Electronically Delivered

October 25, 2023

Licensee
iMed Home Care LLC
4309 West Old Shakopee Road
Bloomington, MN 55437

RE: Project Number(s) SL39168015

Dear Licensee:

This is your **official notice** that you have been **granted your assisted living facility license.** Your license effective and expiration dates remain the same as on your provisional license. Your updated status will be listed on the license certificate at renewal and **this letter serves as proof** in the meantime. If you have not received a letter from us with information regarding renewing your license within 60 days prior to your expiration date, please contact us at (651) 201-5273 or by email at Health.assistedliving@state.mn.us.

The Minnesota Department of Health completed an initial survey on September 21, 2023, for the purpose assessing compliance with state licensing statutes. At the time of the survey, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G.

The Department of Health concludes the licensee is in substantial compliance. State law requires the facility must take action to correct the state correction orders and document the actions taken to comply in the facility's records. The Department reserves the right to return to the facility at any time should the Department receive a complaint or deem it necessary to ensure the health, safety, and welfare of residents in your care.

**STATE CORRECTION ORDERS**
The enclosed State Form documents the state correction orders. The Department of Health documents state correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Home Care 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 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**
Per 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 residents/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 correction order under Minn. Stat. § 144G.91, Subd. 8, Free from Maltreatment is associated with a maltreatment determination by the Office of Health Facility Complaints. If maltreatment is substantiated, you will receive a separate letter with the reconsideration process under Minn. Stat. § 626.557.

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

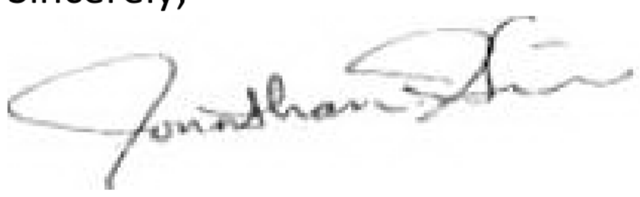
Please address your cover letter for reconsideration requests to:

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

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in the letter and/or state form with your organization's Governing Body.

If you have any questions, please contact me.

Sincerely,



Jonathan Hill, Supervisor
State Evaluation Team
Email: jonathan.hill@state.mn.us
Telephone: 651-201-3993 Fax: 1-866-890-9290

HHH

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 39168 | A. BUILDING: _____ B. WING _____ | 09/21/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| IMED HOME CARE LLC | 4309 WEST OLD SHAKOPEE ROAD BLOOMINGTON, MN 55437 |

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| 0 000 | Initial Comments<br><br>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)<br><br>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.<br><br>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.<br><br>INITIAL COMMENTS:<br>SL36168015-0<br><br>On September 19, 2023, through September 21, 2023, the Minnesota Department of Health conducted an inital survey at the above provider, and the following correction orders are issued. At the time of the survey, there were three (3)residents, all of whom received services under the Provisional Assisted Living Facility 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.<br><br>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.<br><br>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.<br><br>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. | |
| 0 460 SS=F | 144G.41 Subdivision 1 Minimum requirements<br><br>(5) provide a means for residents to request assistance for health and safety needs 24 hours | 0 460 | | |

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| 0 460 | Continued From page 1<br><br>per day, seven days per week;<br>(6) allow residents the ability to furnish and decorate the resident's unit within the terms of the assisted living contract;<br>(7) permit residents access to food at any time;<br>(8) allow residents to choose the resident's visitors and times of visits;<br>(9) allow the resident the right to choose a roommate if sharing a unit;<br>(10) notify the resident of the resident's right to have and use a lockable door to the resident's unit. The licensee shall provide the locks on the unit. Only a staff member with a specific need to enter the unit shall have keys, and advance notice must be given to the resident before entrance, when possible. An assisted living facility must not lock a resident in the resident's unit;<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview and record review, the licensee failed to provide a means for residents to request assistance for health and safety needs as required. The licensee did not have a system in place for residents to request assistance for health and safety needs 24 hours a day, seven days a week. This had the potential to affect the three residents residing in the facility.<br><br>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 is 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). | 0 460 | | |

