Electronically Delivered

October 8, 2025

Licensee
Big Hearts Home Care Inc
7520 16th Avenue South
Richfield, MN 55423

RE: Project Number(s) SL40745015

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 August 21, 2025, 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 . . ."

IMPOSITION OF FINES

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

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

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

St - 0 - 0775 - 144g.45 Subd. 2. (a) - Fire Protection And Physical Environment - $500.00
St - 0 - 0780 - 144g.45 Subd. 2 (a) (1) - Fire Protection And Physical Environment - $500.00

The total amount you are assessed is $1,000.00. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

DOCUMENTATION OF ACTION TO COMPLY
Per Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document 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.

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

REQUESTING A HEARING
Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that

has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by MDH within 15 business days of the correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor.

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

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

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **https://forms.office.com/g/Bm5uQEpHVa**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at susan.winkelmann@state.mn.us or call 651-201-5952.

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

If you have any questions, please contact me.

Sincerely,

Renee L. Anderson

Renee L. Anderson, Supervisor
State Evaluation Team
Email: Renee.L.Anderson@state.mn.us
Telephone: 651-201-5871 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
	40745	A. BUILDING: _____ B. WING _____	08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BIG HEARTS HOME CARE INC	7520 16TH AVENUE SOUTH RICHFIELD, MN 55423

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments ****ATTENTION**** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL40745015-0 On August 18, 2025, through August 21, 2025, the Minnesota Department of Health conducted a full survey at the above provider, and the following orders are issued. At the time of the survey, there were five residents; all receiving 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 Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators ' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	
0 480 SS=F	144G.41 Subdivision 1 Subd. 1a (a-b) Minimum requirements; required food services	0 480		

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0 480	Continued From page 1 (a) Except as provided in paragraph (b), food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626. (b) For an assisted living facility with a licensed capacity of ten or fewer residents: (1) notwithstanding Minnesota Rules, part 4626.0033, item A, the facility may share a certified food protection manager (CFPM) with one other facility located within a 60-mile radius and under common management provided the CFPM is present at each facility frequently enough to effectively administer, manage, and supervise each facility's food service operation; (2) notwithstanding Minnesota Rules, part 4626.0545, item A, kick plates that are not removable or cannot be rotated open are allowed unless the facility has been issued repeated correction orders for violations of Minnesota Rules, part 4626.1565 or 4626.1570; (3) notwithstanding Minnesota Rules, part 4626.0685, item A, the facility is not required to provide integral drainboards, utensil racks, or tables large enough to accommodate soiled and clean items that may accumulate during hours of operation provided soiled items do not contaminate clean items, surfaces, or food, and clean equipment and dishes are air dried in a manner that prevents contamination before storage; (4) notwithstanding Minnesota Rules, part 4626.1070, item A, the facility is not required to install a dedicated handwashing sink in its existing kitchen provided it designates one well of a two-compartment sink for use only as a handwashing sink; (5) notwithstanding Minnesota Rules, parts 4626.1325, 4626.1335, and 4626.1360, item A, existing floor, wall, and ceiling finishes are	0 480		

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0 480	Continued From page 2 allowed provided the facility keeps them clean and in good condition; (6) notwithstanding Minnesota Rules, part 4626.1375, shielded or shatter-resistant lightbulbs are not required, but if a light bulb breaks, the facility must discard all exposed food and fully clean all equipment, dishes, and surfaces to remove any glass particles; and (7) notwithstanding Minnesota Rules, part 4626.1390, toilet rooms are not required to be provided with a self-closing door. 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 August 19, 2025, 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	0 480		

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0 480	Continued From page 3 to the FBEIR for any compliance dates.	0 480		
0 650 SS=D	144G.42 Subd. 8 (a) Staff records (a) The facility must maintain current records of each paid staff member, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following infomation: (1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules; (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision; (4) documentation of annual performance reviews that identify areas of improvement needed and training needs; (5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and (6) documentation of the background study as required under section 144.057. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure employee records included all required content for one of two employees clinical nurse supervisor (CNS)-B. This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a	0 650		

