Electronically Delivered

January 2, 2024

Licensee
Agapecare Services, LLC
3818 61st Avenue
Brooklyn Center, MN 55429

RE: Project Number(s) SL37562015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on December 12, 2023, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, the MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

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

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

The correction order documentation should include the following:

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

CORRECTION ORDER RECONSIDERATION PROCESS
In accordance with Minn. Stat. § 144G.32, Subd. 2, you may challenge the correction order(s) issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by the 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

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,

Jessie Chenze

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

PMB

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	37562	A. BUILDING: _____ B. WING _____	12/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AGAPECARE SERVICES LLC	3818 61ST AVENUE BROOKLYN CENTER, MN 55429

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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: SL37562015 On December 11, 2023, through December 12, 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 three active residents receiving services under the Assisted Living license.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction. 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 (13) offer to provide or make available at least the	0 480		

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0 480	Continued From page 1 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 December 12, 2023, 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		
0 510 SS=E	144G.41 Subd. 3 Infection control program (a) All assisted living facilities must establish and maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control. (b)The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and	0 510		

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0 510	Continued From page 2 control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities. (c) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure infection control standards were followed for one of one unlicensed personnel (ULP-B) during medication administration for one of three residents (R3). In addition, the licensee failed to ensure equipment was disinfected in between resident use for one of one resident (R1) with blood sugar (BS) monitoring machine. 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 pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive). The findings include: MEDICATION ADMINISTRATION On December 12, 2023, at approximately 8:10 a.m., the surveyor observed ULP-B apply gloves and go to R3's room. ULP-B asked R3 where he would like her to start. R3 lowered his brief, and commented the brief was wet. R3 sat on the side of his bed and ULP-B used pre-moistened wipes to clean R3's face, head, under right arm, right arm, right hand, left shoulder, under left arm and	0 510		

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0 510	Continued From page 3 left hand. ULP-B removed R3's brief and asked R3 to lay down on the bed. ULP-B used pre-moistened wipes to clean R3's abdomen folds, and upper peri area. Pre-moistened wipes were used to clean R3's perineal area. ULP-B applied nystatin (yeast) powder to R3's abdomen folds and rubbed the medicated powder into R3's skin. The surveyor did not observe ULP-B perform hand hygiene or change gloves in-between personal cares and medication administration. On December 12, 2023, at 8:26 a.m., ULP-B stated she could have changed gloves. ULP-B said she cleaned R3's entire body and started at R3's face and worked down. ULP-B said applying the powder was routine, adding if she did not apply the powder R3 would ask for the powder to be applied. On December 12, 2023, at 9:04 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated gloves should have been changed and hands washed in-between personal cares and medication administration. The licensee's Infection Control policy dated August 1, 2021, noted the provider's infection control program would be consistent with current guidelines from CDC (Center for Disease Control) for prevention control in long-term care facilities, where applicable in assisted living facilities. The licensee's Infection Control policy dated August 1, 2021, noted gloves must be worn whenever there may be direct contact between any employee and contaminated objects or as instructed: -wash hands -apply gloves to both hands	0 510		

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0 510	Continued From page 4 -remove contaminated materials -place materials in proper receptacle -removed gloves by grasping cuff or one glove and pulling it off, turning it inside out. With ungloved hand tuck finger inside cuff of remaining glove and pull off, turning inside out -dispose used gloves in proper receptacle -rewash hands. EQUIPMENT CLEANING On December 12, 2023, at 9:27 a.m., the surveyor observed ULP-B perform a BS check using correct technique for R1. ULP-B returned the BS monitoring machine into its case and placed the case back into the medication cart. The surveyor did not observe ULP-B disinfect the BS monitor before or after placing it into the BS case. On December 12, 2023, at 12:11 p.m., LALD/CNS-A stated "we" (staff) clean the BS machine after each use, adding that is why we have wipes out there. LALD/CNS-A said after Covid everything started getting wiped down. On December 12, 2023, at 12:48 p.m., ULP-B stated she "normally" used wipes to clean the BS machine, adding she forgot to clean the BS machine this day after use. The licensee's Blood Sugar Testing-Single Equipment Use policy dated August 1, 2021, noted to follow the manufacturer's instructions for proper use of the specific glucometer being used: -clean the glucometer per manufacture's recommendations -store the glucometer in a clean and dry location. No further information provided.	0 510		