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| 0 460 | Continued From page 2<br>The findings include:<br><br>The licensee held an assisted living license and was licensed for a bed capacity of four residents.<br><br>On September 19, 2023, 10:30 a.m., registered nurse (RN)-C confirmed the licensee did not have a call system in place for residents to request assistance when needed. RN-C stated all residents were not able to ambulate independently and if they needed assistance, the residents would either leave their room to get staff for assistance or rely on staff to check on them regularly.<br><br>.The licensee lacked a call pendant/call light system policy.<br><br>On September 21, 2023, at 10:45 a.m., the clinical nurse supervisor (CNS-B) stated the licensee developed a new call-device policy on September 20, 2023 and put ring-bells in residents rooms until they could develop a summoning sytem for residents in need of assistance.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION:<br>Twenty-One (21) days | 0 460 | | |
| 0 480 SS=F | 144G.41 Subd 1 (13) (i) (B) Minimum requirements<br><br>(13) offer to provide or make available at least the following services to residents:<br>(B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and | 0 480 | | |

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| 0 480 | Continued From page 3<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This had the potential to affect all residents in the Assisted Living facility.<br><br>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).<br><br>The findings include:<br><br>Please refer to the included document titled, Food and Beverage Establishment Inspection Report, dated September 19, 2023, for the specific Minnesota Food Code deficiencies.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 0 480 | | |
| 0 680 SS=F | 144G.42 Subd. 10 Disaster planning and emergency preparedness<br><br>(a) The facility must meet the following requirements:<br>(1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; | 0 680 | | |

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| 0 680 | Continued From page 4<br><br>(2) post an emergency disaster plan prominently;<br>(3) provide building emergency exit diagrams to all residents;<br>(4) post emergency exit diagrams on each floor; and<br>(5) have a written policy and procedure regarding missing residents.<br>(b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site.<br>(c) The facility must meet any additional requirements adopted in rule.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to have a written emergency preparedness plan (EPP) with all the required content. This had the potential to affect the all residents receiving services under the assisted living license, staff, and visitors.<br><br>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).<br><br>The findings include:<br><br>On September 19, 2023, at 10:30 a.m., a request was made to view the licensee's EPP. | 0 680 | | |

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| 0 680 | Continued From page 5<br><br>The licensee's plan lacked the following required content:<br>-current, all-hazards approach facility assessment<br>-description of the population served by licensee<br>-process for emergency preparedness (EP) cooperation with state and local EP officials/organizations<br>-subsistence needs for staff and residents during an emergency<br>-procedure for tracking staff and residents<br>-handling medical documents-handling and use of volunteers<br>-arrangement with other facilities (including sister facilities)<br>-development of a communication plan, including primary and alternate means for communication<br>-methods for sharing information<br>-EP training and testing program<br>-EP training program for staff (including documentation of training provided)<br>-annual EP testing requirements.<br>- process for cooperation and collaboration with local, tribal, regional, State and Federal EP to maintain integrated response.<br>- process for arrangements with other facilities/providers to receive residents in the event of limitation/cessation of operations to maintain the continuity of services to residents.<br>- policies and procedures on volunteers.<br><br>The Emergency Preparedness/Disaster Planning and Emergency Preparedness policy 9.02, effective date, August 1, 2023, directed the licensee to have in place a general emergency preparedness plan, that was in alignment with facility's requirement to also comply with CMS (Centers for Medicare & Medicaid Services) Appendix Z (EPP). | 0 680 | | |

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| 0 680 | Continued From page 6<br><br>On September 21, 2023, at 2:30 p.m., clinical nurse supervisor (CNS-B) stated the current emergency preparedness plan lacked required content. CNS-B stated they assumed residents could be evacuated by staff through the backyard and taken in staff vehicles to the nearest hospital or hotel. CNS-B added EPP "was much bigger than we thought" and would complete a comprehensive EPP by using MDH (Minnesota Department of Health) guidelines.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION:<br>Twenty-One (21) days | 0 680 | | |
| 0 810 SS=F | 144G.45 Subd. 2 (b)-(f) Fire protection and physical environment<br><br>(b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to:<br>(1) location and number of resident sleeping rooms;<br>(2) employee actions to be taken in the event of a fire or similar emergency;<br>(3) fire protection procedures necessary for residents; and<br>(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.<br>(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.<br>(d) Fire safety and evacuation plans shall be readily available at all times within the facility. | 0 810 | | |

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| 0 810 | Continued From page 7<br><br>(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.<br>(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.<br><br>This MN Requirement is not met as evidenced by:<br>The licensee failed to develop a fire safety and evacuation plan with the required elements; failed to provide a maintained fire protection procedures necessary for residents, and procedures necessary for resident movement, evacuation, or relocation during a fire or similar emergency with identification of unique or unusual resident needs for the movement or evacuation; failed to provide required employee training on fire safety and evacuation and failed to conduct required evacuation drills. This had the potential to affect all staff, residents, and visitors.<br><br>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).<br><br>Findings include: | 0 810 | | |

