Electronically Delivered

March 2, 2023

Licensee
Restart Inc.
4525 Aldrich Avenue South
Minneapolis, MN 55419

RE: Project Number(s) SL25372015

Dear Licensee:

The Minnesota Department of Health completed an evaluation on January 27, 2023, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the evaluation, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

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

Level 1: no fines or enforcement.
Level 2: a fine of $500 per violation, in addition to any enforcement mechanism authorized in § 144G.20 for widespread violations;
Level 3: a fine of $3,000 per violation per incident, in addition to any enforcement mechanism authorized in § 144G.20.
Level 4: a fine of $5,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20.

In accordance with Minn. Stat. § 144G.20, Subd. 4 (a)(5), the Department of Health imposes fine amounts of either $1,000 or $5,000 to licensees who are found to be responsible for maltreatment.

The Department of Health imposes a fine of $1,000 for each substantiated maltreatment violation that consists of abuse, neglect, or financial exploitation according to Minn. Stat. § 626.5572, Subds. 2, 9, 17. The Department of Health also may impose a fine of $5,000 for each substantiated maltreatment violation consisting of sexual assault, death, or abuse resulting in serious injury.

In accordance with Minn. Stat. § 144G.31, Subd. 4 (a)(5)(b), when a fine is assessed against a facility for substantiated maltreatment, the commissioner shall not also impose an immediate fine under this chapter for the same circumstance.

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

St - 0 - 0110 - 144g.10 Subdivision 1a - Assisted Living Director License Required - $500.00

The total amount you are assessed is $500.00. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

DOCUMENTATION OF ACTION TO COMPLY
Per Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document any action taken to comply with the correction order by the correction order date. A copy of the provider's records documenting those actions may be requested for follow-up evaluations. The licensee is not required to submit a plan of correction for approval.

The correction order documentation should include the following:

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

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

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

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

Please address your cover letter for reconsideration requests to:

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

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

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

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in this letter and the results of this visit with the President of your organization's Governing Body. If you have any questions, please contact me.

Sincerely,

Jess Schoenecker, Supervisor
Health Regulation Division
State Evaluation Team
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Email: Jess.Schoenecker@state.mn.us
Phone: 651-201-3789 Fax: 651-215-9697

JMD

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25372	A. BUILDING: _____ B. WING _____	01/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RESTART INC	4525 ALDRICH AVENUE SOUTH MINNEAPOLIS, MN 55419

(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: SL25372015-0 On January 23, 2023, through January 24, 2023, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were eight (8) active residents receiving services under the Assisted Living license.	0 000	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	
0 110 SS=F	144G.10 Subdivision 1a Assisted living director license required	0 110		

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0 110	Continued From page 1 Each assisted living facility must employ an assisted living director licensed or permitted by the Board of Executives for Long Term Services and Supports.? This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the licensed assisted living director (LALD) was listed as the Director of Record for the licensee with the Board of Executives for Long-Term Services and Support (BELTSS). This had the potential to affect all the licensee's residents, staff and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: During the entrance conference on January 23, 2023, at 9:45 a.m., licensed assisted living director (LALD)-C identified self as director of licensee. LALD-C obtained an assisted living director license on September 30, 2021, with expiration date of October 31, 2023. On January 23, 2023, at 11:20 a.m. the surveyor reviewed the BELTSS website and indicated LALD-C held a current assisted living director license, and an expired shared assisted living director for licensee from March 1, 2022, to October 31, 2022.	0 110		

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0 110	Continued From page 2 LALD-C stated the licensee had another LALD in-charge of day to-day running of licensee businesses who has since resigned. LALD-C also stated they had applied to BELTSS to renew their shared LALD for the licensee. The licensee's Shared Assisted Living Director policy dated August 1, 2021, indicated the licensee will have a shared LALD, but lacked information about updating director of record in BELTSS website. No further information was provided. TIME PERIOD FOR CORRECTION- Twenty-one (21) days	0 110		
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements (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	0 480		

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0 480	Continued From page 3 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 included document titled, Food and Beverage Establishment Inspection Report dated January 23, 2023, for the specific Minnesota Food Code deficiencies. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 480		
0 485 SS=C	144G.41 Subd 1. (13) (i) (A) and (C) Minimum Requirements (13) offer to provide or make available at least the following services to residents: (i) at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The following apply: (A) menus must be prepared at least one week in advance and made available to all residents. The facility must encourage residents' involvement in menu planning. Meal substitutions must be of similar nutritional value if a resident refuses a food that is served. Residents must be informed in advance of menu changes; and (C) the facility cannot require a resident to include and pay for meals in their contract; (ii) weekly housekeeping; (iii) weekly laundry service; This MN Requirement is not met as evidenced by:	0 485		

