry skin or irritation; and - Eucerin original lotion applied as needed to irritated skin. On September 30, 2024, at 11:24 a.m., during the facility tour, the surveyor observed the medication storage area with LALD/CNS-A. R1's medications did not include a supply of the following medications: - quetiapine fumarate 25 mg one tablet by mouth daily as needed for agitation; and - acetaminophen 160 mg per 5 ml liquid take 15.625 ml by mouth every six hours as needed for fever or mild pain. On September 30, 2024, at 10:15 a.m., the surveyor arrived at the facility for survey. ULP-B answered the door and asked the surveyor to wait	01760		

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01760	Continued From page 36 in the living room for LALD/CNS-A and HM-C to arrive. The surveyor heard R1 yelling inaudible sounds from their bedroom down the hallway from the living room. HM-C arrived at 10:38 a.m. and assisted the surveyor to set up in the lower level. During the time prior to HM-C's arrival ULP-B was assisting R2 with breakfast in the dining room. R1 continued to yell from their room. ULP-B went into R1's bedroom several times and talked with them during this time. On September 30, 2024, at 11:34 a.m., during a tour of the facility, the surveyor observed R1 in bed in their room. R1 was pleasant upon introduction but then told the surveyor the house was not safe, and we should all be afraid for our lives. On September 30, 2024, at 12:37 p.m., the surveyor and ULP-B were in the dining room and heard R1 yelling inaudible sounds from her bedroom. ULP-B loudly stated they were on their way to help and R1 stopped yelling. ULP-B finished what they were doing in helping R2 get a glass of milk and at 12:39 p.m., ULP-B went into R1's bedroom. R1 stated they were scared because there was a package in the house that was sent there to kill her. ULP-B reassured R1 there was no such package and that they were going to be okay. On October 1, 2024, at 10:22 a.m., the surveyor asked ULP-B if R1 had any additional medications they could take when they were agitated or yelling like the day before. ULP-B stated, "no, she doesn't have anything". On October 2, 2024, at 3:00 p.m., LALD/CNS-A stated R1 did have an order for quetiapine when needed for agitation. The surveyor asked why it	01760		

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01760	Continued From page 37 was not used when R1 was upset, paranoid, or yelling. LALD/CNS-A stated when R1 was at the point of agitation to need the medication they would refuse any medication, so they did not try to offer it. On October 2, 2024, at 3:56 p.m., LALD/CNS-A checked the medication supply in the medication room and verified licensee did not have the following medications available for administration for R1 but stated they should have them in supply and attempt to use them when indicated: - quetiapine fumarate 25 mg one tablet by mouth daily as needed for agitation; and - acetaminophen 160 mg per 5 ml liquid take 15.625 ml by mouth every six hours as needed for fever or mild pain. R2 R2's Physician Orders dated September 13, 2023, indicated the following orders for R2: - Vivitrol 380 mg vial inject four ml IM every four weeks; - azithromycin 250 mg one tablet by mouth every Monday, Wednesday, and Friday morning; - polyethylene glycol 3350 mix 17 grams with 8 ounces of liquid and drink by mouth once daily; - Ensure liquid chocolate flavored one 237 ml bottle by mouth daily with dinner; - desmopressin acetate 0.2 mg one tablet by mouth daily; - risperidone 1 mg one tablet by mouth daily; - paroxetine hcl 30 mg one tablet by mouth once daily; - mucus relief 600 mg twelve-hour tablet one tablet by mouth daily; - benztropine mesylate 0.5 mg one tablet by mouth two times daily; - divalproex 125 mg three capsules by mouth once daily;	01760		

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	37505	A. BUILDING: _____ B. WING _____	10/03/2024

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01760	Continued From page 38 - tamsulosin hcl 0.4 mg one capsule by mouth once daily; - mirtazapine 7.5 mg one tablet by mouth every night at bedtime; - quetiapine fumarate 25 mg one tablet by mouth every night at bedtime; - albuterol sulfate hydrofluoroalkane (HFA) 108 mcg per actuation two puffs every four hours as needed for shortness of breath; - hydroxyzine hcl 50 mg one tablet by mouth twice daily as needed for agitation and insomnia; - melatonin 3 mg two tablets by mouth as needed for insomnia; and - triamcinolone 0.1 percent (%) applied twice daily as needed for itchy forearms and arms. On October 2, 2024, at 3:56 p.m., LALD/CNS-A checked the medication supply in the medication room and verified licensee did not have the following medications available for administration for R2: - albuterol sulfate HFA 108 mcg per actuation two puffs every four hours as needed for shortness of breath; - hydroxyzine hcl 50 mg one tablet by mouth twice daily as needed for agitation and insomnia; and - melatonin 3 mg two tablets by mouth as needed for insomnia. CRUSHED MEDICATIONS ADMINISTERED TO R2 On October 1, 2024, at 9:59 a.m., the surveyor observed ULP-B obtain the following medications from the medication room for R2's morning medication pass: - benztropine mesylate 0.5 mg one tablet; - desmopressin acetate 0.2 mg one tablet; - Mucinex ER 600 mg two tablets; - risperidone 1mg one tablet;	01760		

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01760	Continued From page 39 - Incruse Ellipta 62.5 microgram (mcg) inhaler; - Brovana 15 mcg per 2 ml vial for nebulizer administration; - budesonide 0.5 mg per 2 ml suspension for nebulizer administration; and - albuterol sulfate 0.63 mg per 3 ml solution for nebulizer administration. ULP-B put the following medications into a plastic cup and used a pill crusher to pulverize them into powder: - benztropine mesylate 0.5 mg one tablet; - desmopressin acetate 0.2 mg one tablet; - Mucinex ER 600 mg two tablets; and - risperidone 1mg one tablet. ULP-B mixed the crushed medications with one full single serve container of applesauce and gave it to R2 to eat. ULP-B did tell R2 the applesauce contained their medications. Over the next two hours, R2 ate the applesauce with the rest of their breakfast finishing everything at 11:50 a.m. The surveyor observed R2's MAR did not contain any notes that medications should be crushed. On October 1, 2024, at 3:06 p.m., ULP-B stated they had always crushed everyone's medications at the facility. On October 2, 2024, at 3:00 p.m., LALD/CNS-A stated R2's medications should not be crushed. LALD/CNS-A stated they recalled having staff crush them at one point because R2 was slow with taking them, but current direction was not to crush them. Mucinex manufacturer instructions, dated September 2023, indicated Mucinex 600 mg	01760		

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01760	Continued From page 40 tablets should not be crushed, chewed, or broken and should be taken with a full glass of water. Risperidone manufacturer instructions, dated June 15, 2023, indicated risperidone tablets quickly dissolve and can be swallowed with or without liquid. Risperidone should not be chewed or crushed. The licensee's Medication Documentation policy dated August 1, 2021, indicated each medication administered by facility staff would be documented in the resident's clinical record. Documentation would be complete, accurate and legible to include the resident's name, medication name, dosage, route, date and time of administration, and the signature and title of staff administering the medication. When administration of medications was not completed staff would document the reason why the medication was not administered, follow up procedures to meet the resident's needs, appropriate notification to RN, what the RN instructed regarding missed dosages, and complete a medication error report, if appropriate. The licensee's Medication Supply policy, dated August 1, 2021, indicated licensee would work with the resident's representative, prescriber, pharmacy, and insurance company to provide the appropriate supply of medications as prescribed. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760		
01830 SS=D	144G.71 Subd. 14 Renewal of prescriptions	01830		

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01830	Continued From page 41 Prescriptions must be renewed at least every 12 months or more frequently as indicated by the assessment in subdivision 2. Prescriptions for controlled substances must comply with chapter 152. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure prescriptions were renewed at least every twelve months for one of two residents (R2). 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). The findings include: R2 was admitted to the licensee and began receiving assisted living services on August 3, 2022. R2's diagnoses included schizophrenia, traumatic brain injury, and chronic obstructive pulmonary disease. R2's Service Plan, dated September 10, 2024, indicated R2 received medication administration, housekeeping, meal preparation, laundry, shopping, and behavioral management. R2's Physician Orders dated September 13, 2023, indicated the following orders for R2:	01830		

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01830	Continued From page 42 - Vivitrol 380 milligram (mg) vial inject four milliliters (ml) by intramuscular (IM) route every four weeks; - azithromycin 250 mg one tablet by mouth every Monday, Wednesday, and Friday morning; - polyethylene glycol 3350 mix 17 grams with 8 ounces of liquid and drink by mouth once daily; - Ensure liquid chocolate flavor one 237 ml bottle by mouth daily with dinner; - desmopressin acetate 0.2 mg one tablet by mouth daily; - risperidone 1 mg one tablet by mouth daily; - paroxetine hydrochloride (hcl) 30 mg one tablet by mouth once daily; - mucus relief 600 mg twelve-hour tablet one tablet by mouth daily; - benztropine mesylate 0.5 mg one tablet by mouth two times daily; - divalproex 125 mg three capsules by mouth once daily; - tamsulosin hcl 0.4 mg one capsule by mouth once daily; - mirtazapine 7.5 mg one tablet by mouth every night at bedtime; - quetiapine fumarate 25 mg one tablet by mouth every night at bedtime; - albuterol sulfate hydrofluoroalkane (HFA) 108 micrograms (mcg) per actuation two puffs every four hours as needed for shortness of breath; - hydroxyzine hcl 50 mg one tablet by mouth twice daily as needed for agitation and insomnia; - melatonin 3 mg two tablets by mouth as needed for insomnia; and - triamcinolone 0.1 percent (%) applied twice daily as needed for itchy forearms and arms. R2's record lacked renewal of the above orders on or before September 13, 2024. R2's Standing Orders dated September 14, 2023,	01830		