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0 650	Continued From page 4 client'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 clients are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: CNS-B was hired June 21, 2024, and provided supervision of staff and direct care services for residents. On August 18, 2025, at approximately 10:00 a.m., during the entrance conference, licensed assisted living director (LALD)-A stated employee records were maintained both on paper and electronically. LALD-A stated the licensee was aware of the required contents of employee records. CNS-B's employee record lacked documentation of completion of: -annual performance review -annual training -orientation training to include an overview of assisted living statutes, review of provider's policies and procedures, handing of resident complaints, reporting of complaints, where to report, consumer advocacy services, principles of person-centered planning/service delivery, hearing loss training (optional) and orientation to each specific resident and services provided On August 21, 2025, at 3:30 p.m. CNS-B stated the training was completed but not in the record. LALD-A stated stated the licensee planned to develop a single system to maintain employee records to reduce confusion and ensure employee records included all required content.	0 650		

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0 650	Continued From page 5 The licensee's Employee Records policy, revised June 1, 2025, indicated the licensee would keep an employee record for all paid employees. Employee records would be kept up-to-date and confidential. and include the following: -records of all training and in-service education required and/or provided including record of competency testing as required -documentation of annual performance reviews that identify areas of improvement needed and training needs -verification of completed orientation and annual training and competency testing as required . No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 650		
0 775 SS=F	144G.45 Subd. 2. (a) Fire protection and physical environment Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain facility in compliance with Minnesota State Fire Code under Minnesota Rules Chapter 7511. This had the potential to affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a	0 775		

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0 775	Continued From page 6 resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: On August 18, 2025, from approximately 11:50 a.m. to 1:05 p.m., the surveyor toured the facility with unlicensed personnel (ULP)-C and clinical nurse supervisor (CNS)-B. During the tour the surveyor observed the following: Cigarette butts were located in the rear yard that were laying on the ground near the house and not properly disposed of. Smoking materials should be discarded in approved receptacles to avoid fire risk. CNS-B acknowledged the noted deficiency during the tour and expressed that they would correct the issues. TIME PERIOD FOR CORRECTION: Seven (7) days	0 775		
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	0 780		

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0 780	Continued From page 7 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 interconnected smoke alarms throughout the facility. This had the potential to directly affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). Findings include:	0 780		

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0 780	Continued From page 8 On August 18, 2025, from approximately 11:50 a.m. to 1:05 p.m., the surveyor toured the facility with unlicensed personnel (ULP)-C and clinical nurse supervisor (CNS)-B. During the tour the surveyor observed the following: During the tour ULP-C tested smoke alarms by activating alarms in the upper-level bedroom hallway, and resident room 2. Each resident room had two smoke alarms and there were two distinct smoke alarm systems throughout the facility that did not interconnect with each other. The facility was equipped with hardwired alarms that were interconnected and separately with battery operated xsense branded alarms that were interconnected, but the two systems did not interconnect together. All supplied alarms must interconnect, and hardwired power must be maintained for hardwired alarms. During the facility tour interview on August 18, 2025, CNS-B verified the above listed fire protection and physical environment observations while accompanying on the tour. and expressed that they would ensure full interconnection and correct the deficiencies. TIME PERIOD FOR CORRECTION: Two (2) days	0 780		
0 830 SS=F	144G.45 Subd. 3 Local laws apply Assisted living facilities shall comply with all applicable state and local governing laws, regulations, standards, ordinances, and codes for fire safety, building, and zoning requirements, except a facility with a licensed resident capacity of six or fewer is exempt from rental licensing regulations imposed by any town, municipality, or	0 830		

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0 830	Continued From page 9 county. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to follow applicable state and local laws, regulations, standards, ordinances, and codes related to smoking for one of three residents (R1) who smoked. 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: R1 had diagnoses to include schizophrenia and diabetes. R1's Service Plan, dated May 28, 2025, indicated R1 received services to include assistance with behavior management for verbal aggression, agitation and anxiety, medication administration, meals, dressing, grooming, bathing, and reminders for appointments. R1's assessment dated June 22, 2025, indicated R1 was safe to smoke independently, and disposed of used cigarettes appropriately. On August 18, 2025, at 10:45 a.m., the surveyor	0 830		

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0 830	Continued From page 10 observed a designated smoking area on the left side of the building, and a metal cigarette disposal receptacle. On August 18, 2025, at 2:25 p.m., the surveyor observed R1 sitting in an enclosed area between the house and the garage. R1 was smoking a cigarette and flicking ashes in a small plastic garbage can with a plastic liner. The garbage can contained trash. No ash trays were observed in this area. No sign was present indicating smoking was not allowed in that area. On August 18, 2025, at 2:30 p.m., another resident (R3) approached the enclosed area. R1 stated, "We can't smoke out here anymore." R3 asked, "Why not?" R1 replied, "I don't know." On August 18, 2025, at 3:28 p.m., R1 was observed smoking a cigarette in a back patio area. Several previously smoked cigarette butts were scattered on the deck and patio area. There were no ashtrays observed. There was no sign indicating smoking was not allowed. R1 stated he often smoked in this area and then asked, "Am I not supposed to?" On August 18, 2025, at 3:28 p.m., clinical nurse supervisor (CNS)-B explained residents were only allowed to smoke in the designated area located in the front of the facility. CNS-B stated a "no smoking" sign was posted in the enclosed area between the house and the garage but did not know what happened to it. On August 21, 2025, at 3:30 p.m., licensed assisted living director (LALD)-A stated they posted new "no smoking" signs, and spoke to the three residents who smoked about the licensee's smoking rules. LALD-A further stated staff were	0 830		

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0 830	Continued From page 11 directed to be present and alert to when and where residents smoked. LALD-A further stated the licensee would monitor smoking more closely and update policies and procedures to adhere to expectations of safe smoking for residents and staff for their safety and well-being. The licensee's Resident Smoking poliy, effective date June 1, 2025, indicated, "It is the policy of [the licensee] to maintain a safe, healthy, and respectful environment for all residents, staff, and visitors. Smoking is only permitted in designated outdoor smoking areas and is strictly prohibited inside the facility. This policy is designed to protect the health of non-smoking residents, staff, and visitors, reduce fire risks within the facility. comply with state and local regulations regarding smoking in health care and residential settings. " The Minnesota Clean Indoor Air Act (MCIAA) amendment effective on August 1, 2019, noted smoking was prohibited in health care facilities and clinics. In addition, defined an indoor area as a space between a floor and a ceiling that is at least half enclosed by walls, doorways, or windows (opened or closed) around the perimeter. A wall included retractable dividers, garage doors, plastic sheeting or any other temporary or permanent physical barrier. Minnesota State Statute 144.414 Prohibitions; Subdivision 3 dated 2022, indicated under a section titled Health care facilities and clinics: (a) Smoking was prohibited in any area of a hospital, health care clinic, doctor's office, licensed residential facility for children, or other health care-related facility, except that a patient or resident in a nursing home, boarding care facility, or licensed residential facility for adults may	0 830		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	40745	A. BUILDING: _____ B. WING _____	08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BIG HEARTS HOME CARE INC	7520 16TH AVENUE SOUTH RICHFIELD, MN 55423

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0 830	Continued From page 12 smoke in a designated separate, enclosed room maintained in accordance with applicable state and federal laws. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days	0 830		
01620 SS=D	144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring (a) Residents who are not receiving any assisted living services shall not be required to undergo an initial nursing assessment. (b) An assisted living facility shall conduct a nursing assessment by a registered nurse of the physical and cognitive needs of the prospective resident and propose a temporary service plan prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. If necessitated by either the geographic distance between the prospective resident and the facility, or urgent or unexpected circumstances, the assessment may be conducted using telecommunication methods based on practice standards that meet the resident's needs and reflect person-centered planning and care delivery. (c) Resident reassessment and monitoring must be conducted by a registered nurse: (1) no more than 14 calendar days after initiation of services; (2) as needed based on changes in the resident's needs; and (3) at least every 90 calendar days. (d) Sections of the reassessment and monitoring in paragraph (c) may be completed by a licensed	01620		

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01620	Continued From page 13 practical nurse as allowed under the Nurse Practice Act in sections 148.171 to 148.285. A registered nurse must review the findings as part of the resident's reassessment. (e) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review. (f) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. 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) conducted ongoing resident monitoring and reassessments not to exceed 90 calendar days from the last date of the assessment or as needed upon a change of condition for one of two residents (R1). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or one or a limited number of staff are involved or the situation has occurred only occasionally).	01620		

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01620	Continued From page 14 The findings include: The licensee admitted R1 to the facility on May 28, 2025 with diagnosis to include schizophrenia and diabetes. R1's Service Plan, dated May 28, 2025, indicated R1 received services including assistance with behavior management for verbal aggression, agitation and anxiety, medication administration, meals, dressing, grooming, bathing, and reminders for appointments. On August 18, 2025, at 10:45 a.m., clinical nurse supervisor (CNS)-B stated the RN was responsible to complete resident assessments upon admission, within 14 days, every 90 days or with a change of a resident's condition. On August 18, 2025, at 12:18 p.m., the surveyor observed unlicensed personnel (ULP)-C assisting R1 with blood-glucose testing. R1's medical record included an assessment completed May 28, 2025, upon admission. The next comprehensive nurse assessment was completed June 22, 2025, greater than 14 days (25 days) after the start of services. On August 21, 2025, at 3:30 p.m., clinical nurse supervisor (CNS)-B stated they had completed the assessment on time but forgot to put into the computer system until the following week. CNS-B stated the licensee purchased a "white board" to track daily completion of resident assessments and documentation. The licensee's Assessment and Reviews and Monitoring policy, dated June 1, 2025, indicated,	01620		

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	40745	A. BUILDING: _____ B. WING _____	08/21/2025

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01620	Continued From page 15 "Resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01620		
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. (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:	02410		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	40745	A. BUILDING: _____ B. WING _____	08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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02410	Continued From page 16 Based on observation, interview and record review, the licensee failed to ensure privacy was maintained while providing services for one of two residents (R1). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, 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 and diabetes. R1's Service Plan, dated May 28, 2025, indicated R1 received services including assistance with blood glucose monitoring twice daily. R1's current medication sheet, dated August 19, 2025, indicated staff assisted R1 with blood glucose monitoring daily at 9:00 a.m., 12:00 p.m., and 9:00 p.m. On August 18, 2025, at 12:15 p.m., the surveyor observed ULP-C assist R1 with blood glucose monitoring. R1 and R2 were seated at the dining room table eating lunch. ULP-C approached and asked R1 to expose a finger. ULP-C wiped R1's finger with an alcohol wipe and pierced R1's finger for a blood sample. ULP-C stated aloud the meter reading of "224". ULP-C returned to the medication cart, removed gloves, performed hand hygiene and documented the reading.	02410		

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02410	Continued From page 17 On August 18, 2025, at 12:23 p.m., when asked if the lack of privacy bothered him, R1 stated, "They do it here all the time." R2, sitting at the table next to R1, frowned and nodded "yes." ULP-C's Blood Glucose Monitoring and Training Checklist, signed November 18, 2024, directed staff to: -identify the client to be tested -provide privacy for the procedure -explain the procedure to the resident On August 18, 2025, at 12:45 p.m., ULP-C stated, "I should have provided privacy for [R1] when I did the Accu-Chek. I just forgot." ULP-C stated she had been trained on performing blood glucose tests by clinical nurse supervisor (CNS)-B. On August 21, 2025, at 3:30 p.m., CNS-B stated the licensee expected staff to provide privacy and explain all procedures every time. CNS-B further explained the licensee planned a meeting the following week to reinforce the training with staff. The licensee's Medications and Treatments policy, effective/revised date June 1, 2025, indicated the procedure included: -identify the resident to be tested. -explain the procedure to the resident. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	02410		

Metro District Office
Minnesota Department of Health
625 Robert St N, PO BOX 64975
St Paul, MN 55164
Phone: 651-201-4500

Food & Beverage Inspection Report

Establishment Info

BIG HEARTS HOME CARE INC
7520 16TH AVENUE SOUTH
Richfield, MN 55423
Hennepin County
Parcel:

Phone:

License Info

License: HFID 40745

Risk:
License:
Expires on:
CFPM: Ahmed Farah
CFPM #: FM21524; Exp: 2/12/2028

Inspection Info

Report Number: F1004251118
Inspection Type: Full - Single
Date: 8/19/2025 Time: 12:00:00 PM
Duration: minutes
Announced Inspection:
Total Priority 1 Orders: 1
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery:

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

3-302.11A(1) *Priority Level: Priority 1 CFP#: 15*

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

COMMENT: **RAW SHELL EGGS FOUND STORED OVER PRODUCE IN THE KITCHEN REFRIGERATOR. ENSURE ALL RAW ANIMAL FOODS ARE STORED BELOW AND SEPARATE FROM READY-TO-EAT ITEMS. *CORRECTED ON SITE.**

Comply By: 8/19/2025 Originally Issued On: 8/19/2025

Food & Beverage General Comment

INSPECTION WAS CONDUCTED BY MOLLY DOUGHERTY (FPLS) IN CONJUNCTION WITH A HEALTH REGULATIONS DIVISION (HRD) SURVEY CONDUCTED BY MARY BRUESS.

DISCUSSED:
-EMPLOYEE ILLNESS POLICY AND LOG
-HANDWASHING
-SANITIZER USE
-CLEANING/SANITIZING FOOD CONTACT SURFACES AND UTENSILS
-HIGH TEMPERATURE SANITIZING DISH MACHINE TEMPERATURE VERIFICATION
-DATE MARKING PROCEDURES
-THERMOMETER USE AND CALIBRATION
-SERVING A HIGHLY SUSCEPTIBLE POPULATION (NO RAW/UNDERCOOKED ANIMAL FOODS, NO UNPASTEURIZED JUICE, MILK, ETC)
-VOMIT/FECAL INCIDENT CLEAN UP PROCEDURES
-FOOD SOURCE
-FOOD SERVICE PROCEDURES (SAME DAY SERVICE)
-PEST CONTROL
-LOGS
-PHYSICAL FACILITIES AND MAINTENANCE

*REPORT WAS DISCUSSED WITH THE OPERATOR (AHMED) OVER THE PHONE, WITH THE

PERSON IN CHARGE (JUDY) ON SITE, AND WITH THE NURSE EVALUATOR (MARY).

*FLOORS ARE STONE TILE, WALLS AND CEILING ARE SMOOTH PAINTED DRYWALL. COUNTERTOPS ARE LAMINATE AND CABINETS ARE VARNISHED WOOD WITH HALLOW BASE AND LAMINATE. ALL ARE FOUND TO BE IN GOOD CONDITION AND WILL BE MONITORED AT FUTURE INSPECTIONS. IF AT SUCH A TIME THEY ARE FOUND TO BE A CONCERN OR RISK OF CONTAMINATION, THEY WILL BE ORDERED TO BE REPLACED AND BROUGHT UP TO CODE.

*KITCHEN HAS A 2-BASIN SINK. ONE BASIN IS DESIGNATED AS THE HANDWASHING SINK. THIS BASIN MAY ONLY BE USED FOR HANDWASHING PURPOSES.

*IF ANY RESIDENT COMPLAINS OF ILLNESS, CONTACT THE MINNESOTA DEPARTMENT OF HEALTH AND PROVIDE THE FOODBORNE ILLNESS HOTLINE PHONE NUMBER TO THE RESIDENT. THE FOODBORNE ILLNESS HOTLINE PHONE NUMBER IS 1-877-366-3455.

NOTE: All new food equipment must meet the applicable standards of the American National Standards Institute (ANSI). Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

I acknowledge receipt of the Metro District Office inspection report number F1004251118 from 8/19/2025

Molly Dougherty

Ahmed Farah
Operator

Molly Dougherty,
Public Health Sanitarian 3
651-201-3978
molly.dougherty@state.mn.us

Metro District Office
Minnesota Department of Health
625 Robert St N, PO BOX 64975
St Paul, MN 55164

Temperature Observations/Recordings

Establishment Info

BIG HEARTS HOME CARE INC
Richfield
County/Group: Hennepin County

Inspection Info

Report Number: F1004251118
Inspection Type: Full
Date: 8/19/2025
Time: 12:00:00 PM

Equipment Temperature: Product/Item/Unit: Ambient temperature**; Temperature Process:** Cold-Holding
Location: Refrigerator at 40 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Butter**; Temperature Process:** Cold-Holding
Location: Refrigerator at 41 Degrees F.
Comment:
Violation Issued?: No

Food Temperature: Product/Item/Unit: Sausage**; Temperature Process:** Cold-Holding
Location: Refrigerator at 40 Degrees F.
Comment:
Violation Issued?: No

Metro District Office
Minnesota Department of Health
625 Robert St N, PO BOX 64975
St Paul, MN 55164

Sanitizer Observations/Recordings

Establishment Info

BIG HEARTS HOME CARE INC
Richfield
County/Group: Hennepin County

Inspection Info

Report Number: F1004251118
Inspection Type: Full
Date: 8/19/2025
Time: 12:00:00 PM

Sanitizing Equipment: **Product:** Hot Water**; Sanitizing Process:** Dish Machine
Location: Kitchen **Equal To** 160 Degrees F.
Comment:
Violation Issued?: No