



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

Electronically Delivered

October 2, 2024

Licensee

Harmony Homes LLC

7006 Morgan Avenue North

Brooklyn Center, MN 55430

RE: Project Number(s) SL36862015

Dear Licensee:

On August 28, 2024, the Minnesota Department of Health completed a follow-up survey of your facility to determine if orders from the May 30, 2024, survey were corrected. This follow-up survey verified that the facility is in substantial compliance.

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

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jess Schoenecker'.

Jess Schoenecker, Supervisor

State Evaluation Team

Email: [jess.schoenecker@state.mn.us](mailto:jess.schoenecker@state.mn.us)

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

JMD



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

Electronically Delivered

July 10, 2024

Licensee

Harmony Homes LLC

7006 Morgan Avenue North

Brooklyn Center, MN 55430

RE: Project Number(s) SL36862015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on May 30, 2024, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

### **STATE CORRECTION ORDERS**

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

### **IMPOSITION OF FINES**

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

Level 1: no fines or enforcement.

Level 2: a fine of \$500 per violation, in addition to any enforcement mechanism authorized in § 144G.20 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.31, Subd. 4(a)(5), MDH may impose fine amounts of either \$1,000 or \$5,000 to licensees who are found to be responsible for maltreatment. MDH may impose 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. MDH 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(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.

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

**St - 0 - 0820 - 144g.45 Subd. 2 (g) - Fire Protection And Physical Environment - \$3,000.00**

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$3,000.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

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

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

The correction order documentation should include the following:

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

#### **CORRECTION ORDER RECONSIDERATION PROCESS**

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

To submit a reconsideration request, please visit:

**<https://forms.web.health.state.mn.us/form/HRDAppealsForm>**

#### **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

Harmony Homes LLC

July 10, 2024

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correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor. to submit a hearing request, please visit:

**<https://forms.web.health.state.mn.us/form/HRDAppealsForm>**

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

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

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

If you have any questions, please contact me.

Sincerely,



Renee L Anderson, Supervisor

State Evaluation Team

Email: [Renee.L.Anderson@state.mn.us](mailto:Renee.L.Anderson@state.mn.us)

Telephone: 651-201-5871 Fax: 651-201-5871

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>36862</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/30/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HARMONY HOMES LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7006 MORGAN 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><b>Initial Comments</b></p> <p>*****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><b>INITIAL COMMENTS:</b> SL36862015-0</p> <p>On May 28, 2024, through May 30, 2024, the Minnesota Department of Health conducted an initial survey at the above provider, and the following correction orders are issued. At the time of the survey, there were three (3) residents, all of whom received services under the provider's Assisted Living license.</p>	0 000	<p>Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction.</p> <p><b>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.</b></p> <p><b>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</b></p> <p><b>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.</b></p>	
0 110 SS=C	<b>144G.10 Subdivision 1a Assisted living director license required</b>	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 observation, interview, and record review, the licensee failed to ensure the licensed assisted living director (LALD)-A was listed as the Director of Record for the licensee. This had the potential to affect all the licensee's residents, staff, and visitors.</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 the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On May 28, 2024, at 10:00 a.m., upon entrance to the facility, the assisted living facility (ALF) license and LALD license were observed to be displayed in the facility.</p> <p>LALD-A started employment on March 12, 2020, under the licensee's comprehensive home care license and began providing assisted living services on August 1, 2021.</p> <p>On May 28, 2024, at 11:30 a.m., the Minnesota Board of Executives for Long-Term Services and Support (BELTSS) website indicated LALD-A currently held an assisted living director license,</p>	0 110		
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Minnesota Department of Health

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0 110	<p>Continued From page 2</p> <p>but LALD-A was not listed as the Director of Record for any licensee, and was not listed as a shared director.</p> <p>On May 28, 2024, at 11:35 a.m., LALD-A stated they had not registered with BELTSS as "Director of Record" for this ALF. LALD-A further stated they thought the LALD license covered being listed as Director of Record.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Two (2) days.</p>	0 110		
0 480 SS=F	<p>144G.41 Subd 1 (13) (i) (B) Minimum requirements</p> <p>(13) offer to provide or make available at least the following services to residents: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code.</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>	0 480		

Minnesota Department of Health

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0 480	Continued From page 3  The findings include:  Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated May 28, 2024, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.  TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		
0 680 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 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 4</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 interview and record review, the licensee failed to have a written emergency preparedness (EP) plan with all the required content. This had the potential to affect all 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>On May 29, 2024, at 11:17 a.m. the EP binder dated as reviewed on May 24, 2024, was lacking the following requirements:</p> <ul style="list-style-type: none"> <li>- Policy and procedure to address role of facility under a waiver declared by the Secretary in accordance with section 1135 of the Act;</li> <li>- Must conduct exercises to test the EP at least twice per year, including unannounced staff drills using the EP;</li> <li>- Must participate in an annual full-scale exercise that is community based OR conduct an annual, individual, facility-based functional exercise OR if the facility experiences an actual emergency requiring activation of plan, facility is exempt from engaging in its next required full-scale exercise;</li> <li>- Conduct an additional annual exercise that may include: a second full-scale exercise that is</li> </ul>	0 680		

Minnesota Department of Health

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0 680	<p>Continued From page 5</p> <p>community-based or an individual, facility based functional exercise OR mock disaster drill OR table-top exercise; and</p> <p>- Analyze the facility's response to and maintain documentation of all drills, tabletop exercises and emergency events &amp; revise plan as needed.</p> <p>On May 29, 2024, at 11:45 a.m., licensed assisted living director (LALD)-A stated the licensee bought the EP plan from a consultant and thought the consultant would have included all of the required content. After LALD-A reviewed the Appendix-Z requirements in current statutes, she did state they added the contacts to their plan, however, were missing all of the above requirements and would be working on including all required content.</p> <p>The licensee's Emergency Preparedness policy dated August 1, 2021, indicated, "[Licensee] would have an identified plan in place to assure the safety and well-being of residents and staff during periods of an emergency or disaster that disrupts services." The policy further indicated, the plan would consider the organization's commitment to provide services while ensuring the safety of its employees and residents, and the plan would be implemented as soon as the licensee was aware of the existence of an emergency."</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 680		
0 780 SS=F	144G.45 Subd. 2 (a) (1) Fire protection and physical environment	0 780		

Minnesota Department of Health

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0 780	<p>Continued From page 6</p> <p>(a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:</p> <p>(1) for dwellings or sleeping units, as defined in the State Fire Code:</p> <p>(i) provide smoke alarms in each room used for sleeping purposes;</p> <p>(ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms;</p> <p>(iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics;</p> <p>(iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and</p> <p>(v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated;</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide smoke alarms outside and in the immediate vicinity of bedrooms #1 and #2. This deficient condition had the ability to affect all staff and 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</p>	0 780		

Minnesota Department of Health

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0 780	Continued From page 7  problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).  Findings include:  On a facility tour on May 29, 2024, at 10:30 a.m., with administrator (A)-D, survey staff observed that bedrooms #1 and #2 did not have a smoke alarm installed outside and in the immediate vicinity of these resident's bedroom. A-D verbally confirmed survey staff observations during the facility tour.  TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 780		
0 790 SS=F	144G.45 Subd. 2 (a) (2)-(3) Fire protection and physical environment  (2) install and maintain portable fire extinguishers in accordance with the State Fire Code;  (3) install portable fire extinguishers having a minimum 2-A:10-B:C rating within Group R-3 occupancies, as defined by the State Fire Code, located so that the travel distance to the nearest fire extinguisher does not exceed 75 feet, and maintained in accordance with the State Fire Code; and  This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide documentation of monthly inspections of all the fire extinguishers. This	0 790		

Minnesota Department of Health

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0 790	<p>Continued From page 8</p> <p>deficient condition had the ability to affect all staff and 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>Findings include:</p> <p>On May 29, 2024, at 10:15 a.m., survey staff conducted a facility tour with administrator (A)-D, survey staff observed that the fire extinguishers throughout the facility did not have documentation of monthly inspections. Monthly inspections of the fire extinguishers are required to ensure that all systems are maintained and remain in working order.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days.</p>	0 790		
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> </ul>	0 810		

Minnesota Department of Health

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0 810	<p>Continued From page 9</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 a record review and interview, the licensee failed to develop a fire safety and evacuation plan with required elements. This had the potential to affect all staff, residents, 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</p>	0 810		

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0 810	<p>Continued From page 10</p> <p>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 May 30, 2024, at 1:03 p.m., licensed assisted living director (LALD)-A provided documents via email of the emergency preparedness and disaster plans. Record review of these plans found no information on the fire safety and evacuation plan as well as no logs of staff evacuation drills or training. There had been several attempts via email and phone request for these documents and did not receive the documents that were requested.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	0 810		
0 820 SS=I	<p>144G.45 Subd. 2 (g) Fire protection and physical environment</p> <p>(g) Existing construction or elements, including assisted living facilities that were registered as housing with services establishments under chapter 144D prior to August 1, 2021, shall be permitted to continue in use provided such use does not constitute a distinct hazard to life. Any existing elements that an authority having jurisdiction deems a distinct hazard to life must be corrected. The facility must document in the facility's records any actions taken to comply with a correction order, and must submit to the commissioner for review and approval prior to correction.</p> <p>This MN Requirement is not met as evidenced by:</p>	0 820		

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0 820	<p>Continued From page 11</p> <p>Based on observation and interview, the licensee failed to provide properly sized egress window for resident rooms that did not create a distinct hazard for residents. This had the potential to directly affect a portion of the residents and staff.</p> <p>This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death) and was issued at a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).</p> <p>The findings include:</p> <p>On May 29, 2024, at 10:15 a.m., survey staff conducted a facility tour with administrator (A)-D. During facility tour, survey staff observed the following:</p> <p>Survey staff measured and verified egress window measurement of the openable area to be 17.5" high x 34.5" wide for a total of 603.75 square inches in occupied resident room #1.</p> <p>Survey staff measured and verified egress window measurement of the openable area to be 17.5" high x 34.5" wide for a total of 603.75 square inches in occupied resident room #2</p> <p>Egress windows in existing facilities must have a minimum opening dimension of 648 square inches with an opening height and width dimension of no less than 20".</p> <p>TIME PERIOD FOR CORRECTION: Immediate</p>	0 820		

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0 950 SS=C	<p><b>144G.50 Subd. 3 Designation of representative</b></p> <p>(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:</p> <p><b>"RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES.</b></p> <p>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 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 representatives in writing, with the required statutory language for one of one resident (R1).</p>	0 950		
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0 950	<p>Continued From page 13</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 the 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 April 4, 2024, lacked the required verbatim notice for designation of representatives, and the designated representative section of the contract had not been completed.</p> <p>On May 28, 2024, at 11:15 a.m., licensed assisted living director (LALD)-A stated the contract for R1 lacked the required verbatim notice per statute, all residents received the same assisted living contract, and they were not aware of the required content. LALD-A further stated they were under the understanding this information would only be required if a resident chose to have a designated representative.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 950		
01290 SS=F	<p>144G.60 Subdivision 1 Background studies required</p> <p>(a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section</p>	01290		

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01290	<p>Continued From page 14</p> <p>144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information.</p> <p>(b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12.</p> <p>(c) Termination of an employee in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a current background study (BGS) was submitted and a clearance received in affiliation with the assisted living licensee's health facility identification 36862 for two of two employees (registered nurse (RN)-B, administrator (A)-D).</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 May 28, 2024, at 11:00 a.m., licensed assisted living director (LALD)-A provided surveyor a current employee roster which indicated the name, title, and hire date for each employee.</p>	01290		
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01290	<p>Continued From page 15</p> <p><b>RN-B</b> RN-B was hired on December 10, 2020, to orient, train, and supervise unlicensed personnel, as well as assist with resident direct care needs.</p> <p>RN-B's background study result on Department of Human Services (DHS) NETStudy 2.0 roster, reviewed May 29, 2024, indicated "COVID-19 Study-Expired," which indicated RN-B had a COVID-19 background study completed without fingerprints. The COVID-19 fingerprinting study exception expired on December 31, 2022. RN-B did not complete fingerprinting as required and was not eligible to work unsupervised; however, the (DHS) NETStudy 2.0 roster indicated RN-B had a cleared background study affiliated with the licensee's previous HFID 35791 dated February 8, 2020, with fingerprints taken February 10, 2017.</p> <p><b>A-D</b> A-D was hired on December 1, 2021, to assist in oversight of the day-to-day operations of the assisted living facility.</p> <p>A-D's background study result on Department of Human Services (DHS) NETStudy 2.0 roster dated May 29, 2024, indicated "COVID-19 Study-Expired," which indicated A-D had a COVID-19 background study completed without fingerprints. The COVID-19 fingerprinting study exception expired on December 31, 2022. A-D did not complete fingerprinting as required and was not eligible to work unsupervised; however, the (DHS) NetStudy 2.0 roster indicated A-D had a cleared background study with fingerprints affiliated with the licensees previous HFID 35791.</p> <p>On May 29, 2024, at 1:15 p.m. LALD-A stated</p>	01290		

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01290	<p>Continued From page 16</p> <p>she was responsible for completing background studies on employees, and a cleared NETStudy 2.0 meant employees would be cleared to assist with resident care needs. LALD-A further stated licensee did not affiliate RN-B and A-D and would initiate affiliation completion today.</p> <p>LALD-A retained access to licensee's net study 2.0 roster, therefore, was able to provide surveyor cleared background studies and fingerprints from licensee's previous health facility identification number (35791) while surveyor was on-site, for RN-B and A-D.</p> <p>The licensee's Recruitment and Hiring policy effective date August 1, 2021, stated the director or designee is responsible for initiating the criminal background study for new employees, NetStudy 2.0 (or current version) would be used for the background check, and employees would be directed to locations established by DHS to obtain fingerprint scans.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Two (2) days</p>	01290		
01370 SS=D	<p>144G.61 Subd. 2 (a) Training and evaluation of unlicensed personn</p> <p>(a) Training and competency evaluations for all unlicensed personnel must include the following: (1) documentation requirements for all services provided; (2) reports of changes in the resident's condition to the supervisor designated by the facility; (3) basic infection control, including blood-borne pathogens;</p>	01370		

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01370	<p>Continued From page 17</p> <p>(4) maintenance of a clean and safe environment;</p> <p>(5) appropriate and safe techniques in personal hygiene and grooming, including:</p> <p>(i) hair care and bathing;</p> <p>(ii) care of teeth, gums, and oral prosthetic devices;</p> <p>(iii) care and use of hearing aids; and</p> <p>(iv) dressing and assisting with toileting;</p> <p>(6) training on the prevention of falls;</p> <p>(7) standby assistance techniques and how to perform them;</p> <p>(8) medication, exercise, and treatment reminders;</p> <p>(9) basic nutrition, meal preparation, food safety, and assistance with eating;</p> <p>(10) preparation of modified diets as ordered by a licensed health professional;</p> <p>(11) communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family;</p> <p>(12) awareness of confidentiality and privacy;</p> <p>(13) understanding appropriate boundaries between staff and residents and the resident's family;</p> <p>(14) procedures to use in handling various emergency situations; and</p> <p>(15) awareness of commonly used health technology equipment and assistive devices.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure training and competency was completed with all required content for one of one employee (unlicensed personnel (ULP)-C).</p> <p>This practice resulted in a level two violation (a</p>	01370		

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01370	<p>Continued From page 18</p> <p>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-C was hired on May 17, 2024, to provide direct care services to residents of the assisted living facility.</p> <p>On May 28, 2024, at 11:25 a.m., ULP-C was observed placing an orthotic knee brace on R1's right knee, securing the black straps in place, and adjusting the brace after placement.</p> <p>ULP-C's employee record lacked documentation of training and competency evaluations for ULP providing assisted living services including:</p> <ul style="list-style-type: none"> <li>- basic infection control, including blood-borne pathogens;</li> <li>- maintenance of a clean and safe environment;</li> <li>- training on the prevention of falls for providers working with the elderly or individuals at risk for falls;</li> <li>- medication, exercise and treatment reminders;</li> <li>- communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family;</li> <li>- awareness of confidentiality and privacy;</li> <li>- understanding appropriate boundaries between staff and residents and the resident's family;</li> <li>- procedures to utilize in handling various emergency situations; and</li> <li>- awareness of commonly used health technology</li> </ul>	01370		
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01370	<p>Continued From page 19</p> <p>equipment and assistive devices.</p> <p>On May 28, 2024, at 11:30 a.m. LALD-A stated ULP-C had been a new hire and had not completed all his assigned EduCare coursework or competency testing prior to working with licensee's residents.</p> <p>The licensee's Staff Competency policy dated August 1, 2021, indicated prior to the registered nurse delegating services, they must make certain the ULP is trained in the proper methods to perform the tasks or procedures for each resident and are able to demonstrate the ability to competently follow the procedures and perform the tasks, prior to working for the licensee. In addition, the policy directed only ULP who are determined to be competent and possess the knowledge and skills consistent with the complexity of tasks being delegated will be permitted to perform such delegated tasks. Training and competency evaluations for all ULP providing assisted living services must include:</p> <ul style="list-style-type: none"> <li>- basic infection control, including blood-borne pathogens;</li> <li>- maintenance of a clean and safe environment;</li> <li>- training on the prevention of falls for providers working with the elderly or individuals at risk for falls;</li> <li>- communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family;</li> <li>- understanding appropriate boundaries between staff and residents and the resident's family;</li> <li>- procedures to utilize in handling various emergency situations; and</li> <li>- awareness of commonly used health technology equipment and assistive devices</li> </ul>	01370		

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01370	Continued From page 20  No further information was provided.  TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01370		
01380 SS=D	<p>144G.61 Subd. 2 (b) Training and evaluation of unlicensed personn</p> <p>(b) In addition to paragraph (a), training and competency evaluation for unlicensed personnel providing assisted living services must include:</p> <ul style="list-style-type: none"> <li>(1) observing, reporting, and documenting resident status;</li> <li>(2) basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel;</li> <li>(3) reading and recording temperature, pulse, and respirations of the resident;</li> <li>(4) recognizing physical, emotional, cognitive, and developmental needs of the resident;</li> <li>(5) safe transfer techniques and ambulation;</li> <li>(6) range of motioning and positioning; and</li> <li>(7) administering medications or treatments as required.</li> </ul> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure training and competency was completed with all required content for one of one employee (unlicensed personnel (ULP)-C).</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>	01380		

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01380	<p>Continued From page 21</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>ULP-C was hired on May 17, 2024, to provide direct care services to residents of the assisted living facility.</p> <p>On May 28, 2024, at 11:25 a.m., ULP-C was observed placing an orthotic knee brace on R1's right knee, securing the black straps in place, and adjusting the brace after placement.</p> <p>ULP-C's employee record lacked documentation of training and competency evaluations for ULP providing assisted living services including:</p> <ul style="list-style-type: none"> <li>- observing, reporting, and documenting resident status;</li> <li>- basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel;</li> <li>- recognizing physical, emotional, cognitive, and developmental needs of the resident; and</li> <li>- administration of medication and treatments, as required.</li> </ul> <p>On May 28, 2024, at 11:30 a.m., registered nurse (RN)-B stated ULP-C had been observed by the RN placing the knee brace on R1's knee, however, the observation of ULP-C had not been documented. LALD-A further stated ULP-C had been a new hire and had not completed all his assigned EduCare coursework or competency testing prior to working with licensee's residents.</p> <p>The licensee's Staff Competency policy dated</p>	01380		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>36862</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/30/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HARMONY HOMES LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7006 MORGAN AVENUE NORTH BROOKLYN CENTER, MN 55430</b>
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01380	<p>Continued From page 22</p> <p>August 1, 2021, indicated prior to the registered nurse delegating services, they must make certain the ULP is trained in the proper methods to perform the tasks or procedures for each resident and are able to demonstrate the ability to competently follow the procedures and perform the tasks, prior to working for the licensee. In addition, the policy directed only ULP who are determined to be competent and possess the knowledge and skills consistent with the complexity of tasks being delegated will be permitted to perform such delegated tasks. Training and competency evaluations for all ULP providing assisted living services must include:</p> <ul style="list-style-type: none"> <li>- observing, reporting, and documenting resident status;</li> <li>- basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel;</li> <li>- recognizing physical, emotional, cognitive, and developmental needs of the resident; and</li> <li>- administration of medication and treatments, as required.</li> </ul> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01380		
01470 SS=D	<p>144G.63 Subd. 2 Content of required orientation</p> <p>(a) The orientation must contain the following topics:</p> <ul style="list-style-type: none"> <li>(1) an overview of this chapter;</li> <li>(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;</li> </ul>	01470		

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01470	<p>Continued From page 23</p> <p>(3) handling of emergencies and use of emergency services;</p> <p>(4) compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC);</p> <p>(5) the assisted living bill of rights and staff 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</p>	01470		

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01470	<p>Continued From page 24</p> <p>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>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure staff orientation contained all the required topics for one of one employee (unlicensed personnel (ULP)-C).</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-C was hired on May 17, 2024, to provide direct care services to residents of the assisted living facility.</p> <p>On May 28, 2024, at 11:25 a.m., ULP-C was observed placing an orthotic knee brace on R1's right knee, securing the black straps in place, and adjusting the brace after placement.</p> <p>ULP-C's employee record lacked documentation of training and competency evaluations for ULP providing assisted living services including:</p>	01470		

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01470	<p>Continued From page 25</p> <ul style="list-style-type: none"> <li>- overview of Minnesota Assisted Living statute 144G;</li> <li>- review of providers policies and procedures;</li> <li>- handling emergencies and using emergency services;</li> <li>- assisted living bill of rights;</li> <li>- handling of resident complaints, reporting of complaints, and where to report; and</li> <li>- consumer advocacy services.</li> </ul> <p>On May 28, 2024, at 11:30 a.m., registered nurse (RN)-B stated ULP-C had been observed by the RN placing the knee brace on R1's knee, however, the observation of ULP-C had not been documented. LALD-A further stated ULP-C had been a new hire and had not completed all his assigned EduCare coursework or competency testing prior to working with licensee's residents.</p> <p>The licensee's Staff Orientation and Education policy dated August 1, 2021, indicated upon hire and before providing services to resident's, all employees would attend general orientation. Licensee's policy further stated orientation must include:</p> <ul style="list-style-type: none"> <li>- overview of Minnesota Assisted Living statute 144G;</li> <li>- review of providers policies and procedures;</li> <li>- handling emergencies and using emergency services;</li> <li>- assisted living bill of rights;</li> <li>- handling of resident complaints, reporting of complaints, and where to report; and</li> <li>- consumer advocacy services.</li> </ul> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01470		

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01640	Continued From page 26	01640		
01640 SS=D	<p>144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to</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 and the Office of Ombudsman for Mental Health and Developmental Disabilities.</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 included a signature or other authentication by the resident and the facility to document agreement on the services to be provided for one of one resident (R1).</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</p>	01640		

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01640	<p>Continued From page 27</p> <p>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 was admitted April 8, 2024, and began receiving services under the Assisted Living licensure.</p> <p>R1's master care plan dated April 22, 2024, indicated special dressing needs would include assistance with putting on orthotic knee brace.</p> <p>R1's Service Plan Agreement printed May 28, 2024, indicated services included: activity assistance, bathing, dressing and grooming assistance, laundry, housekeeping, medication administration, behavior management, obtaining vital signs, and registered nurse visits. R1's Service Plan Agreement, , lacked a signature or other authentication by the resident or by the facility, documenting agreement on the services to be provided.</p> <p>On May 28, 2024, at 1:51 p.m., registered nurse (RN)-B stated the service plan lacked a signature by the resident and the facility as required. RN-B also stated the service plan automatically printed out from the electronic record system used by the licensee with the date it was printed. In addition, RN-B stated that licensee would have to come up with a better plan for completion of their service plans.</p> <p>The licensee's Service Plan policy dated August 1, 2021, indicated the initial service plan and any revisions would be signed by a representative</p>	01640		

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01640	Continued From page 28  from facility and the resident or resident's representative, indicating agreement with the services to be provided.  No further information was provided.  TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01640		
01650 SS=D	144G.70 Subd. 4 (f) Service plan, implementation and revisions to  (f) The service plan must include: (1) a description of the services to be provided, the fees for services, and the frequency of each service, according to the resident's current assessment and resident preferences; (2) the identification of staff or categories of staff who will provide the services; (3) the schedule and methods of monitoring assessments of the resident; (4) the schedule and methods of monitoring staff providing services; and (5) a contingency plan that includes: (i) the action to be taken if the scheduled service cannot be provided; (ii) information and a method to contact the facility; (iii) the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency; and (iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those	01650		

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01650	<p>Continued From page 29 chapters.</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 included all the required content for one of one resident (R1).</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 diagnoses included, but were not limited to, quadriplegia, schizophrenia, post-traumatic stress disorder, anxiety, and depression.</p> <p>On May 28, 2024, at 11:25 a.m., unlicensed personnel (ULP)-C was observed placing an orthotic knee brace on R1's right knee, securing the black straps in place, and adjusting the brace after placement.</p> <p>R1's Service Plan Modification dated May 28, 2024, indicated R1 received services including assistance with activities, bathing, dressing, grooming, housekeeping, laundry, behavior management, meal tray, medication administration, recording blood pressure, oxygen saturation, temperature, and weekly registered nurse visit. The plan lacked the following: - schedule and method of monitoring</p>	01650		

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01650	<p>Continued From page 30</p> <p>assessments of the resident; and - schedule and methods of monitoring staff providing services.</p> <p>On May 28, 2024, at 1:51 p.m., registered nurse (RN)-B stated R1's service plan lacked all the required content. RN-B further stated the RN would be responsible for ensuring all the required content was included on the service plan. In addition, RN-B stated that licensee would have to come up with a better plan for completion of their service plans.</p> <p>The licensee's Service Plan policy dated August 1, 2021, indicated the service plan would include: - fee for services and the frequency of each service; - identification of the staff or categories of staff who would provide the services; - schedule and methods of monitoring assessments; - schedule and methods of monitoring staff providing services; and - contingency plan that included action to be taken if the scheduled service could not be provided.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days.</p>	01650		
01940 SS=D	<p>144G.72 Subd. 3 Individualized treatment or therapy managemen</p> <p>For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written</p>	01940		

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01940	<p>Continued From page 31</p> <p>statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following:</p> <ul style="list-style-type: none"> <li>(1) a statement of the type of services that will be provided;</li> <li>(2) documentation of specific resident instructions relating to the treatments or therapy administration;</li> <li>(3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel;</li> <li>(4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and</li> <li>(5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes. <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to develop and implement a treatment or therapy management plan to include all required content for one of one resident (R1).</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> </li></ul>	01940		

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01940	<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>On May 28, 2024, at 11:25 a.m., unlicensed personnel (ULP)-C was observed placing an orthotic knee brace on R1's right knee, securing the black straps in place, and adjusting the brace after placement.</p> <p>R1's Service Plan Modification dated May 28, 2024, indicated R1 received services including assistance with activities, bathing, dressing, grooming, housekeeping, laundry, behavior management, meal tray, medication administration, recording blood pressure, oxygen saturation, temperature, and weekly registered nurse visit.</p> <p>R1's undated service plan lacked a written statement of the orthotic knee brace placement treatment service provided.</p> <p>R1's medical record lacked an individualized treatment and therapy plan for orthotic knee brace placement treatment service provided.</p> <p>On May 28, 2024, at 12:50 p.m. registered nurse (RN)-B stated there was no written statement or individualized treatment plan for orthotic knee brace placement to R1's right knee. RN-B further stated R1 had been putting the orthotic knee brace on himself, he realized he required assistance, and asked unlicensed personnel to assist.</p> <p>The licensee's Treatment and Therapy</p>	01940		

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01940	<p>Continued From page 33</p> <p>Management policy dated August 1, 2021, indicated the RN or licensed professional would prepare an individualized treatment or therapy management plan for each resident receiving ordered or prescribed treatments or therapy services, which addresses the following:</p> <ul style="list-style-type: none"> <li>- type of service;</li> <li>- procedures for documenting treatments or therapies;</li> <li>- procedures for monitoring treatments or therapies to prevent possible complications or adverse reactions;</li> <li>- identification of treatment or therapy tasks delegated to unlicensed personnel;</li> <li>- procedures for notifying the RN or licensed health professional when a problem arises related to the treatment or therapy service.</li> </ul> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01940		
01950 SS=D	<p>144G.72 Subd. 4 Administration of treatments and therapy</p> <p>Ordered or prescribed treatments or therapies must be administered by a nurse, physician, or other licensed health professional authorized to perform the treatment or therapy, or may be delegated or assigned to unlicensed personnel by the licensed health professional according to the appropriate practice standards for delegation or assignment. When administration of a treatment or therapy is delegated or assigned to unlicensed personnel, the facility must ensure that the registered nurse or authorized licensed health professional has:</p> <p>(1) instructed the unlicensed personnel in the</p>	01950		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>36862</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/30/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HARMONY HOMES LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7006 MORGAN 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
01950	<p>Continued From page 34</p> <p>proper methods with respect to each resident and the unlicensed personnel has demonstrated the ability to competently follow the procedures; (2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's record; and</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure training and competency was completed for one of one unlicensed personnel (ULP-C) providing assistance with an orthotic knee brace.</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-C was hired on May 17, 2024, to provide direct care services to residents of the assisted living facility.</p> <p>On May 28, 2024, at 11:25 a.m. ULP-C was observed placing an orthotic knee brace on R1's right knee, securing the black straps in place, and adjusting the brace after placement.</p> <p>ULP-C's employee record lacked documentation of training and competency for the application of the orthotic knee brace.</p>	01950		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>36862</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/30/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HARMONY HOMES LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7006 MORGAN 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
01950	<p>Continued From page 35</p> <p>On May 28, 2024, at 11:30 a.m., licensed assisted living director (LALD)-A stated ULP-C was a new hire and had not been trained on the orthotic knee brace placement.</p> <p>On May 28, 2024, at 12:50 p.m. registered nurse (RN)-B stated R1 had been putting the orthotic knee brace on himself, then realized he required assistance, and asked unlicensed personnel to assist.</p> <p>The licensee's Staff Competency policy dated August 1, 2021, indicated prior to the registered nurse delegating services, they must make certain the ULP is trained in the proper methods to perform the tasks or procedures for each resident and are able to demonstrate the ability to competently follow the procedures and perform the tasks, prior to working for the licensee. In addition, the policy directed only ULP who are determined to be competent and possess the knowledge and skills consistent with the complexity of tasks being delegated will be permitted to perform such delegated tasks. Training and competency evaluations for all ULP providing assisted living services must include: - administration of medication and treatments, as required.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01950		
01970 SS=D	<p>144G.72 Subd. 6 Treatment and therapy orders</p> <p>There must be an up-to-date written or electronically recorded order from an authorized prescriber for all treatments and therapies. The</p>	01970		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>36862</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/30/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HARMONY HOMES LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7006 MORGAN 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
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01970	<p>Continued From page 36</p> <p>order must contain the name of the resident, a description of the treatment or therapy to be provided, and the frequency, duration, and other information needed to administer the treatment or therapy. Treatment and therapy orders must be renewed at least every 12 months.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to obtain prescriber orders for all treatments and therapies, including the frequency, duration and other information needed to administer the treatment or therapy for one of one resident (R1).</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 was admitted April 8, 2024, and has diagnoses including: quadriplegia, schizophrenia, post-traumatic stress disorder, anxiety, and depression.</p> <p>R1's master care plan dated April 22, 2024, indicated, special dressing needs would include assistance with putting on orthotic knee brace.</p> <p>On May 28, 2024, at 11:25 a.m., unlicensed personnel (ULP)-C was observed placing an orthotic knee brace on R1's right knee, securing</p>	01970		
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>36862</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/30/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HARMONY HOMES LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7006 MORGAN AVENUE NORTH BROOKLYN CENTER, MN 55430</b>
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01970	<p>Continued From page 37</p> <p>the black straps in place, and adjusting the brace after placement.</p> <p>R1's medical record lacked an individualized treatment and therapy plan for orthotic knee brace placement.</p> <p>R1's record lacked a signed prescribers order for orthotic knee brace placement.</p> <p>On May 28, 2024, during a 12:50 p.m. interview, registered nurse (RN)-B stated there was no current order for orthotic knee brace placement, or an individualized treatment plan for R1. RN-B further stated R1 had been putting the orthotic knee brace on himself, then realized he required assistance, and asked unlicensed personnel to assist.</p> <p>The licensee's Treatment and Therapy Management policy dated August 1, 2021, indicated the RN or licensed professional would prepare an individualized treatment or therapy management plan for each resident receiving ordered or prescribed treatments or therapy services, which addresses the following:</p> <ul style="list-style-type: none"> <li>- type of service;</li> <li>- procedures for documenting treatments or therapies;</li> <li>- procedures for monitoring treatments or therapies to prevent possible complications or adverse reactions;</li> <li>- identification of treatment or therapy tasks delegated to unlicensed personnel;</li> <li>- procedures for notifying the RN or licensed health professional when a problem arises related to the treatment or therapy service.</li> </ul> <p>No further information was provided.</p>	01970		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>36862</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/30/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HARMONY HOMES LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7006 MORGAN AVENUE NORTH BROOKLYN CENTER, MN 55430</b>
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01970	Continued From page 38  TIME PERIOD FOR CORRECTION: Seven (7) days	01970		

Type: Full  
Date: 05/28/24  
Time: 12:30:00  
Report: 1025241119

## Food and Beverage Establishment Inspection Report

Page 1

**Location:**

Harmony Homes Llc  
7006 Morgan Avenue North  
Brooklyn Center, MN55430  
Hennepin County, 27

**Establishment Info:**

ID #: 0038113  
Risk:  
Announced Inspection: Yes

**License Categories:**

Expires on: / /

**Operator:**

Phone #: 9522889475  
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.

### 4-100 Equipment Construction Materials

#### 4-101.11A **\*\* Priority 1 \*\***

MN Rule 4626.0450A Remove all unsafe multi-use equipment, utensils, and food storage containers that impart color, odors or tastes to food.

Pans with damaged nonstick coating removed from cabinets and set aside during inspection. Discontinue using this pans in the establishment and replace.

*Comply By: 05/28/24*

### 4-300 Equipment Numbers and Capacities

#### 4-301.12A **\*\* Priority 2 \*\***

MN Rule 4626.0680A Provide a 3 compartment sink with integrally attached drainboards at each end for manually washing, rinsing and sanitizing equipment and utensils.

Facility does not have a 3 compartment sink or a dishwasher with a sanitizing cycle. Until a 3 compartment sink or means of sanitizing, use an alternative basin for sanitizing. Basin was set up, tested, and used during inspection.

*Comply By: 05/28/24*

### 4-100 Equipment Construction Materials

#### 4-101.18

MN Rule 4626.0493 Discontinue using cleaning aids or utensils that can scratch or scour the nonstick coating of pots, pans, griddles, cookie sheets, waffle makers and other cookware.

To use pots and pans with nonstick coating, provide a means of cleaning which will not scratch the surface (e.g. do not use metal utensils to scrape nonstick pans)

Recommend not using pots/pans with a nonstick coating

*Comply By: 05/28/24*

Type: Full  
Date: 05/28/24  
Time: 12:30:00  
Report: 1025241119  
Harmony Homes Llc

# Food and Beverage Establishment Inspection Report

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## 4-200 Equipment Design and Construction

### 4-201.11GMN

MN Rule 4626.0506G Discontinue serving TCS foods that are held for more than same-day service in an adult or child care center or boarding establishment or provide equipment that is certified or classified for sanitation by an American National Standards Institute (ANSI) accredited certification program.

Leftover rice, pasta in the refrigerator. Discontinue serving cooled cooked TCS food for residents at the facility. Reported items not to be reserved.

*Corrected on Site*

---

## Surface and Equipment Sanitizers

Quaternary Ammonia: = 300 PPM at Degrees Fahrenheit

Location: Basin

Violation Issued: No

---

## Food and Equipment Temperatures

Process/Item: Rice

Temperature: 39 Degrees Fahrenheit - Location: Refrigerator

Violation Issued: No

---

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

Facility has a food TMD and test strips for the quat ammonia.

Course certificate for CFPM posted, look-up shows individual has the CFPM and is valid, post a copy of the CFPM certificate (reported the application was sent to MDH on behalf of the CFPM as part of the course they attended). If you need to request another copy, please search "MDH CFPM"

## FACILITY

Facility has vinyl floors, stained wood cabinets without hardware, textured ceiling, painted walls, faux brick backsplash, laminate countertop

Appliances are residential

## SINK USAGE

Facility has a 1.5 compartment sink

Facility does not have a 3 compartment sink

Facility does not have a dedicated food preparation sink

## COUNTERTOPS AND FOOD CONTACT SURFACES

Provide a smooth, non-porous food contact surface (e.g. cutting boards) that can be easily washed, rinsed, and sanitized (e.g. run through the dishwasher). Soap and water can be used to clean non-food contact surfaces. By provided a cutting board or other non-porous food contact surface, the countertops can be kept clean without the use of substances which may damage the finish. Do not use wood as a food contact surface.

## DISHWASHING – NO DISHWASHER PRESENT

No dishwashing or 3 compartment sink present.

Type: Full  
Date: 05/28/24  
Time: 12:30:00  
Report: 1025241119  
Harmony Homes Llc

# Food and Beverage Establishment Inspection Report

Page 3

As a temporary measure, until a dishwasher meeting the requirements of NSF Standard 184 or a 3 compartment sink is installed:

Provide 3 containers/bus tub/other basin for a chemical sanitizing (e.g. chlorine bleach 50-100 PPM or other chemical per label for sanitizing "food contact surfaces", submerge utensils for 1-2 minutes and air dry). Sanitize clean dishes and utensils in a container large enough to submerge the largest utensil. Provide an appropriate sanitizer for "food-contact surfaces" (label will include it as a heading) and an appropriate test kit. Wash, rinse, and sanitize utensils in these containers.

4626.0680 Alternative manual warewashing equipment that meets the requirements in parts 4626.0875 and 4626.0880 may be used when there are special cleaning needs or constraints and its use is approved by the regulatory authority. Alternative manual warewashing equipment may include:

[...] (5) receptacles that substitute for the compartments of a multicompartment sink.

<https://www.nsf.org/consumer-resources/articles/dishwasher-certification>

## EQUIPMENT

MN 4626.0506 includes alternate equipment and finish requirements for adult care facilities which serve TCS foods for same-day service only:

MN 4626.0506 G. A food establishment that is an adult care center, child care center, or boarding establishment does not need to comply with item A [certified or classified for sanitation by an American National Standards Institute (ANSI) accredited certification program for food service equipment] if approved by the regulatory authority and the food establishment:

- (1) serves only non-TCS food; or
- (2) prepares TCS foods only for same-day service.

Discontinue any service of TCS food for multiple day service (e.g. cooling and reservice of leftovers of prepared and cooked TCS food), or upgrade finishes and equipment in the kitchen

## GENERAL COMMENTS

CFPM (Certified Food Protection Manager)

For information, please search "MDH CFPM"

Discussed employee health and hygiene, exclusion for individuals from the kitchen with vomiting and/or diarrheal illness, sore throat with fever, or reportable illness; food cooking and holding temperatures, cross-contamination, allergens, food storage order in refrigerator, separating resident food from medication or staff food, avoiding bare hand contact with foods which will not be cooked (cut fruit, deli sandwiches), chemical label, use, and storage, pest control, quarantine meals

Date marking TCS foods (when packages are opened or food is prepared, date mark and discard after 7 days, except for certain cultured dairy products)

Discussed food source, recalls, and refusing food which has signs of tampering or temperature abuse

Information on food recalls available "MDA Food Recall"

<https://www.mda.state.mn.us/food-feed/food-recalls-consumer-advisories-minnesota>

## FACT SHEETS

Please search "MDH Fact Sheets" for the Food Business fact sheets page

"Cleaning and Sanitizing" <https://www.health.state.mn.us/communities/environment/food/docs/fs/cleansanfs.pdf>

"Food Cooking Temperatures"

Type: Full  
Date: 05/28/24  
Time: 12:30:00  
Report: 1025241119  
Harmony Homes Llc

# Food and Beverage Establishment Inspection Report

<https://www.health.state.mn.us/communities/environment/food/docs/fs/timetempfs.pdf>

"Date Marking TCS foods"

<https://www.health.state.mn.us/communities/environment/food/docs/fs/datemarkingfs.pdf>

"Highly Susceptible Populations" - no service or raw or undercooked animal food, use Pasteurized eggs when preparing eggs raw or undercooked or batching scrambled eggs

<https://www.health.state.mn.us/communities/environment/food/docs/fs/highsuspopfs.pdf>

**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 1025241119 of 05/28/24.

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

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

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

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

Establishment Representative

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

Casey Kipping  
Public Health Sanitarian III  
Freeman Building St Paul  
651-201-4513  
casey.kipping@state.mn.us

Report #: 1025241119

# Food Establishment Inspection Report



Minnesota Department of Health  
Division of Environmental Health, FPLS  
P.O. Box 64975  
St. Paul, MN 55164-0975

No. of RF/PHI Categories Out 0

Date 05/28/24

No. of Repeat RF/PHI Categories Out 0

Time In 12:30:00

Legal Authority MN Rules Chapter 4626

Time Out

Harmony Homes Llc

Address

7006 Morgan Avenue North

City/State

Brooklyn Center, MN

Zip Code

55430

Telephone

9522889475

License/Permit #  
0038113

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

Compliance Status		COS	R
<b>Time/Temperature Control for Safety</b>			
18	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O		
	Proper cooking time & temperature		
19	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O		
	Proper reheating procedures for hot holding		
20	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O		
	Proper cooling time & temperature		
21	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O		
	Proper hot holding temperatures		
22	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
	Proper cold holding temperatures		
23	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	Proper date marking & disposition		
24	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O		
	Time as a public health control: procedures & records		
<b>Consumer Advisory</b>			
25	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A		
	Consumer advisory provided for raw/undercooked food		
<b>Highly Susceptible Populations</b>			
26	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
	Pasteurized foods used; prohibited foods not offered		
<b>Food and Color Additives and Toxic Substances</b>			
27	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A		
	Food additives: approved & properly used		
28	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
	Toxic substances properly identified, stored, & used		
<b>Conformance with Approved Procedures</b>			
29	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> 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	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A		
	Pasteurized eggs used where required		
31	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	Water & ice obtained from an approved source		
32	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A		
	Variance obtained for specialized processing methods		
<b>Food Temperature Control</b>			
33	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	Proper cooling methods used; adequate equipment for temperature control		
34	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O		
	Plant food properly cooked for hot holding		
35	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O		
	Approved thawing methods used		
36	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	Thermometers provided & accurate		
<b>Food Identification</b>			
37	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	Food properly labeled; original container		
<b>Prevention of Food Contamination</b>			
38	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	Insects, rodents, & animals not present		
39	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	Contamination prevented during food prep, storage & display		
40	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	Personal cleanliness		
41	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	Wiping cloths: properly used & stored		
42	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O		
	Washing fruits & vegetables		

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

Food Recalls:

Person in Charge (Signature)

Date: 05/28/24

Inspector (Signature)