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0 485	Continued From page 4 Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code, and the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruits and vegetables. This had the potential to affect all residents of the assisted living facility. This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: During the entrance conference on January 23, 2023, at 9:50 a.m., RN-A stated the licensee served three meals per day, served per Minnesota Food Code. On January 23, 2023, at 11:26 a.m., the surveyor observed meal menu posted in the kitchen lacked fresh fruits and vegetables. On January 24, 2023, at 8:06 a.m., the surveyor observed the licensee's residents eat their breakfast. The content of the plates included: hashbrowns, bacon, and eggs, but did not include fresh fruits and vegetables. On January 24, 2023, at 9:30 a.m., R1 stated residents were not offered fruits and vegetables with their meals but occasionally the fruits are available and set on the kitchen counter and anyone could eat if they wanted to.	0 485		

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0 485	Continued From page 5 On January 24, 2023, at 11:03 a.m., house manager/unlicensed personnel (HM/ULP)-F stated oversaw the kitchen and could involve resident preferences in menu writing. HM/ULP-F also stated the licensee included fresh fruits and vegetables in every meal but was out of stock today. HM/ULP-F stated the residents did not like to eat them. No further information provided TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 485		
0 490 SS=F	144G.41 Subd 1 (13) (ii)-(vii) Minimum requirements (iv) upon the request of the resident, provide direct or reasonable assistance with arranging for transportation to medical and social services appointments, shopping, and other recreation, and provide the name of or other identifying information about the persons responsible for providing this assistance; (v) upon the request of the resident, provide reasonable assistance with accessing community resources and social services available in the community, and provide the name of or other identifying information about persons responsible for providing this assistance; (vi) provide culturally sensitive programs; and (vii) have a daily program of social and recreational activities that are based upon individual and group interests, physical, mental, and psychosocial needs, and that creates opportunities for active participation in the community at large; and	0 490		

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0 490	Continued From page 6 This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to have a daily program of social and recreational activities based on individual and group interests, physical, mental, and psychosocial needs, that create opportunities for active participation in the community at large. This had the potential to affect all the residents of the licensee. This practice resulted in a level two violation (a violation that did not harm a client'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: On January 23, 2023, at 9:50 a.m., during the entrance conference, the surveyor requested to see the licensee's daily program of social and recreational activities. On January 23, 2023, at 11:15 a.m., the surveyor did not observe any activities were planned or offered to the residents. Residents remained in their rooms most of the day, and some paced back and forth to the kitchen, outside to smoke, and to their rooms. On January 24, 2023, at 12:05 p.m., licensed assisted living director (LALD)-C stated the licensee had waiver services with county and so was not able to provide recreational activities. On January 24, 2023, at 2:40 p.m., house	0 490		

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0 490	Continued From page 7 manager/unlicensed personnel (HM/ULP)-F stated was in-charge of activities and a calendar of activities was in place, but most residents went to work and when they came back, they were tired and just wanted to remain in their rooms. HM/ULP-F stated the other residents were not interested with the activities offered and so they chose to watch television or remain in their rooms. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 490		
0 660 SS=D	144G.42 Subd. 9 Tuberculosis prevention and control (a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to establish and maintain a	0 660		

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0 660	Continued From page 8 tuberculosis (TB) prevention program based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) which included baseline testing and screening for one of two employees (unlicensed personnel (ULP)-B). 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: The licensee's TB facility risk assessment tool dated July 15, 2021, indicated the licensee had a low risk for TB. ULP-B was hired on June 20, 2022. ULP-B's record included a TB training record dated June 20, 2022. ULP-B's record lacked TB history and symptom screen and baseline screening completed at hire. On January 24, 2023, at 2:30 p.m., during the exit conference, registered nurse (RN)-A stated ULP-B's record lacked a completed TB history and symptom screen and baseline screening completed at hire. RN-A stated she was newly hired and would expect this record to be on file. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 660		

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0 780	Continued From page 9	0 780		
0 780 SS=F	144G.45 Subd. 2 (a) (1) Fire protection and physical environment (a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: (1) for dwellings or sleeping units, as defined in the State Fire Code: (i) provide smoke alarms in each room used for sleeping purposes; (ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms; (iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics; (iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and (v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated; This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide smoke alarms in every room used for sleeping and failed to ensure smoke alarms are interconnected so that the actuation of one alarm causes all alarms in the dwelling to actuate as required. This had the potential to directly affect all residents, staff, and visitors.	0 780		

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0 780	Continued From page 10 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 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 residents). The findings include: On January 24, 2023, between 10:30 a.m. and 12:00 p.m., survey staff toured the facility with the house manager (ULP)-F. During the facility tour, survey staff observed the following: There were no smoke alarms in the alternative sleeping area in bedrooms that had been remodeled from two nuns' chambers into a single occupant bedroom. The spaces in the bedrooms were separated by a deep bulkhead where the wall had been opened. Residents could choose either side as the sleeping area. Both sides of the bedroom maintained an active door. The smoke alarm outside bedroom #1 was more than twelve inches from the ceiling. The smoke alarm in the office area was not interconnected with the rest of the house. ULP-F verbally confirmed survey staff observations during the facility tour. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 780		

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0 810	Continued From page 11	0 810		
0 810 SS=F	144G.45 Subd. 2 (b)-(f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) employee actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill. This MN Requirement is not met as evidenced by:	0 810		