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0 510	Continued From page 5 TIME PERIOD FOR CORRECTION: Seven (7) days	0 510		
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 that are interconnected so the actuation of one alarm causes all alarms in the dwelling unit to actuate. This deficient condition had the ability to affect all	0 780		

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0 780	Continued From page 6 staff and residents. 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: During a facility tour on December 11, 2023, at 11:30 a.m., with licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A, it was observed the sleeping rooms that were equipped with smoke alarms were not interconnected upon testing so actuation of one alarm would cause all alarms to operate. During the interview on December 11, 2023, at 11:30 a.m., LALD/CNS-A stated the smoke alarms in the facility were not interconnected, and the actuation of one alarm would not cause all alarms to operate. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 780		
01640 SS=D	144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to (a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan. (b) The service plan and any revisions must include a signature or other authentication by the	01640		

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01640	Continued From page 7 facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities. (c) The facility must implement and provide all services required by the current service plan. (d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable. (e) Staff providing services must be informed of the current written service plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the service plan was updated for one of three residents (R3). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: R3's diagnoses included major depression, mild intellectual disability, and hypertension (HTN/high blood pressure).	01640		

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01640	Continued From page 8 R3's service plan dated February 17, 2023, indicated R3 received the following services: ambulation assistance, bathing assistance every two days, bedmaking, behavior assist with anxiety and depression, catheter care (a tube inserted into the bladder, allowing urine to drain freely), cognitive assist with intellectual disability and essential tremors, dressing twice daily, grooming daily, incontinence care twice daily, managing orientation issues, meal assistance, medication administration, vital sign monitoring, safety checks, and housekeeping. On December 12, 2023, at 7:26 a.m., the surveyor observed unlicensed personnel (ULP)-B prepare a bowl of cereal for R3. R3's prescriber's order dated December 5, 2023, included: -diet: regular, mechanical altered (minced and moist). R3's Meal Assistance instructions for ULPs active May 26, 2023, included: -C3 is unable to cut his own foods secondary to tremors, staff will assist with chopping his foods and grinding some to a pureed consistency to avoid choking. R3 reports that when he experiences tremors and tremors are significant, he can barely do anything for himself. Has difficulties holding a cup and it can be difficult for him to self-feed at times. On December 12, 2023, at 10:04 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated R3's service plan had not been updated as required, to include modified diet. The licensee's Service Plan Modifications policy	01640		

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01640	Continued From page 9 dated August 1, 2021, noted when a resident received assisted living services and a change(s) to the service plan occurred, the service plan must be amended in writing and signed by the resident or the resident's designated representative. The service plan needs to be modified due to a change in a prescriber's order or a change in the resident's needs, the Service Plan Modification form will be completed. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01640		
01750 SS=D	144G.71 Subd. 7 Delegation of medication administration When administration of medications is delegated to unlicensed personnel, the assisted living facility must ensure that the registered nurse has: (1) instructed the unlicensed personnel in the proper methods to administer the medications, 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 records; and (3) communicated with the unlicensed personnel about the individual needs of the resident. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) prepared in writing specific instructions for each resident receiving medication management services, and documented those instructions for one of three	01750		

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01750	Continued From page 10 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, 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's diagnoses included schizophrenia (symptoms may include delusions, disorganized speech, trouble thinking and lack of motivation), diabetes, hypertension (HTN/high blood pressure), major depression, panic disorder, suicidal ideation, visual and auditory hallucinations, and anxiety. R1's service plan dated December 1, 2022, included medication administration three times daily. On December 12, 2023, at 9:27 a.m., unlicensed personnel (ULP)-B performed blood sugar (BS) monitoring using correct technique on R1. R1's prescriber's order dated October 20, 2023, included: -Trulicity (helps to lower blood sugar), 1.5 milligrams (mg)/0.5 milliliters (ml) injection. Inject one pen injector subcutaneously (under skin) one day a week as directed on Sunday. R1's Medication Administration Summary dated November 1, 2023, through November 21, 2023, included:	01750		