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01830	Continued From page 43 indicated the following orders for R2: - may be given annual flu (influenza) vaccine if not allergic to eggs; - obtain a urinalysis for increased incontinence, urinary frequency, altered mental status, confusion, delirium, sudden onset of weakness, falls without medical reason, and burning with urination; - cetirizine as needed for allergies; - cold packs as needed for sprains, bumps, contusions; - over the counter (OTC) antacid 15 ml by mouth every four hours as needed for heartburn or epigastric distress; - acetaminophen 650 mg tablet by mouth or rectal suppository every four hours as needed for temperature over 99.9 degrees or pain; - OTC cough syrup one to two teaspoons after four hours as needed for cough; - OTC antidiarrheal medication by mouth after each loose stool as needed and notify physician if diarrhea persists for longer than 48 hours; - Milk of Magnesia 30 ml or OTC laxative by mouth every day as needed for constipation; - antibiotic ointment and dressing to minor cuts and scrapes; and - transparent dressing to skin tears or abrasions. R2's record lacked renewal of the above orders on or before September 14, 2024. On October 1, 2024, at 10:40 a.m., licensed assisted living director/ clinical nurse supervisor (LALD/CNS)-A stated they were aware orders were required to be renewed at least every twelve months. LALD/CNS-A stated they brought a document containing requested annual physician orders for R2 to their primary physician's clinic approximately two weeks ago. LALD/CNS-A stated they were waiting to hear back from the	01830		

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01830	Continued From page 44 clinic that the orders were signed and ready to be picked up. LALD/CNS-A stated they did not retain a copy of the orders and they had not contacted the clinic since the orders were delivered to inquire if the physician received them or when they would be ready. LALD/CNS-A stated they did not have a tracking system for getting signed orders back and when additional follow up would be needed with the physician. The licensee's Medication Orders policy, dated August 1, 2021, indicated written or electronically recorded orders from an authorized prescriber would be obtained for all prescribed medications managed for the resident. The policy indicated all orders would be renewed at least every twelve months or as required by the physician, RN assessment, and/ or regulation. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01830		
01880 SS=F	144G.71 Subd. 19 Storage of medications An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to store all medications in a securely locked location for two of two residents (R1, R2).	01880		

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01880	Continued From page 45 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: R1 R1 was admitted to the licensee and began receiving assisted living services on December 13, 2021. R1's diagnoses included history of cerebral vascular accident in 2009, ulcerative colitis, bipolar type schizoaffective disorder, generalized anxiety disorder, and heart failure. R1's Service Plan, dated December 13, 2023, indicated R1 received medication administration, housekeeping, meal preparation, laundry, shopping, and behavioral management. R1's Medication Assessment and Plan portion of Resident Evaluation, dated December 14, 2021, indicated all R1's medications would be stored in a locked cabinet. R1's Nurse Reassessment Visit, dated September 7, 2024, indicated the medication plan had been reviewed and no changes were needed, this indicated direction to maintain locked storage of R1's medications were still correct, and no other direction was provided in the record. On September 30, 2024, at 11:21 a.m., during a	01880		

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01880	Continued From page 46 tour of the facility, the surveyor observed a bin on R1's dresser in their room. The bin contained one tube of mupirocin ointment usp (The United States Pharmacopeia - National Formulary) 2 percent (%), one tube of miconazole nitrate ointment, and two tubes of econazole nitrate cream. On October 2, 2024, at 3:00 p.m., licensed assisted living director/ clinical nurse supervisor (LALD/CNS)-A stated they were not aware R1's topical medications were not in the locked medication room. LALD/CNS-A stated R1's topical medications should be okay to be stored in R1's room because R1 could not physically access them on their own. LALD/CNS-A confirmed the medication plan direction was to keep them stored in the locked medication room and a formal assessment would need to be completed to determine the safety of keeping them in R1's room. R2 R2 was admitted to the licensee and began receiving assisted living services on August 3, 2022. R2's diagnoses included schizophrenia, traumatic brain injury, and chronic obstructive pulmonary disease. R2's Service Plan, dated September 10, 2024, indicated R2 received medication administration, housekeeping, meal preparation, laundry, shopping, and behavioral management. On October 1, 2024, at 9:59 a.m., the surveyor observed ULP-B obtain the following medications from the medication room for R2's morning medication pass:	01880		

