



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically delivered

April 12, 2022

Administrator  
N&V Helpful Heart Care, Inc.  
6620 Bryant Avenue North  
Brooklyn Center, MN 55430

RE: Project Number(s) SL34008015

Dear Administrator:

On March 29, 2022, the Minnesota Department of Health completed a follow-up evaluation of your facility to determine correction of orders found on the evaluation completed on October 22, 2021. The follow-up evaluation determined your agency had corrected all of the state licensing orders issued pursuant to the October 22, 2021 evaluation.

Also, at the time of this follow-up evaluation completed on March 29, 2022, we identified the following violation(s):

**0950-Designation Of Representative-144.50 Subd. 3**  
**0970-Waivers Of Liability Prohibited-144.50 Subd. 5**

The details of the violation(s) noted at the time of this follow-up evaluation are delineated on the attached State Form. Only the ID Prefix Tag in the left hand column without brackets will identify these licensing orders. It is not necessary to develop a plan of correction.

#### **DOCUMENTATION OF ACTION TO COMPLY**

In accordance with Minn. Stat. § 144G.30, Subd. 5(c), by the correction order date, the licensee must document in the provider's records any action taken to comply with the correction order by the correction order date. The commissioner may request a copy of this documentation and the assisted living facility's action to respond to the correction orders in future evaluations, upon a complaint investigation, and as otherwise needed.

#### **IMPOSITION OF FINES:**

Level 1: no fines or enforcement.

Level 2: a fine of \$500 per violation, in addition to any enforcement mechanism authorized in §144G.20 for widespread violations;

Level 3: a fine of \$3,000 per violation per incident, in addition to any enforcement mechanism authorized in §144G.20.

Level 4: a fine of \$5,000 per incident, in addition to any enforcement mechanism authorized in §144G.20.

N&v Helpful Heart Care, Inc.

April 12, 2022

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**CORRECTION ORDER RECONSIDERATION PROCESS**

In accordance with Minn. Stat. § 144G.32, Subd. 2, you have one opportunity to challenge the correction order issued, including the level and scope, and any fine assessed through the correction order reconsideration process. This written request must be received by the Department of Health within 15 calendar days of the correction order receipt date. Please send your written request via email to the following:

Reconsideration Unit  
Health Regulation Division  
Minnesota Department of Health  
P.O. Box 64970  
85 East Seventh Place  
St. Paul, MN 55164-0970  
**Health.HRD.Appeals@state.mn.us**

We urge you to review these orders carefully. If you have questions, please contact Jess Gallmeier at 651-247-0268.

Please note, it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

Sincerely,



Jess Gallmeier, Supervisor  
Health Regulation Division  
State Evaluation Team  
85 East Seventh Place, Suite 220  
P.O. Box 3879  
St. Paul, MN 55101-3879  
Telephone: 651-247-0268 Fax: 651-215-9697

PMB

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34008</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/29/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>N&amp;V HELPFUL HEART CARE INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6620 BRYANT AVENUE NORTH BROOKLYN CENTER, MN 55430</b>
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(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}	<p>Initial Comments</p> <p>Initial comments *****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95 this correction order(s) has been issued pursuant to a survey.</p> <p>Determination of whether a violation has been 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.</p> <p>INITIAL COMMENTS: Project # SL 34008015-2</p> <p>On March 29, 2022, the Minnesota Department of Health conducted a revisit at the above provider to follow-up on orders issued pursuant to a survey completed on October 22, 2021 and January 3, 2022. At the time of the survey, there were four residents receiving services under the Assisted Living license. As a result of the revisit, the following orders were issued.</p>	{0 000}	<p>Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living 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.</p> <p>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.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>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.</p>	
{0 480}	144G.41 Subd 1 (13) (i) (B) Minimum requirements	{0 480}		

Minnesota Department of Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Minnesota Department of Health

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{0 480}	Continued From page 1  (13) offer to provide or make available at least the following services to residents:  (i) at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The following apply:  (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and  This MN Requirement is not met as evidenced by: No further action required.	{0 480}		
{0 810} SS=F	144G.45 Subd. 2 (b)-(f) Fire protection and physical environment  (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) employee actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation.	{0 810}		

Minnesota Department of Health

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{0 810}	Continued From page 2  (c) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill.  This MN Requirement is not met as evidenced by: No further action needed.	{0 810}		
0 950 SS=F	144.50 Subd. 3 Designation of representative  (a) Before or at the time of execution of an assisted living contract, an assisted living facility must offer the resident the opportunity to identify a designated representative in writing in the contract and must provide the following verbatim notice on a document separate from the contract:  "RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES.  You have the right to name anyone as your "Designated Representative." A Designated Representative can assist you, receive certain information and notices about you, including	0 950		

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0 950	<p>Continued From page 3</p> <p>some information related to your health care, and advocate on your behalf. A Designated Representative does not take the place of your guardian, conservator, power of attorney ("attorney-in-fact"), or health care power of attorney ("health care agent"), if applicable."</p> <p>(b) The contract must contain a page or space for the name and contact information of the designated representative and a box the resident must initial if the resident declines to name a designated representative. Notwithstanding subdivision 1, paragraph (f), the resident has the right at any time to add, remove, or change the name and contact information of the designated representative.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract included designation of representative in writing with the required statutory language for two of two residents (R1, R2) with records reviewed.</p> <p>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).</p> <p>The findings include:</p> <p>R1's Assisted Living Contract dated November 29, 2021, lacked the verbatim "right to designate a representative for certain purposes" notice</p>	0 950		

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0 950	<p>Continued From page 4</p> <p>required at the time of execution of the contract.</p> <p>R2's Assisted Living Contract dated January 13, 2022, lacked the verbatim "right to designate a representative for certain purposes" notice required at the time of execution of the contract.</p> <p>On March 29, 2022, at approximately 11:30 a.m., director (D-C) acknowledged the required verbatim notice was not included in the residents' contract. In addition, D-C stated the same contract was used for all the licensee's residents.</p> <p>The licensee's assisted living contract policy was requested but not provided.</p> <p>No further information provided.</p>	0 950		
0 970 SS=F	<p>144.50 Subd. 5 Waivers of liability prohibited</p> <p>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.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract did not include language waiving the licensee's liability for health, safety, or personal property of a resident. This had the potential to affect all residents.</p>	0 970		

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0 970	<p>Continued From page 5</p> <p>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).</p> <p>The findings include:</p> <p>R1's Assisted Living Contract dated November 29, 2021, included a section titled liability and indicated R1 waived liability of the licensee for the health and safety or personal property of a resident.</p> <p>R2's Assisted Living Contract dated January 13, 2022, included a section titled liability and indicated R2 waived liability of the licensee for the health and safety or personal property of a resident.</p> <p>On March 29, 2022, at approximately 11:20 a.m., director (D-C) acknowledged the licensee's assisted living contract included a waiver of liability for health and safety or personal property. In addition, D-C stated the same contract was used for all the licensee's residents.</p> <p>The licensee's assisted living contract policy was requested but not provided.</p> <p>No further information provided.</p>	0 970		



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically delivered

March 1, 2022

Administrator  
N&V Helpful Heart Care, Inc.  
6620 Bryant Avenue North  
Brooklyn Center, MN 55430

RE: Project Number(s) SL34008015

Dear Administrator:

On January 4, 2022, the Minnesota Department of Health completed a follow-up evaluation of your facility to determine correction of orders found on the evaluation completed on October 22, 2021. The follow-up evaluation determined your agency had not corrected all of the state licensing orders issued pursuant to the October 22, 2021 evaluation.

In accordance with Minn. Stat. § 144G.31 Subd. 4 (a), state licensing orders issued pursuant to the last evaluation completed on October 22, 2021, found not corrected at the time of the January 4, 2022, follow-up evaluation and/or subject to penalty assessment are as follows:

- 0900-Contract Required-144g.50 Subdivision 1 = \$500.00**
- 1480-Orientation To Resident-144g.63 Subd. 3 = \$500.00**
- 1620-Initial Reviews, Assessments, And Monitoring-144g.70 Subd. 2 = \$500.00**

The details of the violations noted at the time of this follow-up evaluation completed on January 4, 2022 (listed above), are on the attached State Form. Brackets around the ID Prefix Tag in the left hand column, e.g., {2 ----} will identify the uncorrected tags.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$2,000**. You will be invoiced after 15 days of the receipt of this notice, subject to appeal. Also, at the time of this follow-up evaluation completed on January 4, 2022, we identified the following violation(s):

- 0510-Infection Control Program-144g.41 Subd. 3 = \$500.00**

The details of the violation(s) noted at the time of this follow-up evaluation are delineated on the attached State Form. Only the ID Prefix Tag in the left hand column without brackets will identify these licensing orders. It is not necessary to develop a plan of correction.

#### **DOCUMENTATION OF ACTION TO COMPLY**

In accordance with Minn. Stat. § 144G.30, Subd. 5(c), by the correction order date, the licensee must

document in the provider's records any action taken to comply with the correction order by the correction order date. The commissioner may request a copy of this documentation and the assisted living facility's action to respond to the correction orders in future evaluations, upon a complaint investigation, and as otherwise needed.

**IMPOSITION OF FINES:**

Level 1: no fines or enforcement.

Level 2: a fine of \$500 per violation, in addition to any enforcement mechanism authorized in §144G.20 for widespread violations;

Level 3: a fine of \$3,000 per violation per incident, in addition to any enforcement mechanism authorized in §144G.20.

Level 4: a fine of \$5,000 per incident, in addition to any enforcement mechanism authorized in §144G.20.

**CORRECTION ORDER RECONSIDERATION PROCESS**

In accordance with Minn. Stat. § 144G.32, Subd. 2, you have one opportunity to challenge the correction order issued, including the level and scope, and any fine assessed through the correction order reconsideration process. This written request must be received by the Department of Health within 15 calendar days of the correction order receipt date. Please send your written request via email to the following:

Reconsideration Unit  
Health Regulation Division  
Minnesota Department of Health  
P.O. Box 64970  
85 East Seventh Place  
St. Paul, MN 55164-0970  
**Health.HRD.Appeals@state.mn.us**

**REQUESTING A HEARING**

Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the Department of Health within 15 business days of the correction order receipt date. Requests for hearing may be emailed to **Health.HRD.Appeals@state.mn.us**.

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

We urge you to review these orders carefully. If you have questions, please contact Jess Gallmeier at 651-247-0268.

N&V Helpful Heart Care, Inc.

March 1, 2022

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Please note, it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

Sincerely,

A handwritten signature in cursive script that reads "Jess Gallmeier". The signature is written in black ink and is positioned below the word "Sincerely,".

Jess Gallmeier, Supervisor  
Health Regulation Division  
State Evaluation Team  
85 East Seventh Place, Suite 220  
P.O. Box 3879  
St. Paul, MN 55101-3879  
Telephone: 651-247-0268 Fax: 651-215-9697

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Minnesota Department of Health

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{0 000}	<p>Initial Comments</p> <p>Initial comments *****ATTENTION*****</p> <p>ASSISTED LIVING LICENSING CORRECTION ORDER(S)</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.</p> <p>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.</p> <p>INITIAL COMMENTS: SL34008015-1</p> <p>On January 3, 2022, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are reissued. At the time of the survey, there were four residents receiving services under the provider's Assisted Living license.</p>	{0 000}	<p>Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.</p>	
{0 430} SS=C	<p>144G.40 Subd. 2 Uniform checklist disclosure of services</p> <p>(a) All assisted living facilities must provide to prospective residents:</p>	{0 430}		

Minnesota Department of Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Minnesota Department of Health

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{0 430}	<p>Continued From page 1</p> <p>(1) a disclosure of the categories of assisted living licenses available and the category of license held by the facility;</p> <p>(2) a written checklist listing all services permitted under the facility's license, identifying all services the facility offers to provide under the assisted living facility contract, and identifying all services allowed under the license that the facility does not provide; and</p> <p>(3) an oral explanation of the services offered under the contract.</p> <p>(b) The requirements of paragraph (a) must be completed prior to the execution of the assisted living contract.</p> <p>(c) The commissioner must, in consultation with all interested stakeholders, design the uniform checklist disclosure form for use as provided under paragraph (a).</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide a copy of the uniform disclosure of assisted living services and amenities (UDALSA) with the required content for one of two residents (R2) with records reviewed.</p> <p>This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>R2 admitted to licensee on January 11, 2018.</p>	{0 430}		

Minnesota Department of Health

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NAME OF PROVIDER OR SUPPLIER  <b>N&amp;V HELPFUL HEART CARE INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>6620 BRYANT AVENUE NORTH BROOKLYN CENTER, MN 55430</b>		
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{0 430}	Continued From page 2  R2's Service Plan Addendum, initially dated November 11, 2016, and reviewed on September 13, 2021, indicated R2 received services including: medication management, treatments, total assistance with meal preparation, laundry and housekeeping.  R2's record lacked documentation of acknowledgement or receipt of the UDALSA including: (1) a disclosure of the categories of assisted living licenses available and the category of license held by the facility; (2) a written checklist listing all services permitted under the facility's license, identifying all services the facility offers to provide under the assisted living facility contract, and identifying all services allowed under the license that the facility does not provide; and (3) an oral explanation of the services offered under the contract.  On January 3, 2022, at 11:43 a.m., licensed assisted living director (LALD)-D and registered nurse (RN)-A confirmed R2 had not received the UDALSA. LALD-D and RN-A stated R2's UDALSA was completed but none of the other residents who received services under the assisted living license had received a UDALSA.  The licensee lacked policies to include the new assisted living licensure requirements, effective August 1, 2021.  No further information was provided.	{0 430}		
0 480	144G.41 Subd 1 (13) (i) (B) Minimum requirements	0 480		

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0 480	Continued From page 3  (13) offer to provide or make available at least the following services to residents:  (i) at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The following apply:  (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and  This MN Requirement is not met as evidenced by: No further action needed.	0 480		
0 510 SS=F	144G.41 Subd. 3 Infection control program  (a) All assisted living facilities must establish and maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control. (b)The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities. (c) The facility must maintain written evidence of compliance with this subdivision.  This MN Requirement is not met as evidenced	0 510		

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0 510	<p>Continued From page 4</p> <p>by: Based on observation, interview, and record review, the licensee failed to establish and maintain an infection control program that complies with accepted health care, medical and nursing standards for infection control related to COVID-19. The licensee failed to ensure staff and visitors entering or re-entering the building were screened for COVID-19 with documented temperatures and symptom screening questions. The licensee also failed to ensure staff wore eye protection while within six feet of residents.</p> <p>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).</p> <p>The findings include:</p> <p>On January 3, 2022, at approximately 9:30 a.m., and 10:00 a.m., the surveyors were not screened for COVID-19 symptoms and temperatures were not taken.</p> <p>On January 3, 2022, at approximately 10:30 a.m., registered nurse (RN)-A entered the building and was not screened for COVID-19 symptoms nor had a temperature taken.</p> <p>On January 3, 2022, at approximately 10:53 a.m., licensed assisted living director (LALD)-D entered the building and was not screened for COVID-19 symptoms nor had a temperature taken.</p>	0 510		