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01750	Continued From page 11 -Trulicity 1.5/0.5 injection, subcutaneous inject one pen injector subcutaneously one day a week as directed on Sunday. On December 12, 2023, at 6:44 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated R1's record did not include specific instructions for R1's Trulicity administration. LALD/CNS-A said it is important to have instructions for staff to follow and added currently they use word of mouth and the resident "knows." The manufacturer's direction for Trulicity dated November 2022, noted change (rotate) injection site each week. You may use the same area of the body but be sure to choose a different injection site in that area. You may inject the medication into the stomach (abdomen), thigh, or back of upper arm. The licensee's Medication & Treatment-Administration & Delegation policy dated August 1, 2021, noted when administration of medication or treatment/therapy was delegated or assigned to unlicensed personnel, the licensee ensured the registered nurse had: -specified, in writing, specific instructions for each resident and documented those instructions in the resident's records. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01750		
01760 SS=F	144G.71 Subd. 8 Documentation of administration of medication	01760		

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01760	Continued From page 12 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 the steps of the medication administration process was followed for one of one employee (unlicensed personnel/ULP)-B) observed administering medications for two of two residents (R2, R3). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at 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: R2 On December 12, 2023, at 6:53 a.m., the surveyor observed ULP-B wash her hands, apply gloves, unlock a medication cart, and remove a	01760		

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	37562	A. BUILDING: _____ B. WING _____	12/12/2023

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01760	Continued From page 13 small plastic medication cup. ULP-B removed one bubble pack (card containing medications for each medication pass: name of medication and identification of medication listed on card) which contained R2's medication. ULP-B placed four and a half pills from R2's bubble pack into a medication cup. ULP-B administered the medication in the medication cup to R2. On December 12, 2023, at 6:58 a.m., ULP-B went to the computer which was positioned on a desk near the medication cart and logged into Rtasks (on-line computer system.) ULP-B opened R2's medication administration record (MAR) and checked "set up" (medication) and "administered" for five medications. The surveyor did not observe ULP-B review R2's MAR prior to medication administration. On December 12, 2023, at 7:01 a.m., ULP-B stated was her morning routine was to remove R2's medication, give the medication, and document medications as set up and administered. R3 On December 12, 2023, at 7:31 a.m., the surveyor observed ULP-B look at R3's MAR on the computer: blood pressure (BP) check, aspirin, lisinopril, etc. ULP-B was scrolling through R3's medication list. R3 was eating at the table. ULP-B then went to R3's room and changed the sheets on R3's bed. On December 12, 2023, at 7:41 a.m., R3 was observed sitting on a bench by the medication cart, waiting for his BP to be taken by ULP-B. On December 12, 2023, at 7:42 a.m., the surveyor observed ULP-B remove a BP cuff from	01760		

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01760	Continued From page 14 the top drawer of the medication cart, and a medication cup. ULP-B put two medications into the medication cup from one bubble pack. ULP-B put four medications from another bubble pack into the medication cup, and one medication from a medication card into the medication cup. The surveyor did not observe ULP-B compare the medications placed in the medication cup with R3's MAR. ULP-B placed the BP cuff on R3's right arm and a reading of 50/30 displayed on the BP machine. ULP-B informed licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A of R3's BP reading. LALD/CNS-A instructed ULP-B to check R3's other arm. The BP machine displayed a reading of 78/56. LALD/CNS-A instructed ULP-B to hold two of R3's morning medication and assisted ULP-B to remove the two medications from the medication cup. ULP-B administered R3's medication. The surveyor did not observe ULP-B document R3's morning medications as given. On December 12, 2023, at 8:04 a.m., LALD/CNS-A stated "we" have until 9:00 a.m., or 10:00 a.m., to document R3's medication as given. On December 12, 2023, at 8:34 a.m., ULP-B was documenting at the computer, and stated R3's morning medications were documented as administered. On December 12, 2023, at 9:07 a.m., LALD/CNS-A stated MARs should be checked prior to medication administration. LALD/CNS-A added, the thing is, it is our mind set, not an excuse because most of these resident's medication don't change. LALD/CNS-A said if medications changed, she would let ULPs know. LALD/CNS-A stated it was good practice to have	01760		