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	25372	A. BUILDING: _____ B. WING _____	01/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RESTART INC	4525 ALDRICH AVENUE SOUTH MINNEAPOLIS, MN 55419

(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
0 810	Continued From page 12 Based on interview and record review, the licensee failed to develop and maintain fire safety and evacuation plans and failed to conduct required employee evacuation drills. This had the potential to affect all current residents, staff, and visitors to the facility. 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 the potential to affect a large portion or all residents). The findings include: During interview on January 24, 2023, at 12:15 p.m., The house manager (ULP)-F stated she had just started in June of 2022 and started doing evacuation drills in July 2022. The licensed assisted living director (LALD)-C stated they had done evacuation drills consistently since August 2021. No record of evacuation drills completed between August 2021 and July 2022 was on-site at the time of the survey. Review of the fire safety policy showed the following: 1. No evacuation documentation on specific procedures for the residents including procedures for their movements, and relocation during a fire or similar emergency. 2. No written instructions for addressing any unique situation during an evacuation, especially for residents who need assistance during an	0 810		

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0 810	Continued From page 13 evacuation. 3. No record of required employee evacuation drills from August 2021 to July 2022. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810		
0 900 SS=F	144G.50 Subdivision 1 Contract required (a) An assisted living facility may not offer or provide housing or assisted living services to any individual unless it has executed a written contract with the resident. (b) The contract must contain all the terms concerning the provision of: (1) housing; (2) assisted living services, whether provided directly by the facility or by management agreement or other agreement; and (3) the resident's service plan, if applicable. (c) A facility must: (1) offer to prospective residents and provide to the Office of Ombudsman for Long-Term Care a complete unsigned copy of its contract; and (2) give a complete copy of any signed contract and any addendums, and all supporting documents and attachments, to the resident promptly after a contract and any addendum has been signed. (d) A contract under this section is a consumer contract under sections 325G.29 to 325G.37. (e) Before or at the time of execution of the contract, the facility must offer the resident the opportunity to identify a designated representative according to subdivision 3. (f) The resident must agree in writing to	0 900		

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0 900	Continued From page 14 any additions or amendments to the contract. Upon agreement between the resident and the facility, a new contract or an addendum to the existing contract must be executed and signed. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop and execute a written assisted living contract with the 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 of the residents). The finding include: R1's diagnosis included organic mental syndrome without disorganization. R1's Resident Agreement Assisted Living Summary of Important Terms document dated July 1, 2022, included a section to be signed and dated by the licensee's representative, resident, or resident's legal representative but was not signed by any parties. R2's diagnoses including diabetes mellitus, history of cerebrovascular accident and seizure disorder. R2's Resident Agreement Assisted Living Summary of Important Terms document dated and signed by R2 June 23, 2022, included a	0 900		

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0 900	Continued From page 15 section to be signed and dated by the licensee's representative but was not signed. On January 24, 2023, licensed assisted living director (LALD)-C stated R1 and R2's Resident Agreement Assisted Living Summary of Important Terms documents were not completed with authentication as required because the licensee was still awaiting on either case workers or legal representatives to complete signing. LALD-C also stated not all resident's resident agreement documents were completed but would not commit to a specific number. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 900		
0 910 SS=C	144G.50 Subd. 2 (a-b) Contract information (a) The contract must include in a conspicuous place and manner on the contract the legal name and the health facility identification of the facility. (b) The contract must include the name, telephone number, and physical mailing address, which may not be a public or private post office box, of: (1) the facility and contracted service provider when applicable; (2) the licensee of the facility; (3) the managing agent of the facility, if applicable; and (4) the authorized agent for the facility. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to execute a written contract with	0 910		

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0 910	Continued From page 16	0 910		

the required content for two of two residents (R1, R2). This had the potential to affect all residents living in the assisted living facility.

This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents).

The findings include:

R1
R1's record included unsigned Resident Agreement for Assisted Living dated July 1, 2022.

R2
R2's record included unsigned Resident Agreement for Assisted Living dated June 23, 2022.

R1 and R2's Resident Agreements for Assisted Living lacked in a conspicuous place and manner on the contract the Health Facility Identification (HFID) number of the facility.

On January 24, 2023, at 2:30 p.m., licensed assisted living director (LALD)-C stated the licensee's current contract listed the license number and not the HFID associated with the facility. LALD-C also stated the licensee was not aware of the requirement to include licensee's HFID number on the resident contract.

No further information was provided.