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0 510	<p>Continued From page 5</p> <p>On January 3, 2022, at approximately 11:15 a.m., a visitor entered the building and was not screened for COVID-19 symptoms nor had a temperature taken.</p> <p>On January 3, 2022, at approximately 12:15 p.m., RN-A sat at the dining table with a resident and did not wear eye protection.</p> <p>The Minnesota Department of Health (MDH) guidance document, titled COVID-19 Toolkit Information for Long Term Care Facilities, dated March 8, 2021, indicated all residents should be actively screened for fever and symptoms consistent with COVID-19 at least daily. If a pulse oximeter was available, daily pulse oximetry screening was recommended with charting of clinical measurements and symptoms for each resident.</p> <p>The MDH document, titled COVID-19 Personal Protective Equipment (PPE) Grid for Congregate Care Settings, dated April 23, 2021, noted healthcare workers with face-to-face contact with residents should wear a medical grade, well-fitting mask and eye protection.</p> <p>During an interview on January 3, 2022, at approximately 2:10 p.m., LALD-D, acknowledged they had missed the screening and temperature monitoring that morning, and stated she had even reminded the aide, but it was not completed.</p> <p>The licensee's undated policy, titled Standard Precautions, indicated the licensee's staff will use standard precautions when providing cares in accordance with MDH, and the Centers for Disease Control (CDC) guidelines.</p> <p>No further information was provided.</p>	0 510		

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{0 810} SS=F	<p>144G.45 Subd. 2 (b)-(f) Fire protection and physical environment</p> <p>(b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to:</p> <ul style="list-style-type: none"> <li>(1) location and number of resident sleeping rooms;</li> <li>(2) employee actions to be taken in the event of a fire or similar emergency;</li> <li>(3) fire protection procedures necessary for residents; and</li> <li>(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.</li> </ul> <p>(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.</p> <p>(d) Fire safety and evacuation plans shall be readily available at all times within the facility.</p> <p>(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.</p> <p>(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.</p> <p>This MN Requirement is not met as evidenced by: No further action required.</p>	{0 810}		

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{0 900}	Continued From page 7	{0 900}		
{0 900} SS=F	<p>144G.50 Subdivision 1 Contract required</p> <p>(a) An assisted living facility may not offer or provide housing or assisted living services to any individual unless it has executed a written contract with the resident.</p> <p>(b) The contract must contain all the terms concerning the provision of: (1) housing; (2) assisted living services, whether provided directly by the facility or by management agreement or other agreement; and (3) the resident's service plan, if applicable.</p> <p>(c) A facility must: (1) offer to prospective residents and provide to the Office of Ombudsman for Long-Term Care a complete unsigned copy of its contract; and (2) give a complete copy of any signed contract and any addendums, and all supporting documents and attachments, to the resident promptly after a contract and any addendum has been signed.</p> <p>(d) A contract under this section is a consumer contract under sections 325G.29 to 325G.37.</p> <p>(e) Before or at the time of execution of the contract, the facility must offer the resident the opportunity to identify a designated representative according to subdivision 3.</p> <p>(f) The resident must agree in writing to any additions or amendments to the contract. Upon agreement between the resident and the facility, a new contract or an addendum to the existing contract must be executed and signed.</p>	{0 900}		

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{0 900}	<p>Continued From page 8</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop and execute a written contract, with the required content, for one of two residents (R2) with records reviewed.</p> <p>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 the residents).</p> <p>The findings include:</p> <p>The licensee transitioned from a comprehensive home care license to an assisted living license on August 1, 2021.</p> <p>R2's Service Plan Addendum, initially dated November 11, 2016, and reviewed on September 13, 2021, indicated R2 received services including: medication management, treatments, total assistance with meal preparation, laundry and housekeeping.</p> <p>R2's record lacked a written contract which included all of the terms concerning the provisions of the following as required: (1) housing (2) assisted living services, whether provided directly by the licensee or by management agreement or other agreement; and (3) the resident's service plan, if applicable.</p> <p>In addition, R2's record lacked evidence that the</p>	{0 900}		

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{0 900}	<p>Continued From page 9</p> <p>contract had been fully executed as the licensee must:</p> <ul style="list-style-type: none"> <li>- offer to prospective residents and provide to the Office of Ombudsman for Long-Term Care a complete unsigned copy of its contract;</li> <li>- give a complete copy of any signed contract and any addendums, and all supporting documents and attachments, to the resident promptly after a contract and any addendum has been signed; and</li> <li>- the licensee must offer the resident the opportunity to identify a designated representative.</li> </ul> <p>On January 3, 2022, at approximately 12:40 p.m., registered nurse (RN)-A indicated R2 and most of the other residents who received services under the assisted living license had not signed a contract as required.</p> <p>The licensee lacked policies to include the new assisted living licensure requirements, effective August 1, 2021.</p> <p>No further information was provided.</p>	{0 900}		
{01480} SS=F	<p>144G.63 Subd. 3 Orientation to resident</p> <p>Staff providing assisted living services must be oriented specifically to each individual resident and the services to be provided. This orientation may be provided in person, orally, in writing, or electronically.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure staff providing assisted living services were oriented</p>	{01480}		

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{01480}	<p>Continued From page 10</p> <p>specifically to each individual resident and the services to be provided for two of two unlicensed personnel (ULP)-B and ULP-E) with records reviewed.</p> <p>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).</p> <p>The findings include:</p> <p>On January 3, 2022, at approximately 12:40 p.m., ULP-B served a meal to R2 in the dining area.</p> <p>ULP-B started employment on August 15, 2013, under the comprehensive home care license and began providing assisted living services on August 1, 2021.</p> <p>ULP-B's record lacked documentation of orientation to individual residents and services they received from licensee.</p> <p>ULP-E started employment on April 22, 2017, under the comprehensive home care license and began providing assisted living services on August 1, 2021.</p> <p>ULP-E's record lacked documentation of orientation to individual residents and services they received from licensee.</p> <p>On January 3, 2022, at approximately 12:40 p.m., licensed assisted living director (LALD)-D and</p>	{01480}		

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{01480}	Continued From page 11  registered nurse (RN)-A acknowledged ULP-B, ULP-E, and all employees of the licensee were missing orientation to individual resident services and stated the resident information is provided to staff working through the care plans.  The licensee's policy for orientation to specific resident services and cares was requested but not provided.  No further information provided.	{01480}		
{01620} SS=F	144G.70 Subd. 2 Initial reviews, assessments, and monitoring  (c) Resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services. Ongoing resident reassessment and monitoring must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the last date of the assessment. (d) 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. (e) 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.	{01620}		

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{01620}	<p>Continued From page 12</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the registered nurse (RN) conducted ongoing resident monitoring and reassessments (90-day) to include all areas required on the uniform assessment tool for one of two residents (R2) with records reviewed.</p> <p>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).</p> <p>The findings included:</p> <p>R2's admission date was October 10, 2015. R2's diagnosis included: aphasia (a comprehension and communication disorder resulting from damage or injury to the brain).</p> <p>R2's Service Plan Addendum, initially dated November 11, 2016, and reviewed on September 13, 2021, indicated R2 received services including: medication management services, treatments, total assistance with meal preparation, laundry and housekeeping.</p> <p>R2's Monitoring and Reassessment, dated October 26, 2015, and last reviewed on May 1, 2021, indicated R2 was assessed for activities of daily living, medication management, physical assessment, pain, and cognition.</p> <p>R2's record lacked evidence of a 90-day</p>	{01620}		

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{01620}	<p>Continued From page 13</p> <p>monitoring and re-assessment completed by a RN to include all areas of the uniform assessment tool:</p> <ul style="list-style-type: none"> <li>-the resident's personal lifestyle preferences</li> <li>-independent instrumental activities of daily living</li> <li>-emotional and mental health conditions</li> <li>-communication and sensory capabilities</li> <li>-skin</li> <li>-nutritional and hydration status and preferences</li> <li>-list of treatments, including type, frequency, and level of assistance needed</li> <li>-nursing needs, including potential to receive nursing-delegated services</li> <li>-risk indicators</li> <li>-person with decision-making authority for the resident</li> </ul> <p>On January 3, 2022, at approximately 11:40 a.m., RN-A acknowledged the 90-day monitoring and reassessment was not completed to include all areas required on the uniform assessment tool. RN-A also stated only R1's record (from the previous survey) was updated to reflect the required assessment, but none of the other licensee's residents had a uniform assessment tool completed.</p> <p>The licensee lacked policies to include the new assisted living licensure requirements, effective August 1, 2021.</p> <p>No further information was provided.</p>	{01620}		
{01890} SS=D	<p>144G.71 Subd. 20 Prescription drugs</p> <p>A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription</p>	{01890}		

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{01890}	<p>Continued From page 14</p> <p>label with legible information including the expiration or beyond-use date of a time-dated drug.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure medications were not expired for one of one resident (R3) with record reviewed.</p> <p>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).</p> <p>The findings include:</p> <p>On January 3, 2022, at approximately 11:15 a.m., the surveyor observed the contents of R3's medication box and noted the following medications were past the manufacturer's use by date: -acetaminophen (analgesic) 325 mg - expired November 5, 2021 -nicotine (smoking cessation aid) gum 4 mg - expired October 22, 2021</p> <p>R3's physician orders, dated June 16, 2021, indicated R3's prescriptions included: -acetaminophen 325 milligram (mg) take two tablets by mouth every six hours as needed -albuterol (steroid inhaler) 108 microgram (mcg) inhaler 2 puffs every four hours as needed -furosemide (diuretic) 40mg by mouth daily</p>	{01890}		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34008</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/03/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>N&amp;V HELPFUL HEART CARE INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6620 BRYANT AVENUE NORTH</b> <b>BROOKLYN CENTER, MN 55430</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{01890}	<p>Continued From page 15</p> <p>-lamotrigine (anticonvulsant) 150 mg by mouth for one week then increase to 200 mg daily if well tolerated</p> <p>-lurasidone (antipsychotic) 40 mg by mouth daily</p> <p>-pantoprazole (treats reflux) 40 mg once daily</p> <p>-trazodone (treats insomnia) 50 mg by mouth at bedtime as needed</p> <p>On January 3, 2022, at approximately 2:00 p.m., registered nurse (RN)-A confirmed R3's medications were expired. RN-A stated she was unaware they were expired. RN-A also stated she had checked residents' medication boxes recently to ensure the medications were current.</p> <p>The licensee's policy for expired medication requested but was not provided.</p> <p>No further information provided</p>	{01890}		

Type: Follow-Up  
Date: 01/03/22  
Time: 12:52:18  
Report: 1021221001

## Food and Beverage Establishment Inspection Report

Page 1

**Location:**

N&V Helpful Heart Care Inc  
6620 Bryant Avenue North  
Brooklyn Center, MN55430  
Hennepin County, 27

**Establishment Info:**

ID #: 0038436  
Risk:  
Announced Inspection: Yes

**License Categories:**

Expires on: / /

**Operator:**

Phone #: 7634420460  
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.

### 4-300 Equipment Numbers and Capacities

#### 4-302.12A \*\* Priority 2 \*\*

MN Rule 4626.0705A Provide a readily accessible food temperature measuring device to ensure attainment and maintenance of food temperatures.

FIRST ISSUED 10/20/21: ESTABLISHMENT DOES NOT HAVE A MEASURING DEVICE THAT INDICATES THE FINAL UTENSIL SURFACE TEMPERATURE IN HIGH TEMPERATURE DISH MACHINE. PROVIDE. THERMOLABELS WERE LEFT ON-SITE. REPEAT 01/03/22.

*Comply By: 01/03/22*

### 2-100 Supervision

#### 2-102.12AMN

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

FIRST ISSUED 10/20/21: NO CERTIFIED FOOD PROTECTION MANAGER (CFPM) WAS EMPLOYED AT THIS ESTABLISHMENT. INFORMATION ON HOW TO OBTAIN CFPM CERTIFICATE SENT WITH REPORT. REPEAT 01/03/22.

*Comply By: 01/03/22*

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

FOLLOW-UP INSPECTION CONDUCTED WITH MAIMAH KARMO.

TODAY'S FOLLOW UP WAS TO ADDRESS AND CLEAR PREVIOUSLY WRITTEN ORDERS FROM A FULL INSPECTION CONDUCTED ON 10/20/21. 11 OUT OF 13 ORDERS WERE CLEARED FROM THE REPORT.

Type: Follow-Up

Date: 01/03/22

Time: 12:52:18

Report: 1021221001

N&V Helpful Heart Care Inc

# 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 1021221001 of 01/03/22.

Certified Food Protection Manager: \_\_\_\_\_

Certification Number: \_\_\_\_\_ Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Signed: \_\_\_\_\_

MAIMAH KARMO  
PERSONAL CARE ASSISTANT  
(PCA)

Signed: \_\_\_\_\_

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



*Protecting, Maintaining and Improving the Health of All Minnesotans*

**REVISED**

Electronically Delivered  
February 16, 2022

Administrator  
N&V Helpful Heart Care, Inc.  
6620 Bryant Avenue North  
Brooklyn Center, MN 55430

RE: Project Number(s) SL34008015

Dear Administrator:

**Please note: After further review by this Department, the tag (0480 144G.41, Subd. 1 (13) (i) (B), Minimum Requirements) has been added to the October 22, 2021, evaluation findings received by you on November 18, 2021. This is the only revision to the evaluation findings.**

The Minnesota Department of Health completed an evaluation on October 22, 2021, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the evaluation, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

**IMPOSITION OF FINES**

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

Level 1: no fines or enforcement.

Level 2: a fine of \$500 per violation, in addition to any enforcement mechanism authorized in § 144G.20 for widespread violations;

Level 3: a fine of \$3,000 per violation per incident, in addition to any enforcement mechanism authorized in § 144G.20.

Level 4: a fine of \$5,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20.

In accordance with Minn. Stat. § 144G.20, Subd. 4 (a)(5), the Department of Health imposes fine amounts of either \$1,000 or \$5,000 to licensees who are found to be responsible for maltreatment. The Department of Health imposes a fine of \$1,000 for each substantiated maltreatment violation that consists of abuse, neglect, or financial exploitation according to Minn. Stat. § 626.5572, Subds. 2, 9, 17. The Department of Health also may impose a fine of \$5,000 for each substantiated maltreatment violation consisting of sexual assault, death, or abuse resulting in serious injury.

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

As a result of the violations detailed on the Food and Beverage Establishment Report, the following correction order should have been cited at the time of the October 22, 2021, evaluation:

**St - 0 - 0480 - 144g.41 Subd 1 (13) (i) (b) - Minimum Requirements**

Furthermore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, no immediate fines are assessed.

**DOCUMENTATION OF ACTION TO COMPLY**

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

The correction order documentation should include the following:

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

**CORRECTION ORDER RECONSIDERATION PROCESS**

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

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

§ 626.557. Please email general reconsideration requests to: **Health.HRD.Appeals@state.mn.us**.

Please address your cover letter for general 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

Free from Maltreatment reconsideration requests should be addressed 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 this letter and the results of this visit with the President of your organization's Governing Body. If you have any questions, please contact me.

Sincerely,



Casey DeVries, Supervisor  
Health Regulation Division  
State Evaluation Team  
85 East Seventh Place, Suite 220  
P.O. Box 3879  
St. Paul, MN 55101-3879  
Telephone: 651-201-5917 Fax: 651-215-9697

PMB

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34008</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/22/2021</b>
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0 000	<p>Initial Comments</p> <p>Initial comments *****ATTENTION*****</p> <p><b>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER</b></p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, this correction order(s) has been issued pursuant to a survey.</p> <p>Determination of whether a violation has been 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.</p> <p>INITIAL COMMENTS: SL#34008015</p> <p>On October 20, 2021, through October 22, 2021, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were four residents receiving services under the provider's Assisted Living license.</p> <p>****REVISED****</p> <p>This State form replaces the previous state form you received with our letter dated November 18, 2021. Further review by staff of this department resulted in the following tag being added:</p> <p>0480 144G.41, Subd. 1 (13) (i) (B), Minimum Requirements</p> <p>No changes were made to the letter dated</p>	0 000	<p>Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators' findings is the Time Period for Correction.</p> <p>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.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>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.</p>	

Minnesota Department of Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34008</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/22/2021</b>
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0 000	Continued From page 1 November 18, 2021.	0 000		
0 110 SS=F	<p>144G.10 Subdivision 1a Assisted living director license required</p> <p>Each assisted living facility must employ an assisted living director licensed or permitted by the Board of Executives for Long Term Services and Supports.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to employ an assisted living director licensed or permitted by the Board of Executives for Long Term Services and Supports (BELTSS). This had a potential to affect all of the licensee's four residents receiving Assisted Living services.</p> <p>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).</p> <p>This resulted in an immediate correction order. The findings include:</p> <p>The licensee lacked evidence of a licensed assisted living director (LALD) as required, in general administrative charge of the facility.</p> <p>On October 20, 2021, at approximately 10:15</p>	0 110		

Minnesota Department of Health

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0 110	<p>Continued From page 2</p> <p>a.m., during the entrance conference with the owner (O)-C, and registered nurse (RN)-A, a request was made to see the licensed assisting living director (LALD) license.</p> <p>On October 20, 2021, at approximately 10:20 a.m., O-C stated she would send via email her credentials from the board of executives for long-term services and supports (BELTSS) as evidence of her license.</p> <p>As of the exit conference on October 22, 2021 at approximately 2:20 p.m., O-C had not sent evidence of LALD license.</p> <p>During telephone conversation on October 27, 2021, at approximately 12:40 p.m., O-C stated she was still looking through her emails, but if she missed it she would call BELTSS to do an application.</p> <p>Page 2 (two) of the licensee's Application for Assisted Living Licensure signed June 1, 2021, by O-C, indicated O-C was the licensed assisted living director (LALD) for the facility. The application further indicated, on page 1 (one) the license would be for an Assisted Living Facility (ALF).</p> <p>On October 27, 2021, at 12:40 p.m., the Minnesota Board of Executives for Long-Term Services and Support (BELTSS) website was checked for verification of the O-C assisted living director licensure verification. O-C was not listed as having a current LALD license.</p> <p>The licensee lacked policies to include the new Assisted Living Licensure requirements, effective August 1, 2021.</p>	0 110		

Minnesota Department of Health

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0 110	Continued From page 3  No further information was provided.  TIME PERIOD FOR CORRECTION: Immediate  October 29, 2021, immediacy removed as confirmed by evaluation supervisor during document review on October 29, 2021.	0 110		
0 430 SS=C	144G.40 Subd. 2 Uniform checklist disclosure of services  (a) All assisted living facilities must provide to prospective residents: (1) a disclosure of the categories of assisted living licenses available and the category of license held by the facility; (2) a written checklist listing all services permitted under the facility's license, identifying all services the facility offers to provide under the assisted living facility contract, and identifying all services allowed under the license that the facility does not provide; and (3) an oral explanation of the services offered under the contract. (b) The requirements of paragraph (a) must be completed prior to the execution of the assisted living contract. (c) The commissioner must, in consultation with all interested stakeholders, design the uniform checklist disclosure form for use as provided under paragraph (a).  This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to provide a copy of the uniform checklist disclosure of services with the required content for one of one resident (R1) with record reviewed.	0 430		

Minnesota Department of Health

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0 430	<p>Continued From page 4</p> <p>This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>R1's record lacked documentation of acknowledgement or receipt of the uniform disclosure of assisted living services and amenities (UDALSA) to include:                      (1) a disclosure of the categories of assisted living licenses available and the category of license held by the facility;                      (2) a written checklist listing all services permitted under the facility's license, identifying all services the facility offers to provide under the assisted living facility contract, and identifying all services allowed under the license that the facility does not provide; and                      (3) an oral explanation of the services offered under the contract.</p> <p>R1 admitted to facility on October 5, 2019.</p> <p>R1's service plan titled Service Plan Addendum dated September 13, 2021, indicated R1 received services to include: medication administration, treatments, total assistance with personal hygiene, grooming, transfers, toileting, meal preparation, laundry and housekeeping.</p> <p>On October 20, 2021, at 10:40 a.m., owner (O)-C confirmed R1 and all other residents who received services under their assisted living</p>	0 430		

Minnesota Department of Health

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0 430	Continued From page 5  license had not received a written checklist listing all services provided and not provided under the facility's assisted living license.  The licensee lacked policies to include the new Assisted Living Licensure requirements, effective August 1, 2021.  No further information was provided.  TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 430		
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements  (13) offer to provide or make available at least the following services to residents:  (i) at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The following apply:  (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and  This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure food was prepared and served according to the Minnesota	0 480		

Minnesota Department of Health

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0 480	Continued From page 6  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 included document titled, Food and Beverage Establishment Inspection Report dated October 20, 2021, for the specific Minnesota Food Code deficiencies.  TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 480		
0 580 SS=F	144G.42 Subd. 2 Quality management  The facility shall engage in quality management appropriate to the size of the facility and relevant to the type of services provided. "Quality management activity" means evaluating the quality of care by periodically reviewing resident services, complaints made, and other issues that have occurred and determining whether changes in services, staffing, or other procedures need to be made in order to ensure safe and competent services to residents. Documentation about quality management activity must be available for two years. Information about quality management must be available to the commissioner at the time of the survey, investigation, or renewal.  This MN Requirement is not met as evidenced	0 580		

Minnesota Department of Health

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NAME OF PROVIDER OR SUPPLIER  <b>N&amp;V HELPFUL HEART CARE INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6620 BRYANT AVENUE NORTH BROOKLYN CENTER, MN 55430</b>
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(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
0 580	<p>Continued From page 7</p> <p>by: Based on interview and record review, the licensee failed to engage in and maintain documentation of a quality management activity. This had the potential to affect all four residents receiving assisted living services.</p> <p>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).</p> <p>The findings include:</p> <p>On October 20, 2021, at approximately 10:25 a.m., during the entrance conference with the registered nurse (RN)-A, and owner (O)-C, a request was made to review documentation of the licensee's quality management activities. O-C stated the licensee had not started a quality management plan, however, they frequently met to discuss arising issues and progress, but would not provide documentation of the said meetings.</p> <p>The licensee's quality management policy was requested but not provided.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	0 580		
0 640 SS=F	144G.42 Subd. 7 Posting information for reporting suspected c	0 640		

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0 640	<p>Continued From page 8</p> <p>The facility shall support protection and safety through access to the state's systems for reporting suspected criminal activity and suspected vulnerable adult maltreatment by:</p> <p>(1) posting the 911 emergency number in common areas and near telephones provided by the assisted living facility;</p> <p>(2) posting information and the reporting number for the Minnesota Adult Abuse Reporting Center to report suspected maltreatment of a vulnerable adult under section 626.557; and</p> <p>(3) providing reasonable accommodations with information and notices in plain language.</p> <p>This MN Requirement is not met as evidenced by:</p> <p>Based on observation and interview, the licensee failed to post the required information related to the grievance procedure and contact information for the Office of Ombudsman for Long-Term Care and Mental Health and Developmental Disabilities. This had the potential to affect all four residents, staff, and visitors.</p> <p>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).</p> <p>The findings include:</p> <p>The licensee lacked the following:</p> <p>(1) posting the 911 emergency number in common areas and near telephones provided by</p>	0 640		

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0 640	<p>Continued From page 9</p> <p>the assisted living facility; (2) posting information and the reporting number for the Minnesota Adult Abuse Reporting Center to report suspected maltreatment of a vulnerable adult under section 626.557; and (3) providing reasonable accommodations with information and notices in plain language.</p> <p>On October 20, 2021, at approximately 10:45 a.m., during a facility tour, the licensee lacked a posting of the above required information in a conspicuous place.</p> <p>On October 21, 2021, at approximately 12:25 p.m., owner (O)-C verified the required posting was missing and stated they would post it.</p> <p>The licensee lacked policies to include the new Assisted Living Licensure requirements, effective August 1, 2021.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 640		
0 650 SS=D	<p>144G.42 Subd. 8 Employee records</p> <p>(a) The facility must maintain current records of each paid employee, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following information: (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</p>	0 650		

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0 650	<p>Continued From page 10</p> <p>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. (b) Each employee record must be retained for at least three years after a paid employee, volunteer, or contractor ceases to be employed by, provide services at, or be under contract with the facility. If a facility ceases operation, employee records must be maintained for three years after facility operations cease.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure employee records included all required content for one of one employee unlicensed personnel (ULP)-B with employee record reviewed.</p> <p>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).</p> <p>The findings include:</p>	0 650		

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0 650	<p>Continued From page 11</p> <p>ULP-B's record lacked documentation of annual performance reviews to identify areas of improvement needed and training needs.</p> <p>ULP-B had a hire date of June 30, 2014.</p> <p>On October 21, 2021, at approximately 9:30 a.m., ULP-B was observed to pass medications to the assisted living residents.</p> <p>On October 21, 2021, at approximately 12:00 p.m., owner (O)-C acknowledged ULP-B's record lacked documentation of annual performance reviews and stated the licensee would update all employee records to reflect the requirements.</p> <p>The licensee's policy annual performance review requested but not provided.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	0 650		
0 680 SS=F	<p>144G.42 Subd. 10 Disaster planning and emergency preparedness</p> <p>(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</p>	0 680		

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0 680	<p>Continued From page 12</p> <p>all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing tenant 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.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review the licensee failed to have a written emergency disaster preparedness plan with all the required content and failed to post an emergency preparedness plan prominently. This had the potential to affect all four residents receiving services under the assisted living license.</p> <p>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).</p> <p>The findings include:</p> <p>On October 20, 2021, at approximately 10:20</p>	0 680		

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0 680	<p>Continued From page 13</p> <p>a.m., during the entrance conference a request was made to review the licensee's emergency disaster preparedness plan.</p> <p>On October 5, 2021, at approximately 10:45 a.m., during a facility tour, the licensee lacked evidence of signage posted or information regarding the licensee's emergency plan. There were no emergency exit diagrams posted in conspicuous places on each floor, and no emergency exit diagrams were in each of the four residents' rooms as required.</p> <p>The licensee's emergency disaster preparedness plan lacked evidence of the following required content:</p> <ul style="list-style-type: none"> <li>- a comprehensive program to include infectious diseases and pandemics;</li> <li>- a description of the population served by the licensee;</li> <li>- process for emergency preparedness (EP) cooperation with state and local EP officials/organizations;</li> <li>- procedure for tracking staff and residents;</li> <li>- subsistence needs for staff and residents during emergency situation;</li> <li>- development of policies/procedures to address: <ul style="list-style-type: none"> <li>- evacuation plan (not customized for the facility);</li> <li>- fire (not customized for the facility)</li> <li>- shelter in place;</li> <li>- a tracking system used to document locations or residents and staff</li> <li>- the medical record documentation system to preserve resident information</li> <li>- emergency staff strategies</li> <li>- the facilities role in providing care and treatment at alternative sites</li> </ul> </li> <li>- a communication plan that included: <ul style="list-style-type: none"> <li>- arrangement with other facilities</li> </ul> </li> </ul>	0 680		

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0 680	<p>Continued From page 14</p> <ul style="list-style-type: none"> <li>- names and contact information for staff, resident physicians, other facilities</li> <li>- contact information for federal, state, tribal, local EP staff, ombudsman</li> <li>- primary and alternative means for communicating with facility staff, federal, state, regional and local emergency management agencies</li> <li>- a method of sharing information and medical documentation for residents</li> <li>- a means to provide information regarding the facility's needs, and its ability to provide assistance to include information about their occupancy</li> <li>- a method of sharing information from the emergency plan with residents and their families</li> <li>- EP training and testing program</li> <li>- EP training program for staff (including documentation of training provided)</li> <li>- EP testing/annual testing requirements</li> </ul> <p>On October 22, 2021, at approximately 2:10 p.m., owner (O)-A confirmed staff were not familiar with Appendix Z (a section of the Centers for Medicare and Medicaid Services [CMS] State Operations Manual which includes the emergency preparedness guidelines). O-A also verified the licensee had not fully developed and implemented the facility's emergency preparedness plan/program.</p> <p>The licensee lacked policies to include the new Assisted Living Licensure requirements, effective August 1, 2021.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	0 680		

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0 810	Continued From page 15	0 810		
0 810 SS=F	<p>144G.45 Subd. 2 (b)-(f) Fire protection and physical environment</p> <p>(b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to:</p> <ul style="list-style-type: none"> <li>(1) location and number of resident sleeping rooms;</li> <li>(2) employee actions to be taken in the event of a fire or similar emergency;</li> <li>(3) fire protection procedures necessary for residents; and</li> <li>(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.</li> </ul> <p>(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.</p> <p>(d) Fire safety and evacuation plans shall be readily available at all times within the facility.</p> <p>(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.</p> <p>(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.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the facility</p>	0 810		

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0 810	<p>Continued From page 16</p> <p>failed to develop and maintain fire safety and evacuation plans, failed to provide required training to residents and employees for fire safety and evacuation, and failed to conduct required employee evacuation drills. This had the potential to affect all current residents, visitors and staff.</p> <p>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).</p> <p>The findings include:</p> <p>On October 22, 2021, at approximately 2:30 p.m., surveyor requested to review the licensee's fire safety and evacuation policy, plans, procedures, schedules and logs, if available. Owner (O)-A stated she did not have the requested paperwork onsite and would email everything to the surveyor before end of day. Documentation received by surveyor was a template from a third-party developer and had not been completed for this site specifically. Plans and procedures must be on site and readily available at all times.</p> <p>No additional information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 810		
0 900 SS=F	<p>144G.50 Subdivision 1 Contract required</p> <p>(a) An assisted living facility may not offer or</p>	0 900		

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0 900	<p>Continued From page 17</p> <p>provide housing or assisted living services to any individual unless it has executed a written contract with the resident.</p> <p>(b) The contract must contain all the terms concerning the provision of: (1) housing; (2) assisted living services, whether provided directly by the facility or by management agreement or other agreement; and (3) the resident's service plan, if applicable.</p> <p>(c) A facility must: (1) offer to prospective residents and provide to the Office of Ombudsman for Long-Term Care a complete unsigned copy of its contract; and (2) give a complete copy of any signed contract and any addendums, and all supporting documents and attachments, to the resident promptly after a contract and any addendum has been signed.</p> <p>(d) A contract under this section is a consumer contract under sections 325G.29 to 325G.37.</p> <p>(e) Before or at the time of execution of the contract, the facility must offer the resident the opportunity to identify a designated representative according to subdivision 3.</p> <p>(f) The resident must agree in writing to any additions or amendments to the contract. Upon agreement between the resident and the facility, a new contract or an addendum to the existing contract must be executed and signed.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop and execute</p>	0 900		

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0 900	<p>Continued From page 18</p> <p>a written contract with the required content for one of one resident (R1) with record reviewed.</p> <p>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).</p> <p>The findings include:</p> <p>The licensee transitioned from a Comprehensive homecare license to an Assisted Living license on August 1, 2021.</p> <p>R1's record lacked a written contract which included all of the terms concerning the provisions of the following as required:</p> <ol style="list-style-type: none"> <li>(1) housing</li> <li>(2) assisted living services, whether provided directly by the facility or by management agreement or other agreement; and</li> <li>(3) the resident's service plan, if applicable</li> </ol> <p>In addition, R1's record lacked evidence that the contract had been fully executed as the facility must:</p> <ul style="list-style-type: none"> <li>- offer to prospective residents and provide to the Office of Ombudsman for Long-Term Care a complete unsigned copy of its contract.</li> <li>- give a complete copy of any signed contract and any addendums, and all supporting documents and attachments, to the resident promptly after a contract and any addendum has been signed; and</li> <li>- the facility must offer the resident the</li> </ul>	0 900		

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0 900	Continued From page 19  opportunity to identify a designated representative.  On October 20, 2021, at approximately 11:30 a.m., R1 stated he had not received new contract information from the facility.  On October 21, 2021, at approximately 2:45 p.m., owner (O)-A stated none of the residents had signed a new contract for the new Assisted Living Licensure requirements, effective August 1, 2021 because they were unaware of the requirement.  The licensee lacked policies to include the new Assisted Living Licensure requirements, effective August 1, 2021.  No further information was provided.  TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 900		
01470 SS=D	144G.63 Subd. 2 Content of required orientation  (a) The orientation must contain the following topics: (1) an overview of this chapter; (2) an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person; (3) handling of emergencies and use of emergency services; (4) compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC); (5) the assisted living bill of rights and staff	01470		

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NAME OF PROVIDER OR SUPPLIER  <b>N&amp;V HELPFUL HEART CARE INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6620 BRYANT AVENUE NORTH BROOKLYN CENTER, MN 55430</b>
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(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
01470	<p>Continued From page 20</p> <p>responsibilities related to ensuring the exercise and protection of those rights;</p> <p>(6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person;</p> <p>(7) handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints;</p> <p>(8) consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services; and</p> <p>(9) a review of the types of assisted living services the employee will be providing and the facility's category of licensure.</p> <p>(b) In addition to the topics in paragraph (a), orientation may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics:</p> <p>(1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and the challenges it poses to communication;</p> <p>(2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or</p> <p>(3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication</p>	01470		

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01470	<p>Continued From page 21</p> <p>access in real time, and closed captions.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure one of one employees, unlicensed personnel (ULP)-B, received orientation to assisted living facility licensing requirements and regulations with records reviewed.</p> <p>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).</p> <p>The findings include:</p> <p>ULP-B had a hire date of June 30, 2014.</p> <p>On October 21, 2021, at approximately 9:30 a.m., ULP-B was observed to pass medications to the assisted living resident R1.</p> <p>ULP-B's employee record lacked evidence to indicate the employee had received orientation to include the following topics:</p> <ul style="list-style-type: none"> <li>- an overview of Assisted Living laws 144G.</li> <li>- an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person</li> <li>- handling of emergencies and use of emergency services</li> <li>- the assisted living bill of rights and staff</li> </ul>	01470		

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NAME OF PROVIDER OR SUPPLIER  <b>N&amp;V HELPFUL HEART CARE INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>6620 BRYANT AVENUE NORTH BROOKLYN CENTER, MN 55430</b>		
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01470	Continued From page 22  responsibilities related to ensuring the exercise and protection of those rights - the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person - handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints; - consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services - a review of the types of assisted living services the employee will be providing and the facility's category of licensure.  On October 21, 2021, at approximately 3:40 p.m., registered nurse (RN)-A verified ULP-B's record lacked orientation to assisted living licensing requirements and regulations.  The licensee's policy for employee orientation was requested but not provided.  No further information was provided.  TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01470			
01480 SS=F	144G.63 Subd. 3 Orientation to resident  Staff providing assisted living services must be oriented specifically to each individual resident and the services to be provided. This orientation may be provided in person, orally, in writing, or	01480			

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01480	<p>Continued From page 23</p> <p>electronically.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure staff providing assisted living services were oriented specifically to each individual resident and the services to be provided for one of one employee (ULP-B) with record reviewed.</p> <p>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).</p> <p>The findings include:</p> <p>ULP-B's record lacked documentation of orientation to individual residents and services they received from licensee.</p> <p>On October 21, 2021, at approximately 8:40 a.m., ULP-B administered medications to R1 per prescriber orders. ULP-B stated medications are provided three (3) times a day. ULP-B also stated resident cares are provided to R1 throughout the day as requested.</p> <p>On October 21, 2021, registered nurse (RN)-A stated, during "huddle" (a time when the nurses review new or changed resident information with staff on that shift), the resident information would be provided to staff working, but no documentation for the review is maintained. RN-A</p>	01480		

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01480	Continued From page 24  also stated this was the practice for licensee to ensure information was passed to the oncoming shift, but no documentation would be available to review.  The licensee's policy for orientation to specific resident services and cares was requested but not provided.  No further information provided.  TIME PERIOD FOR CORRECTION: Seven (7) days.	01480		
01500 SS=F	144G.63 Subd. 5 Required annual training  (a) All staff that perform direct services must complete at least eight hours of annual training for each 12 months of employment. The training may be obtained from the facility or another source and must include topics relevant to the provision of assisted living services. The annual training must include: (1) training on reporting of maltreatment of vulnerable adults under section 626.557; (2) review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; (3) review of infection control techniques used in the home and implementation of infection control standards including a review of hand washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting communicable diseases;	01500		

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01500	<p>Continued From page 25</p> <p>(4) effective approaches to use to problem solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders;</p> <p>(5) review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and</p> <p>(6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person.</p> <p>(b) In addition to the topics in paragraph (a), annual training may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics:</p> <p>(1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and challenges it poses to communication;</p> <p>(2) the health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or</p> <p>(3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure employees received at least eight hours of annual training for each 12 months of employment for one of one employee</p>	01500		

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01500	<p>Continued From page 26</p> <p>unlicensed personnel (ULP)-B with training records reviewed.</p> <p>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).</p> <p>The findings include:</p> <p>ULP-B's employee record lacked evidence of eight hours of annual training.</p> <p>ULP-B had a hire date of June 30, 2014.</p> <p>On October 21, 2021, at approximately 8:45 a.m., ULP-B provided personal care services and medication administration to R1 in her room.</p> <p>ULP-B's record lacked evidence of annual training to include:</p> <p>(1) training on reporting of maltreatment of vulnerable adults under section 626.557;</p> <p>(2) review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights;</p> <p>(3) review of infection control techniques used in the home and implementation of infection control standards including a review of hand washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and</p>	01500		

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01500	<p>Continued From page 27</p> <p>reporting communicable diseases; (4) effective approaches to use to problem solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders; (5) review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and (6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person. (b) In addition to the topics in paragraph (a), annual training may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics: (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and challenges it poses to communication; (2) the health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or (3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions.</p> <p>On October 21, 2021, at approximately 1:55 p.m., owner (O)-C acknowledged annual training had not been completed for ULP-B or any of the licensee's staff due to Covid-19. O-C stated the licensee had a plan to complete annual training</p>	01500		

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01500	Continued From page 28 for 2021 for the licensee's employees.  The licensee lacked policies to include the new Assisted Living Licensure requirements, effective August 1, 2021.  No further information was provided.  TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01500		
01620 SS=F	144G.70 Subd. 2 Initial reviews, assessments, and monitoring  (c) Resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services. Ongoing resident reassessment and monitoring must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the last date of the assessment. (d) 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. (e) 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.	01620		

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01620	<p>Continued From page 29</p> <p>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 (initial, 14-day and 90-day) to include all areas required on the uniform assessment tool for one of one resident (R1) with record reviewed.</p> <p>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).</p> <p>The findings included:</p> <p>R1's admission date was October 10, 2019.</p> <p>R1's diagnoses included: stroke, hypertension, and chronic pain.</p> <p>R1's Service Plan dated September 13, 2021, indicated R1 received services to include: medication management, bathing assistance, hygiene/grooming assistance, dressing assistance, laundry, housekeeping, linen change, food preparation and meal set up.</p> <p>R1's record lacked evidence of initial, 14-day and 90-day monitoring and re-assessment completed by a registered nurse (RN) to include all areas of the uniform assessment tool:</p> <p>A. The resident's personal lifestyle preferences B. Activities of daily living C. Independent instrumental activities of daily</p>	01620		

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01620	<p>Continued From page 30</p> <p>living</p> <p>D. Physical health status</p> <p>E. Emotional and mental health conditions</p> <p>F. Cognition</p> <p>G. Communication and sensory capabilities</p> <p>H. Pain</p> <p>I. Skin</p> <p>J. Nutritional and hydration status and preferences</p> <p>K. List of treatments, including type, frequency, and level of assistance needed</p> <p>L. Nursing needs, including potential to receive nursing-delegated services</p> <p>M. Risk indicators</p> <p>N. Who has decision-making authority for the resident</p> <p>During an observation on October 22, 2021, at approximately 10:30 a.m., in R1's room, ULP-B assisted the resident to transfer from bed to wheelchair using a pivot pole and a gait belt.</p> <p>On October 21, 2021, at approximately 11:00 a.m., RN-A acknowledged the initial, 14-day and 90-day monitoring and reassessment were not completed to include all areas required on the uniform assessment tool. RN-A also stated they were unaware of the uniform assessment tool requirements and did not address all areas on the tool for all residents.</p> <p>The licensee lacked policies to include the new Assisted Living Licensure requirements, effective August 1, 2021.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01620		

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01640	Continued From page 31	01640		
01640 SS=D	<p>144G.70 Subd. 4 Service plan, implementation, and revisions t</p> <p>(a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan.</p> <p>(b) The service plan and any revisions must include a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care.</p> <p>(c) The facility must implement and provide all services required by the current service plan.</p> <p>(d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable.</p> <p>(e) Staff providing services must be informed of the current written service plan.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure the service plan was revised to include all services being provided for one of one resident (R1) with record review.</p> <p>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</p>	01640		

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01640	<p>Continued From page 32</p> <p>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).</p> <p>The findings include:</p> <p>R1's service plan did not include all services provided by the licensee's staff to include: pivot pole and gait belt.</p> <p>R1's Service Plan dated October 5, 2019, and reviewed on December 20, 2019, April 10, 2020, September 9, 2020, January 12, 2021, May 29, 2021, and September 13, 2021, indicated R1 received the following services: medication management, treatment, bathing assistance, hygiene/grooming assistance, dressing assistance, continence assistance, laundry, housekeeping, linen change, food preparation and meal set up.</p> <p>During an observation on October 22, 2021, at approximately 10:30 a.m., ULP-B assisted R1 to transfer from bed to wheelchair using a pivot pole and a gait belt.</p> <p>On October 22, 2021, at approximately 11:00 a.m., RN-A acknowledged the services were missing in R1's service plan. RN-A also stated she will add the missing services to R1's service plan.</p> <p>The licensee's policy for service plan requested but was not provided.</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	01640		

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01730 SS=D	<p>144G.71 Subd. 5 Individualized medication management plan</p> <p>(a) For each resident receiving medication management services, the assisted living facility must prepare and include in the service plan a written statement of the medication management services that will be provided to the resident. The facility must develop and maintain a current individualized medication management record for each resident based on the resident's assessment that must contain the following:</p> <ol style="list-style-type: none"> <li>(1) a statement describing the medication management services that will be provided;</li> <li>(2) a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions;</li> <li>(3) documentation of specific resident instructions relating to the administration of medications;</li> <li>(4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis;</li> <li>(5) identification of medication management tasks that may be delegated to unlicensed personnel;</li> <li>(6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and</li> <li>(7) any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions.</li> </ol> <p>(b) The medication management record must be current and updated when there are any changes.</p>	01730		

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01730	<p>Continued From page 34</p> <p>(c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to develop an individualized medication management record with the required content for one of one resident (R1) with record reviewed.</p> <p>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).</p> <p>The findings include:</p> <p>R1's Medication Management Plan dated August 25, 2021, indicated R1 received medication management services to include: medication reminders and medication set up.</p> <p>R1's untitled medication administration record for October 2021, indicated R1 received cefpodoxime 200 milligram (mg) one tablet by mouth daily, acyclovir 400 mg tablet take 1/2 tablet every 12 hours, carvedilol 12.5 mg tablet take one tablet by mouth daily with meals, amlodipine besylate 10 mg take one tablet by mouth, and baclofen 5 mg take one tablet by mouth daily.</p>	01730		

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01730	<p>Continued From page 35</p> <p>R1's medication management plan lacked to include required content noted below:</p> <ul style="list-style-type: none"> <li>- a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with manufacturer's directions,</li> <li>- documentation of specific resident instructions relating to the administration of medications,</li> <li>- any resident-specific requirements relating to documenting medication administration, verification that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions.</li> <li>- identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis</li> <li>- identification of medication management tasks that may be delegated to unlicensed personnel</li> <li>- procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services</li> </ul> <p>On October 22, 2021, at approximately 2:15 p.m., RN-A confirmed R1 lacked evidence of a medication management plan to include the above noted content, as required.</p> <p>The Licensee's policy for medication management was requested but not provided.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01730		
01790 SS=F	144G.71 Subd. 10 Medication management for residents who will	01790		

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01790	<p>Continued From page 36</p> <p>(2) for unplanned time away, when the pharmacy is not able to provide the medications, a licensed nurse or unlicensed personnel shall provide medications in amounts and dosages needed for the length of the anticipated absence, not to exceed seven calendar days;</p> <p>(3) the resident must be provided written information on medications, including any special instructions for administering or handling the medications, including controlled substances; and</p> <p>(4) the medications must be placed in a medication container or containers appropriate to the provider's medication system and must be labeled with the resident's name and the dates and times that the medications are scheduled.</p> <p>(b) For unplanned time away when the licensed nurse is not available, the registered nurse may delegate this task to unlicensed personnel if:</p> <p>(1) the registered nurse has trained the unlicensed staff and determined the unlicensed staff is competent to follow the procedures for giving medications to residents; and</p> <p>(2) the registered nurse has developed written procedures for the unlicensed personnel, including any special instructions or procedures regarding controlled substances that are prescribed for the resident. The procedures must address:</p> <p>(i) the type of container or containers to be used for the medications appropriate to the provider's medication system;</p> <p>(ii) how the container or containers must be labeled;</p> <p>(iii) written information about the medications to be provided;</p> <p>(iv) how the unlicensed staff must document in the resident's record that medications have been provided, including documenting the date the</p>	01790		

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01790	<p>Continued From page 37</p> <p>medications were provided and who received the medications, the person who provided the medications to the resident, the number of medications that were provided to the resident, and other required information;</p> <p>(v) how the registered nurse shall be notified that medications have been provided and whether the registered nurse needs to be contacted before the medications are given to the resident or the designated representative;</p> <p>(vi) a review by the registered nurse of the completion of this task to verify that this task was completed accurately by the unlicensed personnel; and</p> <p>(vii) how the unlicensed personnel must document in the resident's record any unused medications that are returned to the facility, including the name of each medication and the doses of each returned medication.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure one of one unlicensed personnel (ULP-B) was trained and had demonstrated competency to prepare and give medications for resident having unplanned time away.</p> <p>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).</p> <p>The findings include:</p>	01790		

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01790	<p>Continued From page 38</p> <p>ULP-B had a hire date of June 30, 2014.</p> <p>ULP-B's record lacked evidence to indicate the registered nurse (RN) provided training and determined competency to prepare and administer medications to residents for unplanned time away.</p> <p>During the entrance conference on October 20, 2021, at approximately 9:00 a.m., RN-A confirmed all residents received medication management services.</p> <p>On October 21, 2021, at approximately 7:50 a.m., ULP-B packed medications for R1 to leave for a medical appointment. The medications included: cefpodoxime 200 milligram (mg) one tablet by mouth daily, acyclovir 400 mg tablet take 1/2 tablet every 12 hours, and carvedilol 12.5 mg tablet take one tablet by mouth daily with meals.</p> <p>The packed medication lacked the content and documentation to include the following requirements:</p> <ul style="list-style-type: none"> <li>- written information on medications, including any special instructions for administering or handling the medications</li> <li>- placed in a medication container or containers appropriate to the provider's medication system and must be labeled with the resident's name and the dates and times that the medications are scheduled</li> <li>- the type of container or containers to be used for the medications</li> <li>- how the container or containers must be labeled</li> <li>- written information about the medications to be provided</li> <li>- how the unlicensed staff must document in the resident's record that medications have been</li> </ul>	01790		

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01790	<p>Continued From page 39</p> <p>provided, including documenting the date the medications were provided and who received the medications, the person who provided the medications to the resident, the number of medications that were provided to the resident, and other required information</p> <ul style="list-style-type: none"> <li>- how the registered nurse shall be notified that medications have been provided</li> <li>- a review by the registered nurse of the completion of this task to verify that this task was completed accurately by the unlicensed personnel</li> <li>- how the unlicensed personnel must document in the resident's record any unused medications that are returned to the facility, including the name of each medication and the doses of each returned medication.</li> </ul> <p>On October 21, 2021, at approximately 8:20 a.m., R1 was picked up from the licensee by a Metro Mobility bus (a shared public transportation service for certified riders who are unable to use regular fixed-route buses due to a disability or health condition) for a medical appointment.</p> <p>On October 21, 2021, at approximately 2:00 p.m., RN-A confirmed ULP-B, and all other ULPs who administer medications, were not trained or had not demonstrated competency to prepare or give medications for any of the licensee's residents for unplanned times away.</p> <p>The licensee's policy for medication for unplanned time away was requested but not provided.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01790		

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01890 SS=D	<p>144G.71 Subd. 20 Prescription drugs</p> <p>A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure medications were not expired for one of one resident (R1) with record reviewed.</p> <p>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).</p> <p>Findings include:</p> <p>On October 22, 2021, at approximately 9:30 a.m., unlicensed personnel (ULP)-B administered medications to R1.</p> <p>R1's physician orders dated July 1, 2021, indicated R1's prescriptions included: cefepodoxime 200 milligram (mg) take one tablet by mouth once a day, cyclophosphamide 50 mg capsule take 2 capsules by mouth once daily, Sodium Bicarbonate 650 mg tablet take one tablet by mouth twice daily, acyclovir 400 mg take</p>	01890		

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01890	<p>Continued From page 41</p> <p>one half tablet by mouth every 12 hours, fluconazole 100 mg take one tablet by mouth once daily, and carvedilol 12.5 mg take 1 tablet by mouth twice daily.</p> <p>On October 22, 2021, at approximately 10:00 a.m., the contents of R1's medication box was observed and had the following medications past the manufacturer's use by date: refresh ophthalmic ointment, expired September 2021, acetaminophen 325 milligram (mg) expired August 2019, and ondansetron 4 mg expired January 2021.</p> <p>On October 22, 2021, at approximately 10:45 a.m., registered nurse (RN)-A confirmed the medications were expired and stated she had missed them because they were in a container usually not used. She also stated she checks all resident's medication boxes every month to ensure the medications are current.</p> <p>The licensee's policy for expired medication requested but was not provided.</p> <p>No further information provided</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days.</p>	01890		
02240 SS=F	<p>144G.90 Subdivision 1 Assisted living bill of rights; notification</p> <p>(a) An assisted living facility must provide the resident a written notice of the rights under section 144G.91 before the initiation of services to that resident. The facility shall make all reasonable efforts to provide notice of the rights to the resident in a language the resident can</p>	02240		

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02240	<p>Continued From page 42</p> <p>understand.</p> <p>(b) In addition to the text of the assisted living bill of rights in section 144G.91, the notice shall also contain the following statement describing how to file a complaint or report suspected abuse: "If you want to report suspected abuse, neglect, or financial exploitation, you may contact the Minnesota Adult Abuse Reporting Center (MAARC). If you have a complaint about the facility or person providing your services, you may contact the Office of Health Facility Complaints, Minnesota Department of Health. You may also contact the Office of Ombudsman for Long-Term Care or the Office of Ombudsman for Mental Health and Developmental Disabilities."</p> <p>(c) The statement must include contact information for the Minnesota Adult Abuse Reporting Center and the telephone number, website address, e-mail address, mailing address, and street address of the Office of Health Facility Complaints at the Minnesota Department of Health, the Office of Ombudsman for Long-Term Care, and the Office of Ombudsman for Mental Health and Developmental Disabilities. The statement must include the facility's name, address, e-mail, telephone number, and name or title of the person at the facility to whom problems or complaints may be directed. It must also include a statement that the facility will not retaliate because of a complaint.</p> <p>(d) A facility must obtain written acknowledgment from the resident of the resident's receipt of the assisted living bill of rights or shall document why an acknowledgment cannot be obtained. Acknowledgment of receipt shall be retained in the resident's record.</p> <p>This MN Requirement is not met as evidenced by:</p>	02240		

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02240	<p>Continued From page 43</p> <p>Based on observation, interview and record review, the licensee failed to ensure the current Minnesota Bill of Rights for Assisted Living Residents was provided to the resident and a written acknowledgement received for one of one resident (R1) with record reviewed.</p> <p>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).</p> <p>The findings include:</p> <p>The licensee transitioned from a Comprehensive homecare license to an Assisted Living license on August 1, 2021.</p> <p>R1's record had an admission date of October 5, 2019.</p> <p>R1's record lacked a copy and signed acknowledgement of the Minnesota Bill of Rights for Assisted Living Residents or information on how to make a complaint.</p> <p>On October 21, 2021, at approximately 11:30 a.m., R1 stated he had not received information on the Minnesota Bill of Rights for Assisted Living Residents or information on how to make a complaint.</p> <p>On October 21, 2021, at approximately 2:45 p.m., owner (O)-C acknowledged none of the licensee's residents had received a copy of the</p>	02240		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34008</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/22/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>N&amp;V HELPFUL HEART CARE INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6620 BRYANT AVENUE NORTH BROOKLYN CENTER, MN 55430</b>
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(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
02240	<p>Continued From page 44</p> <p>Minnesota Bill of Rights for Assisted Living Residents or information on how to make a complaint because the provider was unaware of the requiremet to do so.</p> <p>The licensee lacked policies to include the new Assisted Living Licensure requirements, effective August 1, 2021.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	02240		



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically Delivered

November 18, 2021

Administrator  
N&v Helpful Heart Care, Inc.  
6620 Bryant Avenue North  
Brooklyn Center, MN 55430

RE: Project Number(s) SL34008015

Dear Administrator:

The Minnesota Department of Health completed an evaluation on October 22, 2021, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the evaluation, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

The enclosed State Form documents the state licensing orders. The Department of Health documents state licensing correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for 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 imposed immediately with no opportunity to correct the violation first as follows:

Level 1: no fines or enforcement.

Level 2: a fine of \$500 per violation, in addition to any enforcement mechanism authorized in § 144G.20 for widespread violations;

Level 3: a fine of \$3,000 per violation per incident, in addition to any enforcement mechanism authorized in § 144G.20.

Level 4: a fine of \$5,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20.

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

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

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

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, no immediate fines are assessed.

#### **DOCUMENTATION OF ACTION TO COMPLY**

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

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the client(s)/employee(s) identified in the correction order.
- Identify how the area(s) of noncompliance was corrected for all of the provider's clients/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.

A state licensing order under Minn. Stat. § 144G.91, Subd. 8, Free from Maltreatment is associated with a maltreatment determination by the Office of Health Facility Complaints. If maltreatment is substantiated, you will receive a separate letter with the reconsideration process under Minn. Stat. § 626.557. Please email general reconsideration requests to: **Health.HRD.Appeals@state.mn.us**.

Please address your cover letter for general reconsideration requests to:  
Reconsideration Unit  
Health Regulation Division  
Minnesota Department of Health  
P.O. Box 64970

Free from Maltreatment reconsideration requests should be addressed to:  
Reconsideration Unit  
Health Regulation Division  
Minnesota Department of Health  
P.O. Box 64970

*N&v Helpful Heart Care, Inc.*

*November 18, 2021*

*Page 3*

85 East Seventh Place  
St. Paul, MN 55164-0970

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 this letter and the results of this visit with the President of your organization's Governing Body. If you have any questions, please contact me.

Sincerely,

A handwritten signature in black ink that reads "Casey DeVries". The signature is written in a cursive, flowing style.

Casey DeVries, Supervisor  
Health Regulation Division  
State Evaluation Team  
85 East Seventh Place, Suite 220  
P.O. Box 3879  
St. Paul, MN 55101-3879  
Telephone: 651-201-5917 Fax: 651-215-9697

PMB

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34008</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/22/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>N&amp;V HELPFUL HEART CARE INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6620 BRYANT AVENUE NORTH BROOKLYN CENTER, MN 55430</b>
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0 000	<p>Initial Comments</p> <p>Initial comments *****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, this correction order(s) has been issued pursuant to a survey.</p> <p>Determination of whether a violation has been 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.</p> <p>INITIAL COMMENTS: SL#34008015</p> <p>On October 20, 2021, through October 22, 2021, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were four residents receiving services under the provider's Assisted Living license.</p>	0 000	<p>Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators' findings is the Time Period for Correction.</p> <p>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.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>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.</p>	
0 110 SS=F	144G.10 Subdivision 1a Assisted living director license required	0 110		

Minnesota Department of Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Minnesota Department of Health

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0 110	<p>Continued From page 1</p> <p>Each assisted living facility must employ an assisted living director licensed or permitted by the Board of Executives for Long Term Services and Supports.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to employ an assisted living director licensed or permitted by the Board of Executives for Long Term Services and Supports (BELTSS). This had a potential to affect all of the licensee's four residents receiving Assisted Living services.</p> <p>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).</p> <p>This resulted in an immediate correction order. The findings include:</p> <p>The licensee lacked evidence of a licensed assisted living director (LALD) as required, in general administrative charge of the facility.</p> <p>On October 20, 2021, at approximately 10:15 a.m., during the entrance conference with the owner (O)-C, and registered nurse (RN)-A, a request was made to see the licensed assisting living director (LALD) license.</p>	0 110		

Minnesota Department of Health

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0 110	<p>Continued From page 2</p> <p>On October 20, 2021, at approximately 10:20 a.m., O-C stated she would send via email her credentials from the board of executives for long-term services and supports (BELTSS) as evidence of her license.</p> <p>As of the exit conference on October 22, 2021 at approximately 2:20 p.m., O-C had not sent evidence of LALD license.</p> <p>During telephone conversation on October 27, 2021, at approximately 12:40 p.m., O-C stated she was still looking through her emails, but if she missed it she would call BELTSS to do an application.</p> <p>Page 2 (two) of the licensee's Application for Assisted Living Licensure signed June 1, 2021, by O-C, indicated O-C was the licensed assisted living director (LALD) for the facility. The application further indicated, on page 1 (one) the license would be for an Assisted Living Facility (ALF).</p> <p>On October 27, 2021, at 12:40 p.m., the Minnesota Board of Executives for Long-Term Services and Support (BELTSS) website was checked for verification of the O-C assisted living director licensure verification. O-C was not listed as having a current LALD license.</p> <p>The licensee lacked policies to include the new Assisted Living Licensure requirements, effective August 1, 2021.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Immediate</p> <p>October 29, 2021, immediacy removed as</p>	0 110		

Minnesota Department of Health

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0 110	Continued From page 3  confirmed by evaluation supervisor during document review on October 29, 2021.	0 110		
0 430 SS=C	<p>144G.40 Subd. 2 Uniform checklist disclosure of services</p> <p>(a) All assisted living facilities must provide to prospective residents: (1) a disclosure of the categories of assisted living licenses available and the category of license held by the facility; (2) a written checklist listing all services permitted under the facility's license, identifying all services the facility offers to provide under the assisted living facility contract, and identifying all services allowed under the license that the facility does not provide; and (3) an oral explanation of the services offered under the contract. (b) The requirements of paragraph (a) must be completed prior to the execution of the assisted living contract. (c) The commissioner must, in consultation with all interested stakeholders, design the uniform checklist disclosure form for use as provided under paragraph (a).</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to provide a copy of the uniform checklist disclosure of services with the required content for one of one resident (R1) with record reviewed.</p> <p>This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety), and was issued at a</p>	0 430		

Minnesota Department of Health

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0 430	<p>Continued From page 4</p> <p>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).</p> <p>The findings include:</p> <p>R1's record lacked documentation of acknowledgement or receipt of the uniform disclosure of assisted living services and amenities (UDALSA) to include:</p> <p>(1) a disclosure of the categories of assisted living licenses available and the category of license held by the facility;</p> <p>(2) a written checklist listing all services permitted under the facility's license, identifying all services the facility offers to provide under the assisted living facility contract, and identifying all services allowed under the license that the facility does not provide; and</p> <p>(3) an oral explanation of the services offered under the contract.</p> <p>R1 admitted to facility on October 5, 2019.</p> <p>R1's service plan titled Service Plan Addendum dated September 13, 2021, indicated R1 received services to include: medication administration, treatments, total assistance with personal hygiene, grooming, transfers, toileting, meal preparation, laundry and housekeeping.</p> <p>On October 20, 2021, at 10:40 a.m., owner (O)-C confirmed R1 and all other residents who received services under their assisted living license had not received a written checklist listing all services provided and not provided under the facility's assisted living license.</p> <p>The licensee lacked policies to include the new</p>	0 430		

Minnesota Department of Health

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0 430	Continued From page 5  Assisted Living Licensure requirements, effective August 1, 2021.  No further information was provided.  TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 430		
0 580 SS=F	144G.42 Subd. 2 Quality management  The facility shall engage in quality management appropriate to the size of the facility and relevant to the type of services provided. "Quality management activity" means evaluating the quality of care by periodically reviewing resident services, complaints made, and other issues that have occurred and determining whether changes in services, staffing, or other procedures need to be made in order to ensure safe and competent services to residents. Documentation about quality management activity must be available for two years. Information about quality management must be available to the commissioner at the time of the survey, investigation, or renewal.  This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to engage in and maintain documentation of a quality management activity. This had the potential to affect all four residents receiving assisted living services.  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	0 580		

Minnesota Department of Health

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0 580	<p>Continued From page 6</p> <p>are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On October 20, 2021, at approximately 10:25 a.m., during the entrance conference with the registered nurse (RN)-A, and owner (O)-C, a request was made to review documentation of the licensee's quality management activities. O-C stated the licensee had not started a quality management plan, however, they frequently met to discuss arising issues and progress, but would not provide documentation of the said meetings.</p> <p>The licensee's quality management policy was requested but not provided.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	0 580		
0 640 SS=F	<p>144G.42 Subd. 7 Posting information for reporting suspected c</p> <p>The facility shall support protection and safety through access to the state's systems for reporting suspected criminal activity and suspected vulnerable adult maltreatment by:</p> <p>(1) posting the 911 emergency number in common areas and near telephones provided by the assisted living facility;</p> <p>(2) posting information and the reporting number for the Minnesota Adult Abuse Reporting Center to report suspected maltreatment of a vulnerable adult under section 626.557; and</p> <p>(3) providing reasonable accommodations with</p>	0 640		

Minnesota Department of Health

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0 640	<p>Continued From page 7</p> <p>information and notices in plain language.</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to post the required information related to the grievance procedure and contact information for the Office of Ombudsman for Long-Term Care and Mental Health and Developmental Disabilities. This had the potential to affect all four residents, staff, and visitors.</p> <p>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).</p> <p>The findings include:</p> <p>The licensee lacked the following: (1) posting the 911 emergency number in common areas and near telephones provided by the assisted living facility; (2) posting information and the reporting number for the Minnesota Adult Abuse Reporting Center to report suspected maltreatment of a vulnerable adult under section 626.557; and (3) providing reasonable accommodations with information and notices in plain language.</p> <p>On October 20, 2021, at approximately 10:45 a.m., during a facility tour, the licensee lacked a posting of the above required information in a conspicuous place.</p>	0 640		

Minnesota Department of Health

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0 640	Continued From page 8  On October 21, 2021, at approximately 12:25 p.m., owner (O)-C verified the required posting was missing and stated they would post it.  The licensee lacked policies to include the new Assisted Living Licensure requirements, effective August 1, 2021.  No further information was provided.  TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 640		
0 650 SS=D	144G.42 Subd. 8 Employee records  (a) The facility must maintain current records of each paid employee, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following information: (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.	0 650		

Minnesota Department of Health

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NAME OF PROVIDER OR SUPPLIER  <b>N&amp;V HELPFUL HEART CARE INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6620 BRYANT AVENUE NORTH BROOKLYN CENTER, MN 55430</b>
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(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
0 650	<p>Continued From page 9</p> <p>(b) Each employee record must be retained for at least three years after a paid employee, volunteer, or contractor ceases to be employed by, provide services at, or be under contract with the facility. If a facility ceases operation, employee records must be maintained for three years after facility operations cease.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure employee records included all required content for one of one employee unlicensed personnel (ULP)-B with employee record reviewed.</p> <p>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).</p> <p>The findings include:</p> <p>ULP-B's record lacked documentation of annual performance reviews to identify areas of improvement needed and training needs.</p> <p>ULP-B had a hire date of June 30, 2014.</p> <p>On October 21, 2021, at approximately 9:30 a.m., ULP-B was observed to pass medications to the assisted living residents.</p> <p>On October 21, 2021, at approximately 12:00 p.m., owner (O)-C acknowledged ULP-B's record</p>	0 650		

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0 650	Continued From page 10  lacked documentation of annual performance reviews and stated the licensee would update all employee records to reflect the requirements.  The licensee's policy annual performance review requested but not provided.  No further information was provided.  TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 650		
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness  (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 tenant 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.	0 680		

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0 680	<p>Continued From page 11</p> <p>(c) The facility must meet any additional requirements adopted in rule.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review the licensee failed to have a written emergency disaster preparedness plan with all the required content and failed to post an emergency preparedness plan prominently. This had the potential to affect all four residents receiving services under the assisted living license.</p> <p>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).</p> <p>The findings include:</p> <p>On October 20, 2021, at approximately 10:20 a.m., during the entrance conference a request was made to review the licensee's emergency disaster preparedness plan.</p> <p>On October 5, 2021, at approximately 10:45 a.m., during a facility tour, the licensee lacked evidence of signage posted or information regarding the licensee's emergency plan. There were no emergency exit diagrams posted in conspicuous places on each floor, and no emergency exit diagrams were in each of the four residents' rooms as required.</p>	0 680		

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0 680	<p>Continued From page 12</p> <p>The licensee's emergency disaster preparedness plan lacked evidence of the following required content:</p> <ul style="list-style-type: none"> <li>- a comprehensive program to include infectious diseases and pandemics;</li> <li>- a description of the population served by the licensee;</li> <li>- process for emergency preparedness (EP) cooperation with state and local EP officials/organizations;</li> <li>- procedure for tracking staff and residents;</li> <li>- subsistence needs for staff and residents during emergency situation;</li> <li>- development of policies/procedures to address:               <ul style="list-style-type: none"> <li>- evacuation plan (not customized for the facility);</li> <li>- fire (not customized for the facility)</li> <li>- shelter in place;</li> <li>- a tracking system used to document locations or residents and staff</li> <li>- the medical record documentation system to preserve resident information</li> <li>- emergency staff strategies</li> <li>- the facilities role in providing care and treatment at alternative sites</li> </ul> </li> <li>- a communication plan that included:               <ul style="list-style-type: none"> <li>- arrangement with other facilities</li> <li>- names and contact information for staff, resident physicians, other facilities</li> <li>- contact information for federal, state, tribal, local EP staff, ombudsman</li> <li>- primary and alternative means for communicating with facility staff, federal, state, regional and local emergency management agencies</li> <li>- a method of sharing information and medical documentation for residents</li> <li>- a means to provide information regarding the facility's needs, and its ability to provide assistance to include information about their</li> </ul> </li> </ul>	0 680		

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0 680	<p>Continued From page 13</p> <p>occupancy -a method of sharing information from the emergency plan with residents and their families - EP training and testing program - EP training program for staff (including documentation of training provided) - EP testing/annual testing requirements</p> <p>On October 22, 2021, at approximately 2:10 p.m., owner (O)-A confirmed staff were not familiar with Appendix Z (a section of the Centers for Medicare and Medicaid Services [CMS] State Operations Manual which includes the emergency preparedness guidelines). O-A also verified the licensee had not fully developed and implemented the facility's emergency preparedness plan/program.</p> <p>The licensee lacked policies to include the new Assisted Living Licensure requirements, effective August 1, 2021.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	0 680		
0 810 SS=F	<p>144G.45 Subd. 2 (b)-(f) Fire protection and physical environment</p> <p>(b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) employee actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and</p>	0 810		

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0 810	<p>Continued From page 14</p> <p>(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.</p> <p>(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.</p> <p>(d) Fire safety and evacuation plans shall be readily available at all times within the facility.</p> <p>(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.</p> <p>(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.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the facility failed to develop and maintain fire safety and evacuation plans, failed to provide required training to residents and employees for fire safety and evacuation, and failed to conduct required employee evacuation drills. This had the potential to affect all current residents, visitors and staff.</p> <p>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</p>	0 810		

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0 810	<p>Continued From page 15</p> <p>are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On October 22, 2021, at approximately 2:30 p.m., surveyor requested to review the licensee's fire safety and evacuation policy, plans, procedures, schedules and logs, if available. Owner (O)-A stated she did not have the requested paperwork onsite and would email everything to the surveyor before end of day. Documentation received by surveyor was a template from a third-party developer and had not been completed for this site specifically. Plans and procedures must be on site and readily available at all times.</p> <p>No additional information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 810		
0 900 SS=F	<p>144G.50 Subdivision 1 Contract required</p> <p>(a) An assisted living facility may not offer or provide housing or assisted living services to any individual unless it has executed a written contract with the resident.</p> <p>(b) The contract must contain all the terms concerning the provision of: (1) housing; (2) assisted living services, whether provided directly by the facility or by management agreement or other agreement; and (3) the resident's service plan, if applicable.</p> <p>(c) A facility must:</p>	0 900		

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0 900	<p>Continued From page 16</p> <p>(1) offer to prospective residents and provide to the Office of Ombudsman for Long-Term Care a complete unsigned copy of its contract; and</p> <p>(2) give a complete copy of any signed contract and any addendums, and all supporting documents and attachments, to the resident promptly after a contract and any addendum has been signed.</p> <p>(d) A contract under this section is a consumer contract under sections 325G.29 to 325G.37.</p> <p>(e) Before or at the time of execution of the contract, the facility must offer the resident the opportunity to identify a designated representative according to subdivision 3.</p> <p>(f) The resident must agree in writing to any additions or amendments to the contract. Upon agreement between the resident and the facility, a new contract or an addendum to the existing contract must be executed and signed.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop and execute a written contract with the required content for one of one resident (R1) with record reviewed.</p> <p>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).</p>	0 900		

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0 900	<p>Continued From page 17</p> <p>The findings include:</p> <p>The licensee transitioned from a Comprehensive homecare license to an Assisted Living license on August 1, 2021.</p> <p>R1's record lacked a written contract which included all of the terms concerning the provisions of the following as required:</p> <ul style="list-style-type: none"> <li>(1) housing</li> <li>(2) assisted living services, whether provided directly by the facility or by management agreement or other agreement; and</li> <li>(3) the resident's service plan, if applicable</li> </ul> <p>In addition, R1's record lacked evidence that the contract had been fully executed as the facility must:</p> <ul style="list-style-type: none"> <li>- offer to prospective residents and provide to the Office of Ombudsman for Long-Term Care a complete unsigned copy of its contract.</li> <li>- give a complete copy of any signed contract and any addendums, and all supporting documents and attachments, to the resident promptly after a contract and any addendum has been signed; and</li> <li>- the facility must offer the resident the opportunity to identify a designated representative.</li> </ul> <p>On October 20, 2021, at approximately 11:30 a.m., R1 stated he had not received new contract information from the facility.</p> <p>On October 21, 2021, at approximately 2:45 p.m., owner (O)-A stated none of the residents had signed a new contract for the new Assisted Living Licensure requirements, effective August 1, 2021 because they were unaware of the requirement.</p>	0 900		

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0 900	Continued From page 18  The licensee lacked policies to include the new Assisted Living Licensure requirements, effective August 1, 2021.  No further information was provided.  TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 900		
01470 SS=D	144G.63 Subd. 2 Content of required orientation  (a) The orientation must contain the following topics: (1) an overview of this chapter; (2) an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person; (3) handling of emergencies and use of emergency services; (4) compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC); (5) the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; (6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person; (7) handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints; (8) consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care	01470		

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01470	<p>Continued From page 19</p> <p>Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services; and (9) a review of the types of assisted living services the employee will be providing and the facility's category of licensure.</p> <p>(b) In addition to the topics in paragraph (a), orientation may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics:</p> <p>(1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and the challenges it poses to communication;</p> <p>(2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or</p> <p>(3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure one of one employees, unlicensed personnel (ULP)-B, received orientation to assisted living facility licensing requirements and regulations with records reviewed.</p> <p>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</p>	01470		

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01470	<p>Continued From page 20</p> <p>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).</p> <p>The findings include:</p> <p>ULP-B had a hire date of June 30, 2014.</p> <p>On October 21, 2021, at approximately 9:30 a.m., ULP-B was observed to pass medications to the assisted living resident R1.</p> <p>ULP-B's employee record lacked evidence to indicate the employee had received orientation to include the following topics:</p> <ul style="list-style-type: none"> <li>- an overview of Assisted Living laws 144G.</li> <li>- an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person</li> <li>- handling of emergencies and use of emergency services</li> <li>- the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights</li> <li>- the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person</li> <li>- handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints;</li> <li>- consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human</li> </ul>	01470		

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01470	<p>Continued From page 21</p> <p>Services, county-managed care advocates, or other relevant advocacy services - a review of the types of assisted living services the employee will be providing and the facility's category of licensure.</p> <p>On October 21, 2021, at approximately 3:40 p.m., registered nurse (RN)-A verified ULP-B's record lacked orientation to assisted living licensing requirements and regulations.</p> <p>The licensee's policy for employee orientation was requested but not provided.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	01470		
01480 SS=F	<p>144G.63 Subd. 3 Orientation to resident</p> <p>Staff providing assisted living services must be oriented specifically to each individual resident and the services to be provided. This orientation may be provided in person, orally, in writing, or electronically.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure staff providing assisted living services were oriented specifically to each individual resident and the services to be provided for one of one employee (ULP-B) with record reviewed.</p> <p>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</p>	01480		

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01480	<p>Continued From page 22</p> <p>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).</p> <p>The findings include:</p> <p>ULP-B's record lacked documentation of orientation to individual residents and services they received from licensee.</p> <p>On October 21, 2021, at approximately 8:40 a.m., ULP-B administered medications to R1 per prescriber orders. ULP-B stated medications are provided three (3) times a day. ULP-B also stated resident cares are provided to R1 throughout the day as requested.</p> <p>On October 21, 2021, registered nurse (RN)-A stated, during "huddle" (a time when the nurses review new or changed resident information with staff on that shift), the resident information would be provided to staff working, but no documentation for the review is maintained. RN-A also stated this was the practice for licensee to ensure information was passed to the oncoming shift, but no documentation would be available to review.</p> <p>The licensee's policy for orientation to specific resident services and cares was requested but not provided.</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days.</p>	01480		

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01500	Continued From page 23	01500		
01500 SS=F	<p>144G.63 Subd. 5 Required annual training</p> <p>(a) All staff that perform direct services must complete at least eight hours of annual training for each 12 months of employment. The training may be obtained from the facility or another source and must include topics relevant to the provision of assisted living services. The annual training must include:</p> <p>(1) training on reporting of maltreatment of vulnerable adults under section 626.557;</p> <p>(2) review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights;</p> <p>(3) review of infection control techniques used in the home and implementation of infection control standards including a review of hand washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting communicable diseases;</p> <p>(4) effective approaches to use to problem solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders;</p> <p>(5) review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and</p> <p>(6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person.</p> <p>(b) In addition to the topics in paragraph (a), annual training may also contain training on</p>	01500		

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01500	<p>Continued From page 24</p> <p>providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics:</p> <p>(1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and challenges it poses to communication;</p> <p>(2) the health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or</p> <p>(3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure employees received at least eight hours of annual training for each 12 months of employment for one of one employee unlicensed personnel (ULP)-B with training records reviewed.</p> <p>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).</p> <p>The findings include:</p>	01500		

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01500	<p>Continued From page 25</p> <p>ULP-B's employee record lacked evidence of eight hours of annual training.</p> <p>ULP-B had a hire date of June 30, 2014.</p> <p>On October 21, 2021, at approximately 8:45 a.m., ULP-B provided personal care services and medication administration to R1 in her room.</p> <p>ULP-B's record lacked evidence of annual training to include:</p> <ol style="list-style-type: none"> <li>(1) training on reporting of maltreatment of vulnerable adults under section 626.557;</li> <li>(2) review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights;</li> <li>(3) review of infection control techniques used in the home and implementation of infection control standards including a review of hand washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting communicable diseases;</li> <li>(4) effective approaches to use to problem solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders;</li> <li>(5) review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and</li> <li>(6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person.</li> </ol> <p>(b) In addition to the topics in paragraph (a),</p>	01500		

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01500	<p>Continued From page 26</p> <p>annual training may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics:</p> <p>(1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and challenges it poses to communication;</p> <p>(2) the health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or</p> <p>(3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions.</p> <p>On October 21, 2021, at approximately 1:55 p.m., owner (O)-C acknowledged annual training had not been completed for ULP-B or any of the licensee's staff due to Covid-19. O-C stated the licensee had a plan to complete annual training for 2021 for the licensee's employees.</p> <p>The licensee lacked policies to include the new Assisted Living Licensure requirements, effective August 1, 2021.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days</p>	01500		
01620 SS=F	144G.70 Subd. 2 Initial reviews, assessments, and monitoring	01620		

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01620	<p>Continued From page 27</p> <p>(c) Resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services. Ongoing resident reassessment and monitoring must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the last date of the assessment.</p> <p>(d) 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.</p> <p>(e) 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.</p> <p>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 (initial, 14-day and 90-day) to include all areas required on the uniform assessment tool for one of one resident (R1) with record reviewed.</p> <p>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</p>	01620		

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01620	<p>Continued From page 28</p> <p>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).</p> <p>The findings included:</p> <p>R1's admission date was October 10, 2019.</p> <p>R1's diagnoses included: stroke, hypertension, and chronic pain.</p> <p>R1's Service Plan dated September 13, 2021, indicated R1 received services to include: medication management, bathing assistance, hygiene/grooming assistance, dressing assistance, laundry, housekeeping, linen change, food preparation and meal set up.</p> <p>R1's record lacked evidence of initial, 14-day and 90-day monitoring and re-assessment completed by a registered nurse (RN) to include all areas of the uniform assessment tool:</p> <ul style="list-style-type: none"> <li>A. The resident's personal lifestyle preferences</li> <li>B. Activities of daily living</li> <li>C. Independent instrumental activities of daily living</li> <li>D. Physical health status</li> <li>E. Emotional and mental health conditions</li> <li>F. Cognition</li> <li>G. Communication and sensory capabilities</li> <li>H. Pain</li> <li>I. Skin</li> <li>J. Nutritional and hydration status and preferences</li> <li>K. List of treatments, including type, frequency, and level of assistance needed</li> <li>L. Nursing needs, including potential to receive nursing-delegated services</li> <li>M. Risk indicators</li> </ul>	01620		

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01620	<p>Continued From page 29</p> <p>N. Who has decision-making authority for the resident</p> <p>During an observation on October 22, 2021, at approximately 10:30 a.m., in R1's room, ULP-B assisted the resident to transfer from bed to wheelchair using a pivot pole and a gait belt.</p> <p>On October 21, 2021, at approximately 11:00 a.m., RN-A acknowledged the initial, 14-day and 90-day monitoring and reassessment were not completed to include all areas required on the uniform assessment tool. RN-A also stated they were unaware of the uniform assessment tool requirements and did not address all areas on the tool for all residents.</p> <p>The licensee lacked policies to include the new Assisted Living Licensure requirements, effective August 1, 2021.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01620		
01640 SS=D	<p>144G.70 Subd. 4 Service plan, implementation, and revisions t</p> <p>(a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan.</p> <p>(b) The service plan and any revisions must include a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The</p>	01640		

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01640	<p>Continued From page 30</p> <p>facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care.</p> <p>(c) The facility must implement and provide all services required by the current service plan.</p> <p>(d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable.</p> <p>(e) Staff providing services must be informed of the current written service plan.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure the service plan was revised to include all services being provided for one of one resident (R1) with record review.</p> <p>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).</p> <p>The findings include:</p> <p>R1's service plan did not include all services provided by the licensee's staff to include: pivot pole and gait belt.</p> <p>R1's Service Plan dated October 5, 2019, and reviewed on December 20, 2019, April 10, 2020, September 9, 2020, January 12, 2021, May 29,</p>	01640		

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01640	<p>Continued From page 31</p> <p>2021, and September 13, 2021, indicated R1 received the following services: medication management, treatment, bathing assistance, hygiene/grooming assistance, dressing assistance, continence assistance, laundry, housekeeping, linen change, food preparation and meal set up.</p> <p>During an observation on October 22, 2021, at approximately 10:30 a.m., ULP-B assisted R1 to transfer from bed to wheelchair using a pivot pole and a gait belt.</p> <p>On October 22, 2021, at approximately 11:00 a.m., RN-A acknowledged the services were missing in R1's service plan. RN-A also stated she will add the missing services to R1's service plan.</p> <p>The licensee's policy for service plan requested but was not provided.</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	01640		
01730 SS=D	<p>144G.71 Subd. 5 Individualized medication management plan</p> <p>(a) For each resident receiving medication management services, the assisted living facility must prepare and include in the service plan a written statement of the medication management services that will be provided to the resident. The facility must develop and maintain a current individualized medication management record for each resident based on the resident's</p>	01730		

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01730	<p>Continued From page 32</p> <p>assessment that must contain the following:</p> <ul style="list-style-type: none"> <li>(1) a statement describing the medication management services that will be provided;</li> <li>(2) a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions;</li> <li>(3) documentation of specific resident instructions relating to the administration of medications;</li> <li>(4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis;</li> <li>(5) identification of medication management tasks that may be delegated to unlicensed personnel;</li> <li>(6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and</li> <li>(7) any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions.</li> </ul> <p>(b) The medication management record must be current and updated when there are any changes.</p> <p>(c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to develop an individualized medication management record with the required content for one of one resident (R1) with record reviewed.</p>	01730		

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01730	<p>Continued From page 33</p> <p>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).</p> <p>The findings include:</p> <p>R1's Medication Management Plan dated August 25, 2021, indicated R1 received medication management services to include: medication reminders and medication set up.</p> <p>R1's untitled medication administration record for October 2021, indicated R1 received cefpodoxime 200 milligram (mg) one tablet by mouth daily, acyclovir 400 mg tablet take 1/2 tablet every 12 hours, carvedilol 12.5 mg tablet take one tablet by mouth daily with meals, amlodipine besylate 10 mg take one tablet by mouth, and baclofen 5 mg take one tablet by mouth daily.</p> <p>R1's medication management plan lacked to include required content noted below:</p> <ul style="list-style-type: none"> <li>- a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with manufacturer's directions,</li> <li>- documentation of specific resident instructions relating to the administration of medications,</li> <li>- any resident-specific requirements relating to documenting medication administration, verification that all medications are administered as prescribed, and monitoring of medication use</li> </ul>	01730		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34008</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/22/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>N&amp;V HELPFUL HEART CARE INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6620 BRYANT AVENUE NORTH BROOKLYN CENTER, MN 55430</b>
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(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
01730	<p>Continued From page 34</p> <p>to prevent possible complications or adverse reactions.</p> <ul style="list-style-type: none"> <li>- identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis</li> <li>- identification of medication management tasks that may be delegated to unlicensed personnel</li> <li>- procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services</li> </ul> <p>On October 22, 2021, at approximately 2:15 p.m., RN-A confirmed R1 lacked evidence of a medication management plan to include the above noted content, as required.</p> <p>The Licensee's policy for medication management was requested but not provided.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01730		
01790 SS=F	<p>144G.71 Subd. 10 Medication management for residents who will</p> <ul style="list-style-type: none"> <li>(2) for unplanned time away, when the pharmacy is not able to provide the medications, a licensed nurse or unlicensed personnel shall provide medications in amounts and dosages needed for the length of the anticipated absence, not to exceed seven calendar days;</li> <li>(3) the resident must be provided written information on medications, including any special instructions for administering or handling the medications, including controlled substances; and</li> <li>(4) the medications must be placed in a</li> </ul>	01790		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34008</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/22/2021</b>
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01790	<p>Continued From page 35</p> <p>medication container or containers appropriate to the provider's medication system and must be labeled with the resident's name and the dates and times that the medications are scheduled.</p> <p>(b) For unplanned time away when the licensed nurse is not available, the registered nurse may delegate this task to unlicensed personnel if:</p> <p>(1) the registered nurse has trained the unlicensed staff and determined the unlicensed staff is competent to follow the procedures for giving medications to residents; and</p> <p>(2) the registered nurse has developed written procedures for the unlicensed personnel, including any special instructions or procedures regarding controlled substances that are prescribed for the resident. The procedures must address:</p> <p>(i) the type of container or containers to be used for the medications appropriate to the provider's medication system;</p> <p>(ii) how the container or containers must be labeled;</p> <p>(iii) written information about the medications to be provided;</p> <p>(iv) how the unlicensed staff must document in the resident's record that medications have been provided, including documenting the date the medications were provided and who received the medications, the person who provided the medications to the resident, the number of medications that were provided to the resident, and other required information;</p> <p>(v) how the registered nurse shall be notified that medications have been provided and whether the registered nurse needs to be contacted before the medications are given to the resident or the designated representative;</p> <p>(vi) a review by the registered nurse of the completion of this task to verify that this task was</p>	01790		

Minnesota Department of Health

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01790	<p>Continued From page 36</p> <p>completed accurately by the unlicensed personnel; and</p> <p>(vii) how the unlicensed personnel must document in the resident's record any unused medications that are returned to the facility, including the name of each medication and the doses of each returned medication.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure one of one unlicensed personnel (ULP-B) was trained and had demonstrated competency to prepare and give medications for resident having unplanned time away.</p> <p>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).</p> <p>The findings include:</p> <p>ULP-B had a hire date of June 30, 2014.</p> <p>ULP-B's record lacked evidence to indicate the registered nurse (RN) provided training and determined competency to prepare and administer medications to residents for unplanned time away.</p> <p>During the entrance conference on October 20, 2021, at approximately 9:00 a.m., RN-A confirmed all residents received medication</p>	01790		

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01790	<p>Continued From page 37</p> <p>management services.</p> <p>On October 21, 2021, at approximately 7:50 a.m., ULP-B packed medications for R1 to leave for a medical appointment. The medications included: cefpodoxime 200 milligram (mg) one tablet by mouth daily, acyclovir 400 mg tablet take 1/2 tablet every 12 hours, and carvedilol 12.5 mg tablet take one tablet by mouth daily with meals.</p> <p>The packed medication lacked the content and documentation to include the following requirements:</p> <ul style="list-style-type: none"> <li>- written information on medications, including any special instructions for administering or handling the medications</li> <li>- placed in a medication container or containers appropriate to the provider's medication system and must be labeled with the resident's name and the dates and times that the medications are scheduled</li> <li>- the type of container or containers to be used for the medications</li> <li>- how the container or containers must be labeled</li> <li>- written information about the medications to be provided</li> <li>- how the unlicensed staff must document in the resident's record that medications have been provided, including documenting the date the medications were provided and who received the medications, the person who provided the medications to the resident, the number of medications that were provided to the resident, and other required information</li> <li>- how the registered nurse shall be notified that medications have been provided</li> <li>- a review by the registered nurse of the completion of this task to verify that this task was completed accurately by the unlicensed personnel</li> </ul>	01790		

Minnesota Department of Health

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01790	<p>Continued From page 38</p> <p>- how the unlicensed personnel must document in the resident's record any unused medications that are returned to the facility, including the name of each medication and the doses of each returned medication.</p> <p>On October 21, 2021, at approximately 8:20 a.m., R1 was picked up from the licensee by a Metro Mobility bus (a shared public transportation service for certified riders who are unable to use regular fixed-route buses due to a disability or health condition) for a medical appointment.</p> <p>On October 21, 2021, at approximately 2:00 p.m., RN-A confirmed ULP-B, and all other ULPs who administer medications, were not trained or had not demonstrated competency to prepare or give medications for any of the licensee's residents for unplanned times away.</p> <p>The licensee's policy for medication for unplanned time away was requested but not provided.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01790		
01890 SS=D	<p>144G.71 Subd. 20 Prescription drugs</p> <p>A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug.</p>	01890		

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01890	<p>Continued From page 39</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure medications were not expired for one of one resident (R1) with record reviewed.</p> <p>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).</p> <p>Findings include:</p> <p>On October 22, 2021, at approximately 9:30 a.m., unlicensed personnel (ULP)-B administered medications to R1.</p> <p>R1's physician orders dated July 1, 2021, indicated R1's prescriptions included: cefepodoxime 200 milligram (mg) take one tablet by mouth once a day, cyclophosphamide 50 mg capsule take 2 capsules by mouth once daily, Sodium Bicarbonate 650 mg tablet take one tablet by mouth twice daily, acyclovir 400 mg take one half tablet by mouth every 12 hours, fluconazole 100 mg take one tablet by mouth once daily, and carvedilol 12.5 mg take 1 tablet by mouth twice daily.</p> <p>On October 22, 2021, at approximately 10:00 a.m., the contents of R1's medication box was observed and had the following medications past the manufacturer's use by date: refresh ophthalmic ointment, expired September 2021,</p>	01890		

Minnesota Department of Health

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01890	<p>Continued From page 40</p> <p>acetaminophen 325 milligram (mg) expired August 2019, and ondansetron 4 mg expired January 2021.</p> <p>On October 22, 2021, at approximately 10:45 a.m., registered nurse (RN)-A confirmed the medications were expired and stated she had missed them because they were in a container usually not used. She also stated she checks all resident's medication boxes every month to ensure the medications are current.</p> <p>The licensee's policy for expired medication requested but was not provided.</p> <p>No further information provided</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days.</p>	01890		
02240 SS=F	<p>144G.90 Subdivision 1 Assisted living bill of rights; notification</p> <p>(a) An assisted living facility must provide the resident a written notice of the rights under section 144G.91 before the initiation of services to that resident. The facility shall make all reasonable efforts to provide notice of the rights to the resident in a language the resident can understand.</p> <p>(b) In addition to the text of the assisted living bill of rights in section 144G.91, the notice shall also contain the following statement describing how to file a complaint or report suspected abuse: "If you want to report suspected abuse, neglect, or financial exploitation, you may contact the Minnesota Adult Abuse Reporting Center (MAARC). If you have a complaint about the facility or person providing your services, you may</p>	02240		

Minnesota Department of Health

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02240	<p>Continued From page 41</p> <p>contact the Office of Health Facility Complaints, Minnesota Department of Health. You may also contact the Office of Ombudsman for Long-Term Care or the Office of Ombudsman for Mental Health and Developmental Disabilities."</p> <p>(c) The statement must include contact information for the Minnesota Adult Abuse Reporting Center and the telephone number, website address, e-mail address, mailing address, and street address of the Office of Health Facility Complaints at the Minnesota Department of Health, the Office of Ombudsman for Long-Term Care, and the Office of Ombudsman for Mental Health and Developmental Disabilities. The statement must include the facility's name, address, e-mail, telephone number, and name or title of the person at the facility to whom problems or complaints may be directed. It must also include a statement that the facility will not retaliate because of a complaint.</p> <p>(d) A facility must obtain written acknowledgment from the resident of the resident's receipt of the assisted living bill of rights or shall document why an acknowledgment cannot be obtained. Acknowledgment of receipt shall be retained in the resident's record.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure the current Minnesota Bill of Rights for Assisted Living Residents was provided to the resident and a written acknowledgement received for one of one resident (R1) with record reviewed.</p> <p>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</p>	02240		

Minnesota Department of Health

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02240	<p>Continued From page 42</p> <p>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).</p> <p>The findings include:</p> <p>The licensee transitioned from a Comprehensive homecare license to an Assisted Living license on August 1, 2021.</p> <p>R1's record had an admission date of October 5, 2019.</p> <p>R1's record lacked a copy and signed acknowledgement of the Minnesota Bill of Rights for Assisted Living Residents or information on how to make a complaint.</p> <p>On October 21, 2021, at approximately 11:30 a.m., R1 stated he had not received information on the Minnesota Bill of Rights for Assisted Living Residents or information on how to make a complaint.</p> <p>On October 21, 2021, at approximately 2:45 p.m., owner (O)-C acknowledged none of the licensee's residents had received a copy of the Minnesota Bill of Rights for Assisted Living Residents or information on how to make a complaint because the provider was unaware of the requiremet to do so.</p> <p>The licensee lacked policies to include the new Assisted Living Licensure requirements, effective August 1, 2021.</p> <p>No further information was provided.</p>	02240		

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02240	Continued From page 43  TIME PERIOD FOR CORRECTION: Twenty-One (21) days	02240		

Type: Full  
Date: 10/20/21  
Time: 12:27:06  
Report: 1021211322

## Food and Beverage Establishment Inspection Report

Page 1

**Location:**

N & V Helpful Heart Care Inc.  
6620 Bryant Ave N  
Brooklyn Center, MN55430  
Hennepin County, 27

**Establishment Info:**

ID #: N034008  
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. DISCUSSED EMPLOYEE ILLNESS POLICY AND RECORDING WITH DIRECTOR. AN MDH EMPLOYEE ILLNESS LOG SENT WITH REPORT.

Comply By: 10/20/21

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

#### 3-302.11A(1)

**\*\* Priority 1 \*\***

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

RAW SHELL EGGS STORED ABOVE READY TO EAT FOODS AND PRODUCE IN THE FRIGIDAIRE COOLER. DIRECTOR DISCARDED RAW SHELL EGGS BECAUSE THEY WERE OUT OF TEMPERATURE CONTROL SINCE YESTERDAY. CORRECTED ON-SITE. DISCUSSED FRIDGE STORAGE FOR FOOD SAFETY.

Comply By: 10/20/21

### 3-700 Contaminated Food: discarded

#### 3-701.11A

**\*\* Priority 1 \*\***

MN Rule 4626.0445A Discard or recondition food that is unsafe, adulterated or not honestly presented.

THE FOLLOWING TCS FOODS WERE DISCARDED DURING INSPECTION BECAUSE THEY WERE INSIDE THE FRIGIDAIRE COOLER & FREEZER. COOLER & FREEZER WAS DOWN SINCE YESTERDAY: A COUPLE GALLONS OF MILK, CONTAINER OF SOUR CREAM, SEE COMMENTS.

Type: Full  
Date: 10/20/21  
Time: 12:27:06  
Report: 1021211322  
N & V Helpful Heart Care Inc.

# Food and Beverage Establishment Inspection Report

Page 2

*Comply By: 10/20/21*

## **4-700 Sanitizing Equipment and Utensils**

### **4-702.11 \*\* Priority 1 \*\***

MN Rule 4626.0900 Sanitize utensils and food contact surfaces of equipment before use, after cleaning. ESTABLISHMENT IS NOT SANITIZING UTENSILS/DISHES AFTER MANUALLY WASHING AND RINSING. ALL FOOD-CONTACT SURFACES OF UTENSILS AND EQUIPMENT MUST BE EFFECTIVELY WASHED, RINSED, AND SANITIZED USING AN APPROVED SANITIZING METHOD.

*Comply By: 10/20/21*

## **3-500C Microbial Control: date marking**

### **3-501.17A \*\* Priority 2 \*\***

MN Rule 4626.0400A Mark the refrigerated, ready-to-eat, TCS food prepared 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.

OPEN GALLON OF MILK, OPEN BAG OF SHREDDED CHEESE AND OPEN BAG OF SLICED CHEESE LACKS A DATE MARK FROM THE DAY OF OPENING. DISCUSSED DATE MARKING OF PACKAGE FOOD ITEMS FROM A PROCESSING PLANT WITH DIRECTOR. SEE COMMENTS.

*Comply By: 10/20/21*

## **4-300 Equipment Numbers and Capacities**

### **4-302.12A \*\* Priority 2 \*\***

MN Rule 4626.0705A Provide a readily accessible food temperature measuring device to ensure attainment and maintenance of food temperatures.

NO THERMOMETER ON-SITE FOR TAKING FOOD TEMPERATURES. PROVIDE A FOOD THERMOMETER AS DESCRIBED IN RULE ABOVE.

*Comply By: 10/25/21*

## **4-300 Equipment Numbers and Capacities**

### **4-302.13B \*\* Priority 2 \*\***

MN Rule 4626.0710B Provide a readily accessible, irreversible registering temperature indicator for measuring the utensil surface temperature in mechanical hot water warewashing operations.

ESTABLISHMENT DOES NOT HAVE A MEASURING DEVICE THAT INDICATES THE FINAL UTENSIL SURFACE TEMPERATURE IN HIGH TEMPERATURE DISH MACHINE. PROVIDE. THERMOLABELS WERE LEFT ON-SITE. SEE COMMENTS.

*Comply By: 10/20/21*

## **5-200C Plumbing: Maintenance, fixture location**

### **5-205.11AB \*\* Priority 2 \*\***

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

ESTABLISHMENT MUST DESIGNATE A BASIN OF THE TWO BASIN KITCHEN SINK FOR HANDWASHING ONLY. OWNER DESIGNATED THE RIGHT SIDE OF THE KITCHEN SINK

Type: Full  
Date: 10/20/21  
Time: 12:27:06  
Report: 1021211322  
N & V Helpful Heart Care Inc.

# Food and Beverage Establishment Inspection Report

Page 3

BASIN TO BE THE HANDWASHING SINK DURING INSPECTION. CORRECTED ON-SITE.

*Comply By: 10/20/21*

## **6-300 Physical Facility Numbers and Capacities**

### **6-301.12 \*\* Priority 2 \*\***

MN Rule 4626.1445 Provide and maintain a supply of individual disposable towels, a continuous towel system, a heated-air hand drying device, or an approved ambient air temperature hand drying device at each handwashing sink or group of adjacent handwashing sinks.

NO PAPER TOWELS AT THE HANDWASHING SINK. STAFF PROVIDED PAPER TOWELS DURING INSPECTION. CORRECTED ON-SITE. MAINTAIN A SUPPLY OF PAPER TOWELS AT THE HANDWASHING SINK DURING ALL HOURS OF OPERATION.

*Comply By: 10/20/21*

## **2-100 Supervision**

### **2-102.12AMN**

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

NO CERTIFIED FOOD PROTECTION MANAGER (CFPM) WAS EMPLOYED AT THIS ESTABLISHMENT. MAIMAM KARMO HAS A SERVSAFE CERTIFICATE ON-SITE BUT IT EXPIRED IN 2018. INFORMATION ON HOW TO OBTAIN CFPM CERTIFICATE SENT TO DIRECTOR WITH REPORT.

*Comply By: 10/20/21*

## **4-200 Equipment Design and Construction**

### **4-201.11AMN**

MN Rule 4626.0506A Provide or replace food service equipment with equipment that is certified or classified for sanitation by an American National Standards Institute (ANSI) accredited certification program.

DISH MACHINE DOES NOT HAVE AN EFFECTIVE SANITIZE CYCLE (NSF STANDARD 3 OR 184) AND STATES "NOT INTENDED FOR LICENSED FOOD ESTABLISHMENTS". REPLACE WITH A MODEL THAT HAS REQUIRED SANITIZE CYCLE THAT PROVIDES A UTENSIL SURFACE TEMPERATURE OF 160F OR ABOVE.

*Comply By: 10/20/21*

## **4-500 Equipment Maintenance and Operation**

### **4-501.11AB**

MN Rule 4626.0735AB All equipment and components must be in good repair and maintained and adjusted in accordance with manufacturer's specifications.

THE FRIGIDAIRE COOLER AND FREEZER IN KITCHEN WENT DOWN SOMETIME LAST NIGHT. THE AMBIENT TEMPERATURE OF COOLER AND FREEZER MEASURED 61F. ALL TCS FOOD ITEMS WERE DISCARDED DURING INSPECTION. SEE COMMENTS.

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## 6-300 Physical Facility Numbers and Capacities

### 6-301.14A

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

KITCHEN HANDWASHING SINK IS MISSING A HANDWASHING SIGN OR POSTER THAT REMIND FOOD EMPLOYEES TO WASH HANDS BEFORE RETURNING TO WORK. PROVIDE AS DESCRIBED IN RULE ABOVE.

Comply By: 10/20/21

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## Food and Equipment Temperatures

Process/Item: Ambient Temperature

Temperature: 61 Degrees Fahrenheit - Location: FRIGIDAIRE UPRIGHT COOLER

Violation Issued: No

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Total Orders	In This Report	Priority 1	Priority 2	Priority 3
		4	5	4

ALL FINDINGS ON THIS REPORT WERE DISCUSSED WITH DIRECTOR, VERA DIXON, AND HEALTH REGULATION DIVISION NURSE EVALUATOR, BENARD NYANGENA.

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

ESTABLISHMENT USES CLOROX WIPES TO CLEAN AND SANITIZE FOOD CONTACT SURFACES. PER THE CONTAINER LABEL THEY CAN USE THE WIPES FOR FOOD CONTACT SURFACES AS LONG AS THEY CLEAN THE AREA WITH POTABLE WATER AFTERWARDS.

THE GALLON OF MILK, OPEN BAG OF SHREDDED CHEESE, AND OPEN BAG OF SLICED CHEESE WERE DISCARDED BECAUSE FOOD ITEMS WERE OUT OF TEMPERATURE CONTROL SINCE YESTERDAY. CORRECTED ON-SITE.

THE THERMOLABELS WILL HELP THE ESTABLISHMENT VERIFY THAT THEIR DISH MACHINE IS PROVIDING A FINAL UTENSIL SURFACE TEMPERATURE OF 160F OR ABOVE.

ESTABLISHMENT CANNOT STORE ANY TIME/TEMPERATURE CONTROL FOR SAFETY FOODS (TCS) IN THE FRIGIDAIRE COOLER AND FREEZER UNTIL IT IS REPAIRED OR REPLACED. PER CONVERSATION WITH DIRECTOR, THEY ARE REPLACING THE COOLER AND FREEZER TODAY.

CONTINUATION OF MN Rule 4626.0445A Discard or recondition food that is unsafe, adulterated or not honestly presented.

CONTAINER OF CREAM CHEESE, A FEW INDIVIDUAL CUPS OF YOGURT, BUTTER STICKS, RAW SHELL EGGS, RAW GROUND BEEF, HOT DOGS, TURKEY BACON, BAG OF SHREDDED CHEESE, BAG OF SLICED CHEESE, PACKAGED TURKEY MEALS, BAG OF CHICKEN NUGGETS, AND CONTAINER OF COTTAGE CHEESE.

THE KITCHEN HAS WOOD CABINETS, LAMINATE COUNTERS, AND UNABLE TO VERIFY IF THE BASE CABINETS WERE NOT HOLLOW. PHYSICAL FACILITY ITEMS WILL BE

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MONITORED AT FUTURE INSPECTIONS.

**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 1021211322 of 10/20/21.

Certified Food Protection Manager: \_\_\_\_\_


Certification Number: \_\_\_\_\_ Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Signed: \_\_\_\_\_

VERA DIXON  
DIRECTOR

Signed: \_\_\_\_\_

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

Report #: 1021211322

# Food Establishment Inspection Report



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

No. of RF/PHI Categories Out

7

Date 10/20/21

No. of Repeat RF/PHI Categories Out

0

Time In 12:27:06

Legal Authority MN Rules Chapter 4626

Time Out

N & V Helpful Heart Care Inc.

**Address**  
6620 Bryant Ave N

**City/State**  
Brooklyn Center, MN

**Zip Code**  
55430

**Telephone**

**License/Permit #**  
N034008

**Permit Holder**

**Purpose of Inspection**  
Full

**Est Type**

**Risk Category**

## FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item

Mark "X" in appropriate box for COS and/or R

IN= in compliance

OUT= not in compliance

N/O= not observed

N/A= not applicable

COS= corrected on-site during inspection

R= repeat violation

Compliance Status		COS	R
<b>Supervision</b>			
1	IN OUT		
	PIC knowledgeable; duties & oversight		
2	IN (OUT) N/A		
	Certified food protection manager, duties		
<b>Employee Health</b>			
3	IN (OUT)		
	Mgmt/Staff; knowledge, responsibilities & reporting		
4	(IN) OUT		
	Proper use of reporting, restriction & exclusion		
5	(IN) OUT		
	Procedures for responding to vomiting & diarrheal events		
<b>Good Hygienic Practices</b>			
6	(IN) OUT N/O		
	Proper eating, tasting, drinking, or tobacco use		
7	(IN) OUT N/O		
	No discharge from eyes, nose, & mouth		
<b>Preventing Contamination by Hands</b>			
8	(IN) OUT N/O		
	Hands clean & properly washed		
9	IN OUT N/A (N/O)		
	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed		
10	IN (OUT)		
	Adequate handwashing sinks supplied/accessible		
<b>Approved Source</b>			
11	(IN) OUT		
	Food obtained from approved source		
12	IN OUT N/A (N/O)		
	Food received at proper temperature		
13	(IN) OUT		
	Food in good condition, safe, & unadulterated		
14	IN OUT (N/A) N/O		
	Required records available; shellstock tags, parasite destruction		
<b>Protection from Contamination</b>			
15	IN (OUT) N/A N/O		
	Food separated and protected		
16	IN (OUT) N/A		
	Food contact surfaces: cleaned & sanitized		
17	IN (OUT)		
	Proper disposition of returned, previously served, reconditioned, & unsafe food		

Compliance Status		COS	R
<b>Time/Temperature Control for Safety</b>			
18	IN OUT N/A (N/O)		
	Proper cooking time & temperature		
19	IN OUT N/A (N/O)		
	Proper reheating procedures for hot holding		
20	IN OUT N/A (N/O)		
	Proper cooling time & temperature		
21	IN OUT N/A (N/O)		
	Proper hot holding temperatures		
22	(IN) OUT N/A		
	Proper cold holding temperatures		
23	IN (OUT) N/A N/O		
	Proper date marking & disposition		
24	IN OUT (N/A) N/O		
	Time as a public health control: procedures & records		
<b>Consumer Advisory</b>			
25	IN OUT (N/A)		
	Consumer advisory provided for raw/undercooked food		
<b>Highly Susceptible Populations</b>			
26	IN OUT (N/A)		
	Pasteurized foods used; prohibited foods not offered		
<b>Food and Color Additives and Toxic Substances</b>			
27	IN OUT (N/A)		
	Food additives: approved & properly used		
28	(IN) OUT		
	Toxic substances properly identified, stored, & used		
<b>Conformance with Approved Procedures</b>			
29	IN OUT (N/A)		
	Compliance with variance/specialized process/HACCP		

**Risk factors (RF)** are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. **Public Health Interventions (PHI)** are control measures to prevent foodborne illness or injury.

## GOOD RETAIL PRACTICES

**Good Retail Practices** are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is **not** in compliance

Mark "X" in appropriate box for COS and/or R

COS= corrected on-site during inspection

R= repeat violation

Compliance Status		COS	R
<b>Safe Food and Water</b>			
30	IN OUT (N/A)		
	Pasteurized eggs used where required		
31			
	Water & ice obtained from an approved source		
32	IN OUT (N/A)		
	Variance obtained for specialized processing methods		
<b>Food Temperature Control</b>			
33			
	Proper cooling methods used; adequate equipment for temperature control		
34	IN OUT N/A (N/O)		
	Plant food properly cooked for hot holding		
35	IN OUT N/A (N/O)		
	Approved thawing methods used		
36	X		
	Thermometers provided & accurate		
<b>Food Identification</b>			
37			
	Food properly labeled; original container		
<b>Prevention of Food Contamination</b>			
38			
	Insects, rodents, & animals not present		
39			
	Contamination prevented during food prep, storage & display		
40			
	Personal cleanliness		
41			
	Wiping cloths: properly used & stored		
42			
	Washing fruits & vegetables		

Compliance Status		COS	R
<b>Proper Use of Utensils</b>			
43			
	In-use utensils: properly stored		
44			
	Utensils, equipment & linens: properly stored, dried, & handled		
45			
	Single-use/single service articles: properly stored & used		
46			
	Gloves used properly		
<b>Utensil Equipment and Vending</b>			
47	X		
	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
48	X		
	Warewashing facilities: installed, maintained, & used; test strips		
49			
	Non-food contact surfaces clean		
<b>Physical Facilities</b>			
50			
	Hot & cold water available; adequate pressure		
51			
	Plumbing installed; proper backflow devices		
52			
	Sewage & waste water properly disposed		
53			
	Toilet facilities: properly constructed, supplied, & cleaned		
54			
	Garbage & refuse properly disposed; facilities maintained		
55			
	Physical facilities installed, maintained, & clean		
56			
	Adequate ventilation & lighting; designated areas used		
57			
	Compliance with MCIAA		
58			
	Compliance with licensing & plan review		

**Food Recalls:**

**Person in Charge (Signature)**

**Date:** 10/20/21

Inspector (Signature)