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01760	Continued From page 15 medications checked, and she would like a lap top computer placed on top of the medication cart. On December 12, 2023, at 9:15 a.m., LALD/CNS-A stated the computer system would not allow staff to "push" (document) just a few (medications) at a time. LALD/CNS-A added, you can't check them (medications) one at a time as given. LALD/CNS-A said the computer system did not allow "them" (ULPs) to pick and choose medications that had been set up and administered. The licensee's Medication & Treatment-Administration & Delegation policy dated August 1, 2021, noted a registered nurse (RN) must instruct the ULP on the following medication administration tasks before delegating the task to them: -the complete procedure of checking a residents medication administration record (MAR). -the preparation of medication for administration -the administration of the medication to the resident -the documentation after assistance with medication reminder or medication administration, of the date, time, dosage, and method of administration of all medications, or the reason for not assisting with medication administration as ordered, and the initials of the nurse or authorized person who assisted or administered the observed the same. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760		

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01880	Continued From page 16	01880		
01880 SS=D	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 ensure medication was securely locked in a substantially constructed compartment area for one of three 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, 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: On December 11, 2023, at 2:59 p.m., licensed assisted living director/ clinical nurse supervisor (LALD/CNS)-A stated R1's medicated toothpaste was in R1's room and R1's assessment noted all R1's medications were secured. R1's service plan dated December 1, 2022, included medication administration three times daily. R1's prescriber order dated December 4, 2023, included: Phos-Flur 5000 plus 1.1% cream	01880		

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01880	Continued From page 17 (delivers four times the fluoride of over-the-counter toothpaste), apply a small amount onto toothbrush and brush teeth for two minutes two times a day. Do not swallow excess toothpaste. R1's Individualized Medication Management Plan dated November 28, 2023, included: Medication self-administration is not applicable -can correctly read aloud or verbalize instructions on medication container? No -can correctly state when medications are taken and proper dosage for each? No -can correctly administer topical ointments, creams or transdermal patches? No, staff will apply topical ointments and creams as well as transdermal patches Secure storage of all other medications: all medications are kept in a lockable medication cabinet. Staff will ensure that the cabinet is locked at all times except when actively used for medication administration. The staff on shift will have the key in their possession throughout their shift. On December 12, 2023, at 2:23 p.m., the surveyor observed R1's Phos-Flur tooth paste in a glass with R1's toothbrush on a dresser in R1's room. On December 12, 2023, at approximately 12:50 a.m., LALD/CNS-A confirmed R1's medication assessment indicated R1's prescriber ordered toothpaste should have been securely stored. The licensee's Medication Storage policy dated August 1, 2021, noted when medications were managed and stored by the provider, medications would be kept securely locked and stored per manufacturer's directions. Only authorized staff	01880		

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01880	Continued From page 18 had access to stored medications. Medications would be stored consistent with each resident's medication management plan and service plan. Medications managed by the provider would be stored to prevent diversion of medications by residents or others who may have access to the medications. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01880		
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 medications were maintained bearing the original prescription label with legible information including the expiration date for time sensitive medication for one of one resident (R1) receiving insulin. 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	01890		

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01890	Continued From page 19 failure that has affected or has potential to affect a large portion or all of the residents). The findings include: On December 11, 2023, at 12:04 p.m., the surveyor and licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A reviewed the contents of the locked medication cart. LALD/CNS-A observed and confirmed the following: -R1's opened Lantus 100 units/milliliters (ml) (long-acting) insulin pen did not have a label which indicated the date the insulin had been opened and when the insulin would expire. Directly after the above observation LALD/CNS-A stated R1's Lantus pen would be used before the expiration date, 28 days. LALD/CNS-A said she was sure she trained staff insulin expired in 28 days. LALD/CNS-A added ULP must have forgotten to date R1's insulin. The manufacturer's instructions for Lantus insulin dated August 2022, directed to discard the pen 28 days after it had been opened, even if it still had insulin left in it. The licensee's Medication Storage policy dated August 1, 2021, noted medications were stored consistent with manufacturer's recommendations (refrigerated, room temperature, or frozen). No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890		

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01950	Continued From page 20	01950		
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: Based on observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) prepared in writing specific instructions for each resident and documented those instructions for one of three residents (R1) with blood pressure (BP) monitoring. 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	01950		