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01880	Continued From page 47 - benztropine mesylate 0.5 mg one tablet; - desmopressin acetate 0.2 mg one tablet; - Mucinex 600 mg two tablets; - risperidone 1mg one tablet; - Incruse Ellipta 62.5 microgram (mcg) inhaler; - Brovana 15 mcg per 2 ml vial for nebulizer administration; - budesonide 0.5 mg per 2 ml suspension for nebulizer administration; and - albuterol sulfate 0.63 mg per 3 ml solution for nebulizer administration. ULP-B prepared and administered the oral medications and set the Incruse Ellipta inhaler, Brovana vial, budesonide suspension, and albuterol sulfate solution on the kitchen counter. On October 1, 2024, at 11:54 a.m., after R2 finished eating their breakfast, the surveyor observed ULP-B administer the Incruse Ellipta inhaler that had been setting on the kitchen counter for close to two hours. ULP-B set the Incruse Elipta inhaler back on the counter, then the administered the Brovana suspension via nebulizer at 11:58 a.m., the vial of albuterol sulfate solution via nebulizer at 12:05 p.m., and the budesonide suspension at 12:22 p.m. On October 1, 2024, at 12:29 p.m., the surveyor observed ULP-B pick up the Incruse Ellipta inhaler from the kitchen counter, take it downstairs to the medication room, and lock it in the file cabinet where the medications were stored. R2's nebulizer medications were not secured for two hours and Incruse Ellipta was not secured for two hours and twenty minutes. During the time R2's medications were on the kitchen counter ULP-B was not in the vicinity of the medications. ULP-B went into R1's room several times. On two	01880		

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01880	Continued From page 48 separate occastions, R2 got up and walked to the kitchen counter, picked up the medications, looked at them, and put them back down. Others in the vicinity of the unattended medications were house manager (HM)-C who was in the kitchen doing repair on the dishwasher, LALD/CNS-A who was in and out of the house, and care coordinator (CC)-D who arrived at the house around 12:10 p.m., and stood in the kitchen area. On October 2, 2024, at 3:00 p.m., LALD/CNS-A stated R2's medications should be kept in the secured storage area until they are ready to be administered. The licensee's policy Storage/ Control of Medications dated August 1, 2021, indicated all prescription medications would be stored in a secured medication cabinet and only authorized personnel would have access to the stored medications. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01880		
01940 SS=D	144G.72 Subd. 3 Individualized treatment or therapy managemen For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must	01940		

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01940	Continued From page 49 contain at least the following: (1) a statement of the type of services that will be provided; (2) documentation of specific resident instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to include a written statement of treatment or therapy services that would be provided in the service plan and failed to develop and implement a treatment or therapy management plan to include all required content for one of one resident (R1). 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	01940		

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01940	Continued From page 50 situation has occurred only occasionally). The findings include: R1 was admitted to the licensee and began receiving assisted living services on December 13, 2021. R1's diagnoses included history of cerebral vascular accident in 2009, ulcerative colitis, bipolar type schizoaffective disorder, generalized anxiety disorder, and heart failure. R1's Service Plan, dated December 13, 2023, indicated R1 received medication administration, housekeeping, meal preparation, laundry, shopping, and behavioral management. R1's Service Plan lacked inclusion that treatment services would be provided. On October 1, 2024, at 1:45 p.m., the surveyor observed unlicensed personnel (ULP)-B empty R1's ileostomy bag (a pouch attached to an opening in the abdominal wall (stoma) to catch stool drainage) and clean the bag with pre-moistened wipes. On October 1, 2024, at 3:06 p.m., ULP-B stated they checked and emptied R1's ileostomy bag every few hours or usually a couple times during their twelve-hour shift. ULP-B stated they changed the bag if it was started coming off R1's skin, was leaking, or the medication administration record (MAR) alerted them to change it. R1 did not have a specific treatment and/or therapy management plan. R1's record failed to include: - a statement of the type of services that would be	01940		

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	37505	A. BUILDING: _____ B. WING _____	10/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOPCARE HEALTH SERVICES LLC	7225 KYLE AVENUE NORTH BROOKLYN CENTER, MN 55429

(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
01940	Continued From page 51 provided; - documentation of specific resident instructions relating to the treatment or therapy administration; and - any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. On October 2, 2024, at 3:00 p.m., licensed assisted living director/ clinical nurse supervisor (LALD/CNS)- A stated they thought the ostomy bag cares and changes were included in R1's Service Plan. LALD/CNS-A reviewed the Service Plan and verified it did not include the ostomy care or changes. LALD/CNS-A stated they thought the treatment assessment and management plan was included in the admission assessment. LALD/CNS-A reviewed the admission assessment and stated it did not include detailed information about the ostomy cares. R1's Resident Evaluation, dated December 14, 2021, indicated current treatments included ileostomy bag changes but lacked additional detailed information. The licensee's Treatment and Therapy Management policy dated August 1, 2021, indicated the registered nurse (RN) would prepare an individualized treatment or therapy management plan for each resident that received prescribed treatments. The plan would address the following: - type of service to be provided; - procedures for documenting treatments or therapies;	01940		