TIME PERIOD FOR CORRECTION: Twenty-One

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0 910	Continued From page 17 (21) days	0 910		
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 observation, interview, and record review, the licensee failed to ensure a background study was conducted and affiliated to the licensee's health facility identification number (HFID) prior to staff providing services for three of three employees (unlicensed personnel (ULP)-B, ULP-D, 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).	01290		

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01290	Continued From page 18 The findings include: ULP-B On January 24, 2023, at approximately 12:40 p.m., the surveyor observed ULP-B provide meals and beverages to residents. ULP-B began employment with the licensee on June 20, 2022. ULP-B's background study dated August 9, 2022, was affiliated to a corporate license number. ULP-D ULP-D began employment with the licensee on September 18, 2022. ULP-D's background study dated October 9, 2022, was affiliated to a corporate license number. ULP-E ULP-E began employment with the licensee on August 14, 1998. ULP-E's background study dated August 11, 1998. ULP-B, ULP-D, and ULP-E's employee records lacked evidence the licensee affiliated a background study for ULP-B, ULP-D, or ULP-E to the current HFID number. On January 24, 2023, at 12:50 p.m., licensed assisted living director (LALD)-C opened the licensee's online NetStudy 2.0 account and the surveyor observed licensee's roster. ULP-B, ULP-D, and ULP-E had not been affiliated to current HFID number. LALD-C stated the person	01290		

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01290	Continued From page 19 in charge of background studies was best suited to explain how the affiliations were done. The licensee's Background Checks policy dated August 1, 2021, indicated all employees, as well as contractors, and regularly scheduled volunteers of the facility with direct resident contact will undergo a background study. Only those with satisfactory results will continue to work with the facility and its residents. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	01290		
01370 SS=D	144G.61 Subd. 2 (a) Training and evaluation of unlicensed personn (a) Training and competency evaluations for all unlicensed personnel must include the following: (1) documentation requirements for all services provided; (2) reports of changes in the resident's condition to the supervisor designated by the facility; (3) basic infection control, including blood-borne pathogens; (4) maintenance of a clean and safe environment; (5) appropriate and safe techniques in personal hygiene and grooming, including: (i) hair care and bathing; (ii) care of teeth, gums, and oral prosthetic devices; (iii) care and use of hearing aids; and (iv) dressing and assisting with toileting; (6) training on the prevention of falls; (7) standby assistance techniques and how to perform them;	01370		

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01370	Continued From page 20 (8) medication, exercise, and treatment reminders; (9) basic nutrition, meal preparation, food safety, and assistance with eating; (10) preparation of modified diets as ordered by a licensed health professional; (11) communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family; (12) awareness of confidentiality and privacy; (13) understanding appropriate boundaries between staff and residents and the resident's family; (14) procedures to use in handling various emergency situations; and (15) awareness of commonly used health technology equipment and assistive devices. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure training and competency evaluations included all the required content for one of two employees (unlicensed personnel (ULP)-B). 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: ULP-B started employment with the licensee on June 20, 2022.	01370		

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01370	Continued From page 21 ULP-B's employee record lacked evidence ULP-B had received the following training and competency: - documentation requirements for all services provided; - reports of changes in the client's condition to the supervisor designated by the home care provider; - basic infection control, including blood-borne pathogens; - maintenance of a clean and safe environment; - appropriate and safe techniques in personal hygiene and grooming, including: hair care and bathing, care of teeth, gums, and oral prosthetic devices, care and use of hearing aids, and dressing and assisting with toileting; - training on the prevention of falls for providers working with the elderly or individuals at risk of falls; - standby assistance techniques and how to perform them; - procedures to utilize in handling various emergency situations; and - awareness of commonly used health technology equipment and assistive devices. On January 24, 2023, at 2:30 p.m., registered nurse (RN)-A stated she was unable to find the missing training. RN-A also stated the human resource person was on vacation and could not tell whether ULP-B had completed the required training and competencies or not. The licensee's Competency Training Evaluations policy dated August 1, 2021, directed training and competency evaluations for all ULPs include all the missing content above. No further information was provided.	01370		

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01370	Continued From page 22 TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01370		
01380 SS=D	144G.61 Subd. 2 (b) Training and evaluation of unlicensed personn (b) In addition to paragraph (a), training and competency evaluation for unlicensed personnel providing assisted living services must include: (1) observing, reporting, and documenting resident status; (2) basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel; (3) reading and recording temperature, pulse, and respirations of the resident; (4) recognizing physical, emotional, cognitive, and developmental needs of the resident; (5) safe transfer techniques and ambulation; (6) range of motioning and positioning; and (7) administering medications or treatments as required. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure training and competency evaluations included all the required content for one of two employees (unlicensed personnel (ULP)-B). 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	01380		

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01380	Continued From page 23 only occasionally). The findings include: ULP-B started employment with licensee June 20, 2022. ULP-B's employee record lacked evidence ULP-B had received the following training and competency: - observation, reporting, and documenting of client status; - basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel; - reading and recording temperature, pulse, and respirations of the client; - recognizing physical, emotional, cognitive, and developmental needs of the client; - safe transfer techniques and ambulation; and - range of motioning and positioning. On January 24, 2023, at 2:30 p.m., registered nurse (RN)-A stated she was unable to find the missing training. RN-A also stated the human resource person was on vacation and could not tell whether ULP-B had completed the required training and competencies or not. The licensee's Competency Training Evaluations policy dated August 1, 2021, directed training and competency evaluations for all ULPs include all the missing content above. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01380		

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01440	Continued From page 24	01440		
01440 SS=F	144G.62 Subd. 4 Supervision of staff providing delegated nurs (a) Staff who perform delegated nursing or therapy tasks must be supervised by an appropriate licensed health professional or a registered nurse according to the assisted living facility's policy where the services are being provided to verify that the work is being performed competently and to identify problems and solutions related to the staff person's ability to perform the tasks. Supervision of staff performing medication or treatment administration shall be provided by a registered nurse or appropriate licensed health professional and must include observation of the staff administering the medication or treatment and the interaction with the resident. (b) The direct supervision of staff performing delegated tasks must be provided within 30 calendar days after the date on which the individual begins working for the facility and first performs the delegated tasks for residents and thereafter as needed based on performance. This requirement also applies to staff who have not performed delegated tasks for one year or longer. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a registered nurse (RN) conducted direct supervision of staff performing a delegated task within 30 days of providing the tasks and thereafter as needed based on performance for one of two employees (unlicensed personnel (ULP)-B). This practice resulted in a level two violation (a violation that did not harm a resident's health or	01440		

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01440	Continued From page 25 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: ULP-B started employment with the licensee on June 20, 2022. ULP-B's record included training on administering medications or treatments dated June 25, 2022, with a competency signed off by the RN on June 26, 2022. ULP-B's record lacked direct supervision performing delegated tasks within 30 calendar days after the date on which ULP-B began working for the facility and first performed the delegated tasks for residents. On January 24, 2023, at 3:20 p.m., RN-A stated she had observed ULP-B administer medications but did not have any documentation. RN-A also stated none of the other ULPs performing delegated tasks would have supervision within 30 calendar days after the date on which the ULP began working for the licensee and first performed the delegated tasks for residents and thereafter as needed based on performance in employee records. The licensee's Delegation of Nursing Tasks policy dated August 1, 2021, indicated ULPs may perform nursing care services when delegated by the RN and will perform tasks under the supervision of RN. The policy lacked the verbiage to include supervision within 30 days of performing delegated tasks.	01440		

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RESTART INC	4525 ALDRICH AVENUE SOUTH MINNEAPOLIS, MN 55419

(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
01440	Continued From page 26 No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01440		
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 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	01470		

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01470	Continued From page 27 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 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 include all required content for two of two employees (unlicensed personnel (ULP)-B, ULP-D). 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).	01470		

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01470	Continued From page 28 The findings include: ULP-B started employment with the licensee on June 20, 2022. On January 24, 2023, at 12:40 p.m., the surveyor observed ULP-B serve lunch to the residents. ULP-B's record lacked documentation that the following orientation topics were completed: - Overview of Assisted Living statutes; - Review of provider's policies and procedures; - Handling emergencies and using emergency services; - Reporting maltreatment of vulnerable adults or minors; - Assisted Living bill of rights; - Consumer advocacy services; and - Review of types of Assisted Living services the employee will provide and provider's scope of license. ULP-D started employment with the licensee on August 18, 2022. ULP-D's record lacked documentation that the following orientation topics were completed: - Overview of Assisted Living statutes; and - Assisted Living bill of rights. On January 24, 2023, at 1:15 p.m., RN-A stated ULP-B and ULP-D's records were lacking required orientation topics and was not sure if the training completed or not as she had just started employment with licensee. The licensee's Assisted Living Orientation - ULP Staff policy dated August 1, 2021, indicated newly hired unlicensed personnel will receive orientation and training on topics required by Minnesota	01470		

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01470	Continued From page 29 statutes and rules for assisted living organizations. No further information was provided TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01470		
01530 SS=F	144G.64 TRAINING IN DEMENTIA CARE REQUIRED (a) All assisted living facilities must meet the following training requirements: (1) supervisors of direct-care staff must have at least eight hours of initial training on topics specified under paragraph (b) within 120 working hours of the employment start date, and must have at least two hours of training on topics related to dementia care for each 12 months of employment thereafter; (2) direct-care employees must have completed at least eight hours of initial training on topics specified under paragraph (b) within 160 working hours of the employment start date. Until this initial training is complete, an employee must not provide direct care unless there is another employee on site who has completed the initial eight hours of training on topics related to dementia care and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for consultation with the new employee until the training requirement is complete. Direct-care employees must have at least two hours of training on topics related to dementia for each 12 months of employment thereafter; This MN Requirement is not met as evidenced	01530		

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01530	Continued From page 30 by: Based on observation, interview, and record review, the licensee failed to ensure employees received eight hours of initial dementia care training within the first 160 working hours of the employment start date for two of two employees (unlicensed personnel (ULP)-B, ULP-D). 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: ULP-B started employment with the licensee on June 20, 2022. On January 24, 2023, at 12:40 p.m., the surveyor observed ULP-B serve lunch to the residents. ULP-B's dementia training transcript included the following topics: 1. Communication (1.25 credits) 2. Activities of daily living (1.00 credit) 3. Behaviors verses symptoms (1.00 credit) 4. The journey (0.75 credits) for a total of four (4) hours out of the eight (8) hours of required dementia training within 160 working hours of the employment start date. ULP-D ULP-D started employment with licensee September 18, 2022. ULP-D's dementia training transcript included the	01530		

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01530	Continued From page 31 following topics: 1. Person centered care (0.75 credits) 2. Communication (1.25 credits) 3. Dementia 1 introduction and overview (0.25 credits) for a total of 2.25 hours out of the eight (8) hours of required dementia training within 160 working hours of the employment start date. On November 21, 2022, at 2:45 p.m., registered nurse (RN)-A stated upon hire, ULP-B, and ULP-D only received four hours and 2.25 hours of dementia training. RN-A further stated she thought that only four hours was all they needed since the facility was not a dementia unit and that none of the other employees would have eight hours of dementia training in their records. The licensee's Dementia Training policy dated August 1, 2021, indicated all staff will receive required dementia training at the time of hire and annually thereafter. Direct care employees will complete eight (8) hours of initial training within 160 hours of the employment start date. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01530		
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	01640		

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01640	Continued From page 32	01640		

agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities.
(c) The facility must implement and provide all services required by the current service plan.
(d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable.
(e) Staff providing services must be informed of the current written service plan.

This MN Requirement is not met as evidenced by:
Based on interview and record review, the licensee failed to ensure the current service plan included a signature or other authentication by the resident or resident's designated representative and the licensee's representative to document agreement on the services to be provided 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 of the residents).

The findings include:

R1
R1 was admitted to the licensee February 2,

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01640	Continued From page 33 1994, under another license and started receiving assisted living services August 1, 2021. R1's undated unsigned service plan printed January 23, 2023, indicated R1 received assistance with activities, bathing reminder, dressing, grooming, housekeeping, laundry, linen change, medication administration, supervision, and record blood glucose and blood pressure per week. R2 R2 was admitted to the licensee June 23, 2022. R2's service plan signed June 23, 2023, indicated R2 received assistance with medication reminders, medication administration, treatments, grooming assistance, personal laundry, housekeeping, linen changes, and food preparation. R1 and R2's service plans lacked signatures or other authentication by the facility and by the residents documenting agreement on the services to be provided. On January 24, 2023, at 3:25 p.m., RN-A stated R1 and R2's service plans were completed but unsigned because the licensee did not know they could print the service plan for the residents and licensee's representative to sign. RN-A also stated none of the licensee's other residents had been offered the opportunity to sign their service plan and therefore none of them would have a copy of the service plan. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01640		

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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 medication administration was documented to include the signature and title of the person who administered the medication in the resident's medication administration record (MAR) for one of two residents (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) 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's undated unsigned service plan printed	01760		

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01760	Continued From page 35 January 23, 2023, indicated R1 received assistance with activities, bathing reminder, dressing, grooming, housekeeping, laundry, linen change, medication administration, supervision, and record blood glucose and blood pressure per week. On January 24, 2023, at 8:06 a.m., the surveyor observed unlicensed personnel (ULP)-F supervise and record blood glucose and complete medication administration for R1. Medications administered included: losartan 10 milligram (mg) tablets take one half tablet by mouth once daily, aspirin 81 mg take one tablet by mouth once daily, duloxetine 60 mg take one capsule by mouth every morning, fiber-lax 625 mg take two tablets by mouth once daily, Jardiance 10 mg take one tablet by mouth once daily, and atorvastatin 40 mg take one tablet by mouth once daily. R1's Medication Administration Record (MAR) dated January 2023, indicated medications were administered and documented by ULPs by initials only. R1's MAR lacked signature and title of the person who administered the medications. On January 24, 2023, at 3:10 p.m., RN-A stated R1's MAR lacked signature and title of the person who administered the medication. RN-A also stated all resident MARs were only initialed and would not have signature and title of the person who administered the medications. The licensee's Safe Medication Assistance and Administration Policy dated November 2, 2022, indicated document in the MAR: 1) the administration of the medication or treatment or the reason for not administering the medication or treatment;	01760		

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01760	Continued From page 36 2) notation of any occurrence of a dose of medication not being administered or treatment not performed as prescribed, whether by error by the staff or the person or by refusal by the person, or of adverse reactions, and when and to whom the report was made; and 3) notation of when a medication or treatment is started, administered, changed, or discontinued. The policy lacked the verbiage to include signature and title of the person who administered the medications. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760		
01820 SS=F	144G.71 Subd. 13 Prescriptions There must be a current written or electronically recorded prescription as defined in section 151.01, subdivision 16a, for all prescribed medications that the assisted living facility is managing for the resident. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure written or electronically recorded prescriptions were obtained 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	01820		

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01820	Continued From page 37 of the residents). The findings include: R1's undated unsigned service plan printed January 23, 2023, indicated R1 received assistance with activities, bathing reminder, dressing, grooming, housekeeping, laundry, linen change, medication administration, supervision, and record blood glucose and blood pressure per week. On January 24, 2023, at 8:06 a.m., the surveyor observed unlicensed personnel (ULP)-F supervise R1 complete self-blood glucose check and record results and complete medication administration for R1. R1's Medication Administration Record (MAR) dated January 2023, included the following medications administered from January 1, 2023, through January 24, 2023: losartan 10 milligram (mg) tablets take one half tablet by mouth once daily, aspirin 81 mg take one tablet by mouth once daily, duloxetine 60 mg take one capsule by mouth every morning, fiber-lax 625 mg take two tablets by mouth once daily, Jardiance 10 mg take one tablet by mouth once daily, and atorvastatin 40 mg take one tablet by mouth once daily. R2's signed service plan printed January 23, 2023, indicated R1 received assistance with medication reminders, medication administration, treatments, grooming assistance, personal laundry, housekeeping, linen changes, and food preparation. On January 24, 2023, at 8:10 a.m., the surveyor observed ULP-F supervise R2 complete	01820		