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01950	Continued From page 21 situation has occurred only occasionally). The findings include: R1's diagnoses included schizophrenia (symptoms may include delusions, disorganized speech, trouble thinking, and lack of motivation), diabetes, hypertension (HTN/high blood pressure), major depression, panic disorder, suicidal ideation, visual and auditory hallucinations, and anxiety. R1's service plan dated December 1, 2022, included blood pressure monitoring daily. R1's prescriber order dated December 4, 2023, included: -record BP daily. R1's Individualized Treatment and Therapy Plan dated November 28, 2023, included: -record blood pressure daily Staff to perform/details: -check and record blood pressure. Notify RN if: (blank). Supervised by Details -RN: inform RN if systolic blood pressure is above 140 or below 90 and diastolic BP is above 90 or below 60. R1's current undated care plan/service history instructions to ULP included: -check and record blood pressure. Notify RN if: (blank). On December 12, 2023, at 9:27 a.m., the surveyor observed ULP-B monitor R1's blood sugar (BS) using correct technique. On December 11, 2023, at 2:40 p.m., licensed	01950		

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01950	Continued From page 22 assisted living director/clinical nurse supervisor (LALD/CNS)-A stated R1's record did not contain specific instructions for R1's blood pressure monitoring for ULPs. The licensee's Treatment & Therapy Management Plan policy dated August 1, 2021, noted the provider developed and maintained a current individualized treatment and therapy management record for each resident which must contain at least the following: -documentation of specific resident instructions relating to the treatments or therapy administration. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01950		
02410 SS=D	144G.91 Subd. 13 Personal and treatment privacy (a) Residents have the right to consideration of their privacy, individuality, and cultural identity as related to their social, religious, and psychological well-being. Staff must respect the privacy of a resident's space by knocking on the door and seeking consent before entering, except in an emergency or unless otherwise documented in the resident's service plan. (b) Residents have the right to have and use a lockable door to the resident's unit. The facility shall provide locks on the resident's unit. Only a staff member with a specific need to enter the unit shall have keys. This right may be restricted in certain circumstances if necessary for a resident's health and safety and documented in the resident's service plan.	02410		

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02410	Continued From page 23 (c) Residents have the right to respect and privacy regarding the resident's service plan. Case discussion, consultation, examination, and treatment are confidential and must be conducted discreetly. Privacy must be respected during toileting, bathing, and other activities of personal hygiene, except as needed for resident safety or assistance. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure privacy was maintained for one of two residents (R3) during personal care. 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: R3's diagnoses include major depression, mild intellectual disability, and hypertension (HTN/high blood pressure). On December 12, 2023, at 8:07 a.m., the surveyor observed unlicensed personnel (ULP)-B go to R3's room, close R3's door, and ask R3 where he would like her to start. R3's shirt was removed. R3 sat on the side of his bed and ULP-B used pre-moistened wipes to clean R3's face, head, under right arm, right arm, right hand, left shoulder, under left arm, and left hand. ULP-B	02410		

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02410	Continued From page 24 removed R3's brief and asked R3 to lay down on the bed. ULP-B continued to clean R3's body and applied a medicated powder to R3's abdomen folds. ULP-B asked R3 to stand, and ULP-B dressed R3 in clothing. R3's room faced a neighborhood street. R3's room had a window across from the entrance door, along R3's bed. The window had a blind which was pulled up approximately one quarter of the way/ three quarters of the window was not covered. R3 was in direct view of the window. In addition, the window blind slats were in the open position. The window had no covering for privacy leaving R3's body exposed. On December 12, 2023, at 8:25 a.m., ULP-B stated she tried to close R3's blind in the past, adding R3 "normally" liked the blind in the open position. ULP-B said she did not ask R3 if the blinds could be closed, adding he opens the blinds. "I am used to that; I have done it two times (closed the blind) and he raised it." On December 12, 2023, at 9:00 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated ULP-B should have asked and offered to close R3's window blind prior to providing personal care assist. LALD/CNS-A confirmed personal cares done in view of an uncovered window in R3's room was a privacy concern. The Minnesota Bill of Rights for Assisted Living Residents dated November 8, 2022, noted: -residents have the right to consideration of their privacy -privacy must be respected during toileting, bathing, and other activities of personal hygiene, except as needed for resident safety or assistance.	02410		

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02410	Continued From page 25 No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	02410		

Minnesota Department of Health
Division of Environmental Health, FPLS
PO Box 64975
Saint Paul, 55164-0975
651-201-4500

Type: Full
Date: *12/12/23*
Time: 11:12:38
Report: 1023231245

Food and Beverage Establishment Inspection Report

Location:

Agapecare Services Llc
3818 61st Avenue
Brooklyn Center, MN55429
Hennepin County, 27

Establishment Info:

ID #: 0038001
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 6102026770
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.