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01940	Continued From page 52 - procedures for monitoring treatments or therapies to prevent possible complications or adverse reactions; - identification of treatment or therapy tasks delegated to unlicensed personnel; and - procedures for notifying the RN or licensed health professional when a problem arises related to the treatment or therapy service. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01940		
01950 SS=D	144G.72 Subd. 4 Administration of treatments and therapy Ordered or prescribed treatments or therapies must be administered by a nurse, physician, or other licensed health professional authorized to perform the treatment or therapy, or may be delegated or assigned to unlicensed personnel by the licensed health professional according to the appropriate practice standards for delegation or assignment. When administration of a treatment or therapy is delegated or assigned to unlicensed personnel, the facility must ensure that the registered nurse or authorized licensed health professional has: (1) instructed the unlicensed personnel in the proper methods with respect to each resident and the unlicensed personnel has demonstrated the ability to competently follow the procedures; (2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's record; and This MN Requirement is not met as evidenced by:	01950		

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01950	Continued From page 53 Based on observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) provided specific written instructions for each resident's treatment and documented those instructions in the resident's record for one of one resident with a treatment (R1). 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). The findings include: R1 was admitted to the licensee and began receiving assisted living services on December 13, 2021. R1's diagnoses included bipolar type schizoaffective disorder, generalized anxiety disorder, heart failure, and insomnia. R1's Service Plan, dated December 13, 2023, indicated R1 received medication administration, housekeeping, meal preparation, laundry, shopping, and behavioral management. On October 1, 2024, at 1:00 p.m., the surveyor observed ULP-B empty and clean R1's ileostomy bag (a pouch attached to an opening in the abdominal wall (stoma) to catch stool (feces) drainage). R1 was laying in their bed on their back with the head of bed elevated to about thirty degrees. ULP-B washed their hands, applied	01950		

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01950	Continued From page 54 gloves, gathered supplies including a plastic cylinder and container of premoistened wipes. ULP-B removed the clip holding the ileostomy bag closed and emptied the feces into the plastic cylinder. ULP-B used the wipes to clean the part of the inside of the ileostomy bag that was within reach from the bag opening. ULP-B wiped the outside of the bag and R1's skin around the area the bag was attached. The surveyor observed the bag to be securely attached to R1's abdomen with no visible redness or skin irritation noted. ULP-B used the ileostomy clip to close the bag when the task was completed, emptied the cylinder in the toilet, cleaned the cylinder, removed gloves, and washed their hands. On October 1, 2024, at 3:06 p.m., ULP-B stated licensed assisted living director/ clinical nurse supervisor (LALD/CNS)-A showed them how to empty and change R1's ileostomy bag. ULP-B stated they watched LALD/CNS-A perform the task and LALD/CNS-A observed them perform the task. ULP-B stated they changed the bag if it was leaking, or the medication administration record (MAR) alerted them to change it. ULP-B stated they checked and emptied the bag every few hours or usually a couple times per twelve-hour shift. If they had a question or concern, they would contact LALD/CNS-A by phone. When asked where they would find specific instructions for changing or emptying the ileostomy bag, ULP-B stated they would look at the MAR. R1's MAR, dated October 2024, indicated a scheduled task for colostomy bag change every three to four days. The task was scheduled every three days at 2:00 p.m. The instructions on the MAR indicated "change the colostomy bag every 3-4 days and as needed, call RN to assist change	01950		

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01950	Continued From page 55 the bag". R1's Interagency Referral Form, dated December 10, 2021, indicated an ileostomy was placed in R1's right lower abdominal quadrant on October 27, 2021. The referral form included discharge orders that were electronically signed by the physician and indicated an order for ostomy supply of Hollister one-piece drainable ostomy pouches twenty pouches per month to be changed every two to three days and indicated that the supplies would be needed for R1's lifetime. R1's Physician Orders, dated September 26, 2024, indicated "ostomy cares" should be provided three to four times daily and as needed. The orders lacked direction for frequency of changing the ostomy bag. On October 2, 2024, at 3:00 p.m., LALD/CNS-A stated they showed new employees how to empty and change the ileostomy bag and watched the employee demonstrate the task to ensure their competency. LALD/CNS-A stated they did not have specific detailed written instructions for the employees on how to perform the task. The licensee's Treatment and Therapy Management policy, dated August 1, 2021, indicated if the registered nurse delegates treatments or therapies, the RN would monitor and evaluate its effectiveness on a regular basis. The licensee's Delegation of Assisted Living Tasks policy, dated August 1, 2021, indicated the RN was responsible for appropriately delegating tasks to employees who are competent and possess the knowledge and skills consistent with the complexity of the tasks. The RN may delegate	01950		

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01950	Continued From page 56 procedures when the following have been completed: - the RN has instructed the employee in the proper methods to perform the procedure with respect to each resident; - the RN provided the employee with written instructions specific to the resident; - the employee demonstrated competence in the procedure; - the procedure is documented in the resident's record; and - the employee's competence is documented in their personnel file. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01950		
01970 SS=D	144G.72 Subd. 6 Treatment and therapy orders There must be an up-to-date written or electronically recorded order from an authorized prescriber for all treatments and therapies. The order must contain the name of the resident, a description of the treatment or therapy to be provided, and the frequency, duration, and other information needed to administer the treatment or therapy. Treatment and therapy orders must be renewed at least every 12 months. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure up-to-date written or electronically recorded prescriber's orders were maintained for one of two residents who received treatments or therapy services (R1).	01970		

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01970	Continued From page 57 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: R1 was admitted to the licensee and began receiving assisted living services on December 13, 2021. R1's diagnoses included history of cerebral vascular accident in 2009, ulcerative colitis, bipolar type schizoaffective disorder, generalized anxiety disorder, and heart failure. R1's Service Plan, dated December 13, 2023, indicated R1 received medication administration, housekeeping, meal preparation, laundry, shopping, and behavioral management. R1's Medication Administration Record (MAR) dated September 2024 indicated R1 received ostomy bag (a pouch attached to an opening in the abdominal wall (stoma) to catch stool (feces) drainage) changes every three to four days and as needed. Employees documented changing the ostomy bag on September 1, 3, 4, 5, 7, 10, 13, 16, 17, 19, 22, 24, 25, 26, 28, and 30, 2024. R1's Physician Orders, dated September 26, 2024, indicated "ostomy cares" should be provided three to four times daily and as needed. The orders lacked direction for frequency of changing the ostomy bag.	01970		

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01970	Continued From page 58 On October 2, 2024, at 3:00 p.m., the surveyor requested current orders for ostomy bag changes for R1. LALD/CNS-A stated there was an order for bag changes and it should be included on R1's annual physician orders. LALD/CNS-A reviewed the order and verified the current order was only for emptying the colostomy bag and not changing it. LALD/CNS-A stated they had transcribed the order currently on the MAR from an order for the ostomy bag to be changed every three to four days. When asked how the ULP determined if it should be changed on day three or day four, LALD/CNS-A stated the ostomy bag usually started leaking and needed to be changed before day three, but that it could go until day four if the bag was still intact. LALD/CNS-A stated they should have a current order for changing the ostomy bag every three to four days and if they were able to locate the order they would email it to the surveyor. On October 3, 2024, at 4:11 p.m., LALD/CNS-A sent an email to the surveyor that indicated R1's ostomy change order was included on page three of an attached document. The attached document was R1's hospital discharge orders from when R1 moved into the facility on December 13, 2021. R1's Interagency Referral Form, dated December 10, 2021, indicated an ileostomy was placed in R1's right lower abdominal quadrant on October 27, 2021. The referral form included discharge orders that were electronically signed by the physician and indicated an order for ostomy supply of Hollister one-piece drainable ostomy pouches twenty pouches per month to be changed every two to three days and indicated that the supplies would be needed for R1's lifetime.	01970		

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01970	Continued From page 59 The licensee's Treatment and Therapy Management policy, dated August 1, 2021, indicated the registered nurse would obtain orders for all treatments and therapies. The order would include the resident's name, description of the treatment or therapy to be provided, the frequency, and any other pertinent information. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01970		
02310 SS=I	144G.91 Subd. 4 (a) Appropriate care and services (a) Residents have the right to care and assisted living services that are appropriate based on the resident's needs and according to an up-to-date service plan subject to accepted health care standards. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to provide care and services according to acceptable health care, medical or nursing standards for one of one resident (R1) who utilized bed rails. 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	02310	During the survey, the licensee took action to mitigate the immediate risk. However, noncompliance remained, and the scope and level remain unchanged.	

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02310	Continued From page 60 portion or all of the residents). The findings include: R1 was admitted to the licensee and began receiving assisted living services on December 14, 2021. R1's diagnoses included bipolar type schizoaffective disorder, general anxiety disorder, insomnia, altered mental status, gastroesophageal reflux disease, and ulcerative colitis. R1's Service Plan revision signed December 13, 2023, indicated R1 received assistance with medication set up, medication administration, behavior management, meal preparation, laundry, shopping, and housekeeping. On September 30, 2024, at 11:21 a.m., during a facility tour, the surveyor observed R1's bed had bilateral (two sides) quarter rail hospital style bed rails located at the head of the hospital bed. The bed rails were firmly attached to the bed. R1's ongoing assessment dated September 7, 2024, indicated R1 was dependent with all mobility and that they used a wheelchair. The assessment included the following under equipment: wheelchair, blood pressure machine, and colostomy bag. The assessment did not include a bed rail assessment portion and did not mention the bed rails. The assessment indicated safety concerns with agitation and physical aggression. The assessment indicated R1 had one fall since the previous assessment and that it was a fall from bed. R1's General Event Report, dated September 5,	02310		

