Electronically Delivered

April 8, 2025

Licensee
GIANNA HOMES - SURSUM CORDA
4605 Fairhills Road East
Minnetonka, MN  55345

RE: Project Number(s) SL30827016

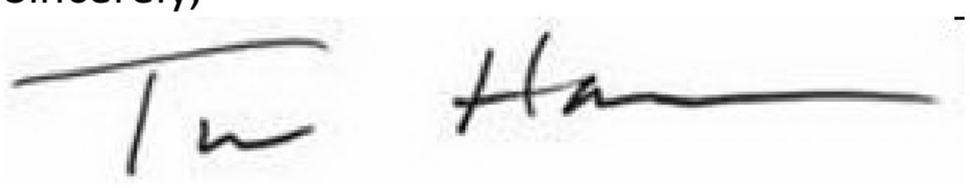
Dear Licensee:

On February 19, 2025, the Minnesota Department of Health completed a follow-up survey of your facility to determine if orders from the December 5, 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,



Tim Hanna, Supervisor
State Engineering Services Section
Email: Tim.Hanna@state.mn.us
Telephone: 507-208-8982 Fax: 1-866-890-9290

HHH

Electronically Delivered

January 31, 2025

Licensee
Gianna Homes Sursum Corda
4605 Fairhills Road East
Minnetonka, MN 55345

RE: Project Number(s) SL30827016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on December 5, 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.

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

**0780 - 144g.45 Subd. 2 (a) (1) - 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 correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor.

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

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

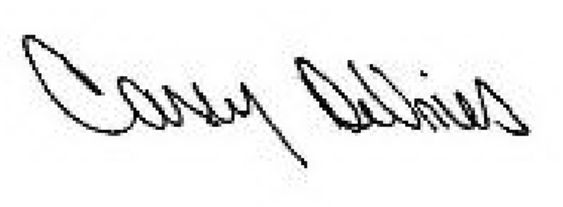
the website listed above.

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

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

If you have any questions, please contact me.

Sincerely,



Casey DeVries, