



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

August 14, 2024

Licensee
All Wullancare Inc.
7433 Lee Avenue North
Brooklyn Park, MN 55443

RE: Project Number(s) SL36667015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on July 18, 2024, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

MDH 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. 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 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>

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **<https://forms.office.com/g/Bm5uQEPhVa>**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at susan.winkelmann@state.mn.us or call 651-201-5952.

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

If you have any questions, please contact me.

Sincerely,



Jess Schoenecker, Supervisor

State Evaluation Team

Email: jess.schoenecker@state.mn.us

Telephone: 651-201-3789 Fax: 1-866-890-9290

JMD

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36667	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/18/2024
NAME OF PROVIDER OR SUPPLIER ALL WULLANCARE INC			STREET ADDRESS, CITY, STATE, ZIP CODE 7433 LEE AVENUE NORTH BROOKLYN PARK, MN 55443		
(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 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: SL#36667015 On July 15, 2024, through July 18, 2024, 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 was 1 resident; 1 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 SUBDIVISION 1-3.		
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness	0 680			

Minnesota Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Minnesota Department of Health

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0 680	Continued From page 1 (a) The facility must meet the following requirements: (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; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing residents. (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. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by: Based on 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 all visitors, employees, 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 is issued at a widespread scope (when problems	0 680			

Minnesota Department of Health

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0 680	Continued From page 2 are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: On July 15, 2024, at approximately 12:00 p.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A provided a binder and stated the contents were the licensee's EPP. The licensee's EPP dated June 28, 2024, lacked an individualized plan to include an EPP training and testing program. On July 15, 2024, at approximately 1:00 p.m., LALD/CNS-A acknowledged the licensee's EPP lacked training and testing. LALD/CNS-A stated the licensee's EPP was a work in progress and was not aware of all the requirements of Appendix Z. The licensee's 9.01 Emergency Preparedness Plan - Appendix Z Compliance policy dated July 30, 2021, indicated the licensee's EPP would include all required elements of appendix Z. Key elements of the EPP include four primary components: risk assessment and planning, policies and procedures, communication plan, and staff training and exercises/drills. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 680			
0 800 SS=F	144G.45 Subd. 2 (a) (4) Fire protection and physical environment	0 800			

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0 800	Continued From page 3 (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. This MN Requirement is not met as evidenced by: Based on document review and interview, the licensee failed to provide all required contents and an accurate site-specific fire safety and evacuation plan. This has the potential to directly affect the safety of visitors, staff, and resident(s). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: On July 16, 2024, at 4:21 p.m. and on July 17, 2024, at 10:34 a.m., the licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A provided an emailed with attachments with the home's fire safety and evacuation plan, training documentation and related policies, and evacuation drill records. On July 17, 2024, at approximately 11:00 a.m. a document review and teleconference interview with the licensed LALD/CNS-A indicated the following:	0 800			

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0 800	Continued From page 4 -The plan documentation lacked fire protection procedures for residents. The LALD/CNS-A stated that they go over the procedures verbally with the residents but did not provide written procedures. -The plan documentation lacked site-specific fire protection procedures for employees. The fire safety and evacuation plan (undated) included when to check the fire panels and alarm box the home did not have. -The main (ground) floor evacuation plan incorrectly labeled the garage door as an exit. The garage is considered a hazardous area. The LALD/CNS-A acknowledged the above findings during the interview and stated that she would get the fire safety and evacuation plan corrected. No further information was provided. TIME-PERIOD FOR CORRECTION: Twenty-one (21) days	0 800			



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

Type: Full
Date: 07/16/24
Time: 10:30:56
Report: 1050241126

Food and Beverage Establishment Inspection Report

Page 1

Location:

All Wullancare Inc
7433 Lee Avenue North
Brooklyn Park, MN55443
Hennepin County, 27

Establishment Info:

ID #: 0039412
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 6126365478
ID #:

The violations listed in this report include any previously issued orders and deficiencies identified during this inspection. Compliance dates are shown for each item.

No NEW orders were issued during this inspection.

Surface and Equipment Sanitizers

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

Food and Equipment Temperatures

Process/Item: Cold Holding/Milk
Temperature: 39F Degrees Fahrenheit - Location: Refrigerator
Violation Issued: No

Process/Item: Cold Holding/ Hash Brownb=
Temperature: -2 Degrees Fahrenheit - Location: Freezer
Violation Issued: No

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

Announced inspection completed by (MDH-FPLS) Andrew Spaulding and Nursing Director Agnes Agunbiade. Carl Samrock was the lead Health Regulation Division Nurse Evaluator.

Confirmed 4 residents for capacity however only one resident was on site at the time of inspection.

Residence does have a deep freezer kept inside garage all temps verified and secondary thermometer in use

Meals are prepared on site staff does not keep any leftovers residents also do not have mini fridge's inside of rooms.

Current pest control company servicing is Abracadabra every 3 months. There was no pest seen on site 7/16/24.

Type: Full
Date: 07/16/24
Time: 10:30:56
Report: 1050241126
All Wullancare Inc

Food and Beverage Establishment Inspection Report

Page 2

The kitchen has wood cabinets and tile flooring all found to be in good condition. There has not been any updates to floors, counter tops or cabinets.

Discussed the following:

- Employee illness policy and logging requirements
- Hand Washing
- Glove-use and bare hand contact
- Food storage and preventing cross contamination
- Date marking
- Vomit clean up procedures
- Restrictions concerning serving a highly susceptible population

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 1050241126 of 07/16/24.

Certified Food Protection Manager Agnes Agunbiade

Certification Number: FM107091 Expires: 07/24/27

Inspection report reviewed with person in charge and emailed.

Signed: _____

Agnes Agunbiade
Director Of Nursing

Signed: _____


Andrew Spaulding
Public Health Sanitarian 2
FPLS Metro
651-201-5298
andrew.spaulding@state.mn.us