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01820	Continued From page 38 self-blood glucose check and record results and complete medication administration for R2. R2's MAR dated January 2023, included: glipizide tablet 5 mg take one tablet by mouth once daily before each meal, metformin tablet 500 extended release take 2 tablets 1000 mg by mouth two times daily, aspirin 325 mg take one tablet by mouth once daily with a meal, atorvastatin tablet 40 mg take half tablet (20 mg) by mouth once daily, clopidogrel 75 mg take one tablet by mouth once daily, fluoxetine 20 mg take one capsule by mouth every morning, lisinopril 10 mg take one tablet by mouth once daily, valproic acid 250/5 milliliter (ml) take 10 ml by mouth three times daily, Ventolin 90 mcg inhale 1-2 puffs by mouth every 4 hours while awake. R1 and R2's records lacked a current written or electronically recorded prescription for all prescribed medications that the assisted living facility was managing for the residents. On January 24, 2023, at 3:10 p.m., RN-A stated R1 and R2's record lacked current written or electronically recorded prescription for all prescribed medications. RN-A also stated the pharmacy received all prescription orders from the providers and only sent licensee the prescriptions to administer. The licensee's Safe Medication Assistance and Administration Policy dated November 2, 2022, indicated either the prescription label or the prescriber's written or electronically recorded order for the prescription is sufficient to constitute written instructions from the prescriber. No further information was provided	01820		

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01820	Continued From page 39 TIME PERIOD FOR CORRECTION: Seven (7) days	01820		
01890 SS=F	144G.71 Subd. 20 Prescription drugs A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure time sensitive medications were labeled with the date opened for two of two residents (R1, R4). 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's undated unsigned service plan printed January 23, 2023, indicated R1 received assistance with activities, bathing reminder, dressing, grooming, housekeeping, laundry, linen change, medication administration, supervision, and record blood glucose and blood pressure per week.	01890		

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01890	Continued From page 40 On January 24, 2023, at 8:06 a.m., the surveyor observed unlicensed personnel (ULP)-F supervise R1 complete self-blood glucose check and record results and complete medication administration for R1. On January 24, 2023, at approximately 9:15 a.m., the surveyor and ULP-F observed R1's Lantus Solostar insulin pen which was open and not dated in the medication cabinet on floor one. R4's Service Plan dated January 25, 2023, indicated R4 received licensed nursing services, medication set up, and medication administration. On January 24, 2023, at 9:15 a.m., the surveyor observed ULP-P supervise R4 complete his blood sugar check and self-administration of Lantus Solostar insulin via insulin pen. After the administration, the surveyor noted R4's Lantus Solostar insulin pen was open and kept at room temperature lacked a date opened or when it would expire. On January 24, 2023, at approximately 2:30 p.m., registered nurse (RN)-A, confirmed all medications should be dated after opening to track expiration date and should be stored and discarded per manufacturer directions. The manufacturer's instructions for Lantus Solostar Pens dated March 2022, indicated after first use, don't refrigerate the Lantus Solostar pen. Keep it at room temperature only (below 86°F). After 28 days, throw the opened Lantus pen away-even if it still has insulin in it. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7)	01890		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25372	A. BUILDING: _____ B. WING _____	01/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RESTART INC	4525 ALDRICH AVENUE SOUTH MINNEAPOLIS, MN 55419

(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
01890	Continued From page 41 days	01890		
01970 SS=F	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 observation, interview, and record review, the licensee failed to obtain prescriber orders for all treatments and therapies, including the frequency, duration and other information needed to administer the treatment or therapy 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 of the residents). The findings include: R1's service plan signed January 23, 2023, indicated R1 received assistance with activities, bathing reminder, dressing, grooming, housekeeping, laundry, linen change, medication administration, supervision, and record blood	01970		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25372	A. BUILDING: _____ B. WING _____	01/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RESTART INC	4525 ALDRICH AVENUE SOUTH MINNEAPOLIS, MN 55419