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02310	Continued From page 61 2024, indicated at 10:06 p.m., staff had completed a safety check for R1 and walked to the kitchen to get a glass of water for R1. While they were in the kitchen staff heard a loud noise from R1's room. Upon returning to R1's room, staff found R1 on the floor calling for help. The report indicated 911 was called to assess and assisted R1 back to bed. The General Event Report lacked mention of bed rails. R1's most recent bed rail assessment titled Side-Rail Use Assessment Form, dated December 13, 2023, indicated R1 had upper siderails on both sides of the bed that were securely attached and both siderails would be up when R1 was in bed. R1's record lacked: -documentation of R1's cognitive and physical status as they pertain to bed rails to determine the intended purpose for the bed rail and whether R1 was at a high risk for entrapment or falls; -documentation of bed rails for areas of entrapment, stability, and correct installation; -documentation the bed rails were installed, used, and maintained per manufacturer's guidelines; -documentation the licensee explained the risk versus benefits of the bed rail usage with R1 and/or R1's representative; and -documentation of the bed rail measurements. On October 1, 2024, at 11:14 a.m., licensed assisted living director/ clinical nurse supervisor (LALD/CNS)-A stated they completed the Side-Rail Use Assessment Form annually and did not have any other bed rail assessment. LALD/CNS-A stated they had not taken any measurements of R1's bed rails at any time. LALD/CNS-A stated they followed the Side-Rail Use Assessment Form for direction on	02310		

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02310	Continued From page 62 assessment components. On October 1, 2024, at approximately 2:00 p.m., LALD/CNS-A stated R1 had bed rails when they moved into facility. LALD/CNS-A stated R1 had been hospitalized prior to facility admission and they believed physical therapy recommended the bed rails for R1. LALD/CNS-A stated they discussed risks and benefits of bed rails with R1 when they and R1 signed the Side Rail Use Assessment Form on admission and on December 13, 2023. The Food and Drug Administration's (FDA), A Guide to Bed Safety, dated December 11, 2017, indicated following information: "Patients who have problems with memory, sleeping, incontinence, pain, uncontrolled body movement, or who get out of bed and walk unsafely without assistance, must be carefully assessed for the best ways to keep them from harm, such as falling. Assessment by the patient's health care team will help to determine how best to keep the patient safe." The March 10, 2006, FDA Side Rail Entrapment Zones and Dimensional Recommendations indicated to reduce the risk of entrapment, zone 1 (within the rail) should not exceed 4 and 3/4 inches, zone 2 (under the rail, between rail supports or next to a single rail support) should not exceed 4 and 3/4 inches, zone 3 (between the rail and the mattress), should not exceed 4 and 3/4 inches, and zone 4 (under the rail, at the ends of the rail) should not exceed 2 and 3/8 inches or be greater than a 60 degree angle. The Minnesota Department of Health (MDH) document titled Resources & Frequently - Asked Questions (FAQs) dated September 26, 2024,	02310		

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02310	Continued From page 63 read, "To ensure an individual is an appropriate candidate for a bed rail, the licensee must assess the individual's cognitive and physical status as they pertain to the bed rail to determine the intended purpose for the bed rail and whether that person is at high risk for entrapment or falls. This may include assessment of the individual's incontinence needs, pain, uncontrolled body movement or ability to transfer in and out of bed without assistance. The licensee must also consider whether the bed rail has the effect of being an improper restraint. Additionally, the licensee must ensure the bed rail is securely attached to the bed frame per manufacturer guidelines. This includes consideration of any identified contradictions of use such as height/weight restrictions, age, mattress, bed frame set up, etc." In addition, the document read, "Even when bed rails are used according to manufacturer's guidelines, they can present a hazard. The licensee must ensure the resident and/or resident's responsible party has been educated on the risk for injury up to and including death due to entrapment." In reference to frequency of bed rail assessment the document indicated FDA recommended bed rails must be assessed on a "frequent, regular basis." At a minimum this would include assessment of the bed rail upon initial installation, with each 90-day assessment, or with a change of condition. Per Assisted Living Facilities: Minnesota Rules Chapter 4659, 4659.0150, Subp. 2. Uniform assessment tool: assessment tool elements the facility assessment tool must address mobility, including ambulation, transfers, and assistive devices. In addition, the Minnesota Department of Health (MDH) document titled Resources & Frequently -	02310		

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	37505	A. BUILDING: _____ B. WING _____	10/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOPCARE HEALTH SERVICES LLC	7225 KYLE AVENUE NORTH BROOKLYN CENTER, MN 55429