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| 0 810 | Continued From page 8<br><br>An interview and record review of the available documentation were conducted on September 19, 2023, at approximately 10:00 a.m. with the Clinical Nurse Supervisor (CNS)-B and the Registered Nurse (RN)-C on the fire safety and evacuation plan, fire safety and evacuation training for the facility, and fire safety and evacuation drills for the facility.<br><br>Record review of the available documentation indicated that the fire safety and evacuation plan was not maintained. The licensee had a copy of the Emergency Preparedness Policy. However, the policy was a basic policy resource book from a third-party provider and had not been edited or updated to fit the facility. Review of the available documentation provided by CNS-B contained the following discrepancies.<br>- The policy states that all residents are behind closed doors in a safe smoke compartment when the fire alarm goes off, and the facility has a shelter-in-place policy. During the tour, it was observed that the resident's bedroom door did not have fire-rated protection, and the facility did not have any smoke compartments or smoke compartment doors to contain fire and smoke.<br>- The policy states that residents should be evacuated to the safest exit or nearest set of smoke compartment doors away from fire and smoke. This facility is a residential home and does not contain any sort of smoke compartments or smoke compartment doors to contain fire and smoke.<br>- The policy states that when the fire alarm is triggered, all fire doors on magnetic holders will automatically close to contain smoke and fire and that residents are to remain behind these doors. The facility does not have any doors that are on magnetic door holders or that are rated for smoke | 0 810 | | |

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| 0 810 | Continued From page 9<br><br>and fire. The facility also does not have a fire alarm system that supports the use of magnetic door holders.<br>- The policy states that the system was wired directly to the fire station. The facility did not have a fire alarm system that supported the direct connection to the fire station.<br><br>CNS-B verified that the fire safety and evacuation plan for the facility lacked these provisions.<br><br>Record review of the available documentation indicated that the licensee did not have fire protection procedures necessary for residents included in the fire safety and evacuation plan. During the interview, CNS-B indicated the fire safety and evacuation plan lacked fire protection procedures for the resident.<br><br>Record review of the available documentation indicated that the fire safety and evacuation plan did not include the facility-specific 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. The facility Emergency Preparedness plan did include some provisions for the evacuation of residents but did not specify how to move or where to relocate residents or identify the unique and unusual needs of the residents. The policy was a basic policy from a third-party provider and had not been edited or updated to fit the facility. During the interview, CNS-B stated that he was planning to rely on the 911 services for emergency transportation and hospitals and hotels as emergency relocation sites; however, the facility did not have any pre-arranged agreement with any of them. CNS-B verified that the facility's fire safety and evacuation plan lacked these | 0 810 | | |

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| 0 810 | Continued From page 10<br>provisions.<br><br>Review of the Emergency Preparedness Manual provided by CNS-B indicated that all staff receives emergency and disaster training in orientation and annually, not twice per year after initial hire as required by statute. Records of staff training were requested, but no training records were provided. During the interview, CNS-B stated that the licensee provided annual training to employees, but not twice per year after the initial hire, on the fire safety and evacuation plan, as required by statute.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 0 810 | | |
| 0 970 SS=C | 144G.50 Subd. 5 Waivers of liability prohibited<br><br>The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to ensure the assisted living contract did not include language waiving the facility's liability for health, safety, or personal property of a resident. This had the potential to affect the residents residing in the facility.<br><br>This practice resulted in a level one violation (a | 0 970 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 39168 | A. BUILDING: _____ B. WING _____ | 09/21/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| IMED HOME CARE LLC | 4309 WEST OLD SHAKOPEE ROAD BLOOMINGTON, MN 55437 |