(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
01970	Continued From page 42 glucose and blood pressure per week. On January 24, 2023, at 8:06 a.m., the surveyor observed unlicensed personnel (ULP)-F supervise R1 complete self-blood glucose check and record results and complete medication administration for R1. R1's Medication Administration Record (MAR) dated January 2023, included: - check blood glucose daily before breakfast contact RN if below 70 and above 250; and - blood pressure weekly on Tuesdays call RN if above 150/110 or below 100/50. R2's signed service plan printed January 23, 2023, indicated R1 received assistance indicated assistance with medication reminders, medication administration, treatments, grooming assistance, personal laundry, housekeeping, linen changes, and food preparation. On January 24, 2023, at 8:10 a.m., the surveyor observed ULP-F supervise R2 complete self-blood glucose check and record results and complete medication administration for R2. R2's MAR dated January 2023 lacked blood sugar checks. R1 and R2's records lacked an up-to-date written or electronically recorded orders from an authorized prescriber for all treatments the licensee was managing for residents. On January 24, 2023, at 3:10 p.m., RN-A stated R1 and R2's record lacked current written or electronically recorded prescriptions for all treatments licensee managed for the residents. RN-A also stated the pharmacy received all	01970		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25372	A. BUILDING: _____ B. WING _____	01/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RESTART INC	**4525 ALDRICH AVENUE SOUTH MINNEAPOLIS, MN 55419**

(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
01970	Continued From page 43 prescription orders from the providers and only sent licensee the prescriptions to administer. The licensee's Safe Medication Assistance and Administration Policy dated November 2, 2022, indicated either the prescription label or the prescriber's written or electronically recorded order for the prescription is sufficient to constitute written instructions from the prescriber. No further information was provided TIME PERIOD FOR CORRECTION: Seven (7) days	01970		

Minnesota Department of Health

625 Robert Street North
St Paul
651-201-4500

Type: Full
Date: *01/23/23*
Time: 11:55:05
Report: 7994231012

Food and Beverage Establishment Inspection Report

Location:
Restart Inc
4525 Aldrich Avenue South
Minneapolis, MN55419
Hennepin County, 27

Establishment Info:
ID #: 0037709
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 6127013645
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.

3-500C Microbial Control: date marking

3-501.17B ** Priority 2 **

MN Rule 4626.0400B Mark the refrigerated, ready-to-eat, TCS food prepared and packaged in a processing plant and opened and held for more than 24 hours in the food establishment using an effective method to indicate the date by which the food must be consumed on the premises, sold, or discarded. The date must not exceed the manufacturer's use-by-date.

NO DATE MARKING OBSERVED ON OPENED PACKAGES OF LUNCH MEAT.

Comply By: 01/23/23

4-300 Equipment Numbers and Capacities

4-302.13A ** Priority 2 **

MN Rule 4626.0710A Provide a readily accessible temperature measuring device for measuring the washing and sanitizing temperatures in manual warewashing operations.

CURRENT DISHWASHER IS NOT REACHING TEMPERATURES REQUIRED AND IS NOT DESIGNED TO USE SANITIZING CHEMICALS.

Comply By: 01/23/23

5-200C Plumbing: Maintenance, fixture location

5-205.11AB ** Priority 2 **

MN Rule 4626.1110AB The handwashing sink must be accessible at all times for employee use, and must be used only for handwashing.

TWO COMPARTMENT SINK IS PRESENT. DESIGNATE ONE SINK BASIN AS HANDWASH SINK AND ONLY USE FOR THAT PURPOSE.

Comply By: 01/23/23

2-100 Supervision

2-102.12AMN

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

CURRENT MANAGER HAS A SERVE SAFE CERTIFICATE BUT NOT CFPM. CFPM INFO WILL BE MAILED DIRECTLY TO THE HOUSE MANAGER SO IT CAN BE APPLIED FOR SOON SO THEY DO NOT HAVE TO RETAKE THE FULL CLASS.

Comply By: 01/23/23

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

THIS WAS AN ANNOUNCED INSPECTION. I SPOKE WITH THE PERSON IN CHARGE ABOUT THIS REPORT AND ANY ITEMS WITHIN.

TEMPERATURES:
SLICED MEATS 40
VEG 38

MET WITH PERSON IN CHARGE AND DISCUSSED THE FOLLOWING:

INSPECTION CONDUCTED IN THE PRESENCE OF HRD STAFF AND FINDINGS SHARED AT THE END OF INSPECTION.

WILL EMAIL SUPPORTING DOCUMENTS AND LINKS TO HRD STAFF AT THE END OF THE DAY.

KITCHEN IS RESIDENTIAL AND FOOD IS PREPARED FOR SAME DAY SERVICE FLOOR IS LAMINATE, CABINETS ARE WOOD WITH HALLOWED ENCLOSED BASES, GRANITE COUNTER TOPS AND SMOOTH PAINTED CEILING. ALL ARE FOUND TO BE IN GOOD CONDITION AND WILL BE MONITORED AT FUTURE INSPECTIONS. IF AT ANY TIME THERE IS FOUND TO BE A RISK OF CONTAMINATION OR CONCERN THE PHYSICAL FACILITIES WILL BE REQUIRED TO BE BROUGHT UP TO CODE.

Food and Beverage Establishment Inspection Report

NOTE: Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

I acknowledge receipt of the Minnesota Department of Health inspection report number 7994231012 of 01/23/23.

Certified Food Protection Manager:_____

Certification Number: _____ Expires: __/ /_____

Signed:_____
Establishment Representative

Signed: Crystal Elva
Crystal Elva
Public Health Sanitarian 3
St Paul
651-201-3981
Crystal.Elva@state.mn.us