(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
02310	Continued From page 64 Asked Questions (FAQs) dated April 3, 2024, read "If any aspect of patient care is not documented, it is viewed as not having been completed." The licensee's Side Rail Use policy, dated August 1, 2021, indicated the registered nurse would conduct a side rail assessment before implementing side rails for a resident. The assessment would include: -the resident's level of mobility, including bed mobility; -level of consciousness; -level of cognition; -presence of orthostatic hypotension; and -vision. The RN would consider the request of the resident, the resident's legal representative and/or the resident's designated representative request for side rails during the evaluation, discuss alternatives to the use of side rails, obtain a physical therapy evaluation if appropriate, provide education related to side rails, document the purpose of the side rails and the education that was provided, and the resident, resident's legal representative or resident's designated representative would co-sign agreement to the benefits and risks of the side rails. In addition, the RN was responsible to ensure that the side rails in use were of a safe design, properly maintained, consistent with the manufacturer's recommendations, and the need for side rails would be reassessed and documented as needed, but not less than every 90 days. No further information was provided. TIME PERIOD FOR CORRECTION: Immediate	02310		

Environmental Health
Food, Pools, and Lodging
625 Robert St. N
St. Paul
651-201-5000

Type: Full
Date: *09/30/24*
Time: 11:00:00
Report: 1031241270

Food and Beverage Establishment Inspection Report

Location:
Topcare Health Services Llc
7225 Kyle Avenue North
Brooklyn Center, MN55429
Hennepin County, 27

Establishment Info:
ID #: 0038224
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 7632055272
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

4-302.13B ***** Priority 2 *****

MN Rule 4626.0710B Provide a readily accessible, irreversible registering temperature indicator for measuring the utensil surface temperature in mechanical hot water warewashing operations.

ESTABLISHMENT MISSING IRREVERSIBLE MEASURING DEVICE. PROVIDE IRREVERSIBLE MEASURING AND MEASURE UTENSIL TEMPERATURE (160F REQUIRED) AT REGULAR INTERVALS.

Comply By: 10/04/24

4-300 Equipment Numbers and Capacities

4-302.14 ***** Priority 2 *****

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

ESTABLISHMENT DOES NOT HAVE SANITIZER TESTING KIT ON SITE. PURCHASE KIT AND TEST SANI CONCENTRATION (50-200PPM BLEACH, 150-400PPM QUAT)

Comply By: 10/04/24

2-100 Supervision

2-102.12AMN

MN Rule 4626.0033A Employ a certified food protection manager (CFPM) for the establishment.

CFPM holder currently has 4 houses under their certificate. Maximum houses allowed are 2 houses.

Other staff currently working on CFPM certification.

Comply By: 10/01/24

Surface and Equipment Sanitizers

Hot Water: = at 170 Degrees Fahrenheit
Location: Dish Machine
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cold Hold/Milk
Temperature: 37 Degrees Fahrenheit - Location: Refrigerator 1 (kitchen)
Violation Issued: No

Process/Item: Cold Hold/Grapes
Temperature: 37 Degrees Fahrenheit - Location: Refrigerator 2
Violation Issued: No

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

Nurse Evaluator on site: Peggy Anderson

All violations discussed with Tony during the inspection.

NOTES:

- Establishment has a residential kitchen (4626.0506(G)(2)) Same-day service only. No saving and reheating of foods or preparation of foods the day prior to eating. Any remaining food from meals to be removed/discarded at end of day.

- Discontinue use of Lysol or any product you have not tested for chemical concentration with test strips.

- Staff must prepare sanitizer bucket or squirt bottle daily. Check concentration with test strips (50-200ppm Chlorine) when preparing solution. Label the bottle.

- Establishment does not have pasteurized eggs and does not prepare eggs for consumption under 145F. Purchase pasteurized eggs if intending to serve eggs undercooked.

- Make sure to datemark any prepared cold items that are kept in refrigerator.

- Employee food needs to be labeled and separated from residents food.

- Cutting boards should be utilized as food contact surfaces and not counters or plates.

- Establishment needs to check dish washer utensil temperature weekly (160F required). If utensil temp not reaching 160F, use washer to wash/rinse and sink basin with sanitizer solution to sanitize dishes then air dry, as discussed during inspection.

- 2-Comp sink has designated one side of 2-comp sink for handwashing and the teh other for product washing/prep sink.

- When preparing food, make sure to use a thin-probe thermometer to check temperatures.

Type: Full
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Report: 1031241270
Topcare Health Services Llc

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 Environmental Health inspection report number 1031241270 of 09/30/24.

Certified Food Protection Manager: Onyeka T. Osakwe

Certification Number: FM40774 Expires: 07/27/27

Inspection report reviewed with person in charge and emailed.

Signed: _____
Tony Osakwe
Person in Charge

Signed: _____
Chris Foster
Public Health Sanitarian II
Freeman Office Building
651-983-8760
chris.j.foster@state.mn.us