| (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 |
|---|---|---|---|---|
| 0 970 | Continued From page 11<br><br>violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all the residents).<br><br>The findings include:<br><br>On September 19, 2023, at 10:30 a.m., a copy of the facility's assisted living contract was requested.<br><br>On September 19, 2023, at 11:10 a.m., a registered nurse (RN-C) stated all residents residing in the facility signed the same contract.<br><br>The iMED Home Care Assisted Living contract, undated, included clauses that indicated the provider was not liable to resident in the following incidents:<br>- Resident would indemnify and hold harmless Provider, its employees and agents from and against any and all claims, actions, damages, and liability and expense in connection with loss of life, personal injury or damage to property, arising from or out of the use by Resident of the rented premises or any other part of Provider's property, or caused wholly or in part by an act or omission of Resident or Resident's guests or agents.<br>-Provider was not liable to Resident or Resident's guests for any injury, death or property damage occurring in the Bedroom or on Provider's premises unless such injury, death or property damage occurred as the result of an equipment malfunction or hazardous conditions within the building not caused by Resident or Resident's guests. Provider was also not liable for any injury, death or damage occurring as the result of | 0 970 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 39168 | A. BUILDING: _____ B. WING _____ | 09/21/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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|---|---|---|---|---|
| 0 970 | Continued From page 12<br><br>Resident's receipt of health-related, supportive or other services from third party providers. Provider may be liable to Resident for its own negligent acts or those of its employees or agents. Unless caused by one of the excepted reasons, Resident agreed to hold Provider harmless from any and all claims for injuries, property damage or any other loss resulting from an accident or other occurrence in the Bedroom or on Provider's premises.<br><br>On September 21, 2023, at 2:30 p.m. RN-E, who also was the project manager, stated the assisted living contract required residents to waive the facility's liability for health, safety, or personal property. RN-E explained they were not aware the licensee's contract contained these clauses and stated, "We need to do an audit of our contracts and send them back to our attorney so we can correct it."<br>The iMED Home Care Assisted Living contract, undated, included clauses that indicated the provider was not liable to resident in the following incidents:<br>- Resident would indemnify and hold harmless Provider, its employees and agents from and against any and all claims, actions, damages, and liability and expense in connection with loss of life, personal injury or damage to property, arising from or out of the use by Resident of the rented premises or any other part of Provider's property, or caused wholly or in part by an act or omission of Resident or Resident's guests or agents.<br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-One (21) days | 0 970 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | 39168 | A. BUILDING: _____ B. WING _____ | 09/21/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
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|---|---|---|---|---|
| 01370 | Continued From page 13 | 01370 | | |
| 01370 SS=D | 144G.61 Subd. 2 (a) Training and evaluation of unlicensed personn<br><br>(a) Training and competency evaluations for all unlicensed personnel must include the following:<br>(1) documentation requirements for all services provided;<br>(2) reports of changes in the resident's condition to the supervisor designated by the facility;<br>(3) basic infection control, including blood-borne pathogens;<br>(4) maintenance of a clean and safe environment;<br>(5) appropriate and safe techniques in personal hygiene and grooming, including:<br>(i) hair care and bathing;<br>(ii) care of teeth, gums, and oral prosthetic devices;<br>(iii) care and use of hearing aids; and<br>(iv) dressing and assisting with toileting;<br>(6) training on the prevention of falls;<br>(7) standby assistance techniques and how to perform them;<br>(8) medication, exercise, and treatment reminders;<br>(9) basic nutrition, meal preparation, food safety, and assistance with eating;<br>(10) preparation of modified diets as ordered by a licensed health professional;<br>(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;<br>(12) awareness of confidentiality and privacy;<br>(13) understanding appropriate boundaries between staff and residents and the resident's family;<br>(14) procedures to use in handling various emergency situations; and | 01370 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | 39168 | A. BUILDING: _____ B. WING _____ | 09/21/2023 |

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|---|---|---|---|---|
| 01370 | Continued From page 14<br><br>(15) awareness of commonly used health technology equipment and assistive devices.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview and record review, the licensee failed to ensure training was completed in all required areas for one of one unlicensed personnel (ULP)-D with records reviewed.<br><br>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).<br><br>The findings include:<br><br>ULP-D was hired on July 5, 2023, to provide direct care services to residents of the facility.<br><br>On September 20, 2023, between the hours of 8:00 and 9:45 a.m., ULP-D was observed providing cares to to residents of the facility which included personal hygiene, dressing, transfer with a mechanical lift, and meal preparation. ULP-D's employee record lacked evidence to indicate ULP-D completed training in the following areas:<br>-maintenance of a clean and safe environment<br>-appropriate and safe techniques in personal hygiene and grooming, including:<br>-hair care and bathing<br>-care of teeth, gums, and oral prosthetic devices<br>-care and use of hearing aids<br>-dressing and assisting with toileting<br>-standby assistance techniques and how to | 01370 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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|---|---|---|---|---|
| 01370 | Continued From page 15<br><br>perform them<br>-communication skills that included preserving the dignity of the client and showing respect for the client and the client's preferences, cultural background, and family<br>-understanding appropriate boundaries between staff and clients and the client's family<br>- recognizing physical, emotional, cognitive, and developmental needs of the client<br>-safe transfer techniques and ambulation<br>-range of motioning and positioning<br>-Other RN/professionally delegated tasks<br><br>On September 21, 2023, at 2:30 p.m. RN-E, who also was the licensee's project manager, stated, "We definitely had a miss on the completion of ULP training." RN-E explained they have now enrolled employees in an electronic-based education system. RN-E stated this created "a gap" in the training" process, which affected ULP training and competency. RN-E stated the licensee "needed to audit staff records better to make sure all training was complete and in the employees file."<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION:<br>Twenty-One (21) days<br><br>( | 01370 | | |

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

Type: Full
Date: *09/19/23*
Time: 14:52:48
Report: 1021231289

# Food and Beverage Establishment Inspection Report



**Location:**
IMED Home Care LLC
4309 West Old Shakopee Rd
Bloomington, MN55437
Hennepin County, 27

**Establishment Info:**
ID #: N039168
Risk:
Announced Inspection: Yes

**License Categories:**

Expires on: / /

**Operator:**

Phone #:
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.