3-300B Protection from Contamination: cross-contamination, eggs

3-302.11A(1) ***** Priority 1 *****

MN Rule 4626.0235A(1) Separate raw animal foods during storage, preparation, holding, and display from ready-to-eat foods to prevent cross-contamination.

OBSERVED RAW SHELL EGGS STORED OVER BREAD. OPERATOR MOVED EGGS TO SAFE LOCATION DURING INSPECTION.

Comply By: 12/12/23

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.

QUAT IN USE AS SANITIZER BUT OPERATOR TEST STRIPS WERE NOT AVAILABLE. ACQUIRE AND USE THESE TO ENSURE ELIMINATION OF PATHOGENS.

Comply By: 12/12/23

4-100 Equipment Construction Materials

4-101.17

MN Rule 4626.0490 Discontinue using wood and wood wicker as a food contact surface.

OBSERVED WOODEN UTENSILS. INSTRUCTED OPERATOR TO DISCARD ALL WOOD FOOD CONTACT SURFACES.

Comply By: 12/12/23

6-300 Physical Facility Numbers and Capacities

6-301.14A

MN Rule 4626.1457 Provide a sign or poster at all handwashing sinks used by food employees that notifies them to wash their hands

HANDWASHING SIGN MUST BE POSTED AT HAND SINK. HAND SINKS ARE FOR HANDWASHING ONLY.

Comply By: 12/12/23

Surface and Equipment Sanitizers

Hot Water: = at Degrees Fahrenheit
Location: DISH WASHER
Violation Issued: No

Quaternary Ammonia: = at Degrees Fahrenheit
Location: SANI BUCKET
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cold Hold/MILK
Temperature: 41 Degrees Fahrenheit - Location: REACH IN COOLER
Violation Issued: No

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

THIS INSPECTION WAS CONDUCTED IN CONJUNCTION WITH MDH HEALTH REGULATORY DIVISION (HRD) SURVEY. INSPECTION CONDUCTED IN PRESENCE OF THE PERSON IN CHARGE.

THIS FACILITY DOES NOT HAVE ALL COMMERCIAL GRADE ANSI EQUIPMENT. ALL FOOD MUST BE SERVED THE SAME DAY IT IS PREPARED, AND LEFTOVERS CAN NEVER BE SAVED. FOOD SERVICE IS PROVIDED BY FACILITY STAFF.

FOOD SERVICE AREA FLOORS, WALLS, CEILINGS, COUNTERTOPS, AND FINISH MATERIALS MUST BE NON-ABSORBANT, SMOOTH, DURABLE, AND EASILY CLEANABLE. CEILINGS CANNOT HAVE POPCORN TEXTURE. CABINETS CANNOT HAVE HOLLOW BASES. EXPOSED WOOD IS NOT APPROVED FOR FOOD SERVICE AREAS. WOOD IS NOT AN APPROVED FOOD CONTACT SURFACE.

THESE TOPICS WERE DISCUSSED WITH THE PERSON IN CHARGE:
- EMPLOYEE ILLNESS EXCLUSION
- HAND WASHING PROCEDURE
- NO BARE HAND CONTACT WITH RTE FOOD
- VOMIT CLEAN UP PROCEDURE
- FULLY COOKING FOOD FOR HIGH RISK POPULATIONS
- PASTEURIZED SHELL EGGS
- ANSI 184 DISH WASHER

Type: Full
Date: *12/12/23*
Time: 11:12:38
Report: 1023231245
Agapecare 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 Minnesota Department of Health inspection report number 1023231245 of 12/12/23.

Certified Food Protection Manager: JANE KUNGU

Certification Number: 115700 Expires: 03/15/26

Inspection report reviewed with person in charge and emailed.

Signed: _____
PENNY OBWAYA
PERSON IN CHARGE

Signed: Gregory T Nelson
Gregory T. Nelson
Public Health Sanitarian
Freeman Building
651-201-4259
greg.nelson@state.mn.us