**2-200 Employee Health**

***2-201.11C*** ***** Priority 1 *****

MN Rule 4626.0040C The person in charge must record all reports of diarrhea or vomiting made by food employees and report those illnesses to the regulatory authority at the specific request of the regulatory authority.

NO EMPLOYEE ILLNESS LOG ON-SITE. AN MDH EMPLOYEE ILLNESS LOG SENT WITH REPORT.

*Comply By: 09/20/23*

**2-100 Supervision**

***2-102.11ABCQ*** ***** Priority 2 *****

MN Rule 4626.0030ABCQ The person in charge must be able to demonstrate their knowledge to the inspector of the following factors associated with employee health and the transmission of foodborne disease: symptoms of illness frequently associated with foodborne diseases; food worker illness reporting requirements; and medical conditions requiring exclusion of an employee from work or the restriction of their work duties.

PERSON IN CHARGE DID NOT HAVE A POLICY FOR EMPLOYEES THAT ARE ILL. PERSON IN CHARGE WILL CREATE A POLICY AND WILL IMPLEMENT IT. COMPLY WITH RULE ABOVE.

*Comply By: 09/19/23*

**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.

OPEN HALF GALLON OF MILK AND OPEN CONTAINER OF CHICKEN SALAD WERE FOUND IN THE LF REFRIGERATOR WITHOUT A DATE MARK. DISCUSSED DATE MARKING WITH PERSON IN CHARGE. STAFF WILL DATE MARK TCS FOOD ITEMS.

*Comply By: 09/19/23*

**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.

NO TEST KIT ON-SITE TO MEASURE THE CONCENTRATION OF CHLORINE. PROVIDE.

*Comply By: 09/26/23*

**4-600 Cleaning Equipment and Utensils**

***4-601.11C***

MN Rule 4626.0840C Clean non-food contact surfaces of equipment and maintain free of accumulations of dust, dirt, food residue, and other debris.

VENTILATION HOOD FILTER CONTAINS ACCUMULATION OF GREASE. CLEAN AND MAINTAIN CLEAN.

*Comply By: 09/22/23*

**Food and Equipment Temperatures**

Process/Item: Cold Holding
Temperature: 40 Degrees Fahrenheit - Location: MILK - LG REFRIGERATOR
Violation Issued: No

Process/Item: Cold Holding
Temperature: 40 Degrees Fahrenheit - Location: CHICKEN SALAD - LG REFRIGERATOR
Violation Issued: No

Process/Item: Ambient Temperature
Temperature: 37 Degrees Fahrenheit - Location: LG REFRIGERATOR
Violation Issued: No

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

ALL FINDINGS ON THIS REPORT WERE DISCUSSED WITH PERSON IN CHARGE AND HEALTH REGULATION DIVISION NURSE EVALUATOR, MARY BRUESS.

THIS IS A RESIDENTIAL HOME. CURRENTLY THERE ARE THREE RESIDENTS WITH A MAXIMUM NUMBER OF FOUR.

PER CONVERSATION WITH STAFF, FOOD IS MADE FOR SAME DAY SERVICE. NO LEFTOVERS ARE KEPT.

THE KITCHEN HAS RESIDENTIAL EQUIPMENT, LAMINATE FLOORS AND TEXTURED CEILING. PHYSICAL FACILITY ITEMS WILL BE MONITORED AT FUTURE INSPECTIONS.

Type: Full
Date: *09/19/23*
Time: 14:52:48
Report: 1021231289
IMED Home Care 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 1021231289 of 09/19/23.

Certified Food Protection Manager: MUNSANDA S. MULEYA

Certification Number: FM113776 Expires: 07/28/23

**Inspection report reviewed with person in charge and emailed.**

Signed:_____
Establishment Representative
PERSON IN CHARGE

Signed:_____
Melissa Ramos
Environmental Health Specialist
Metro District Office
651-201-4495
Melissa.Ramos@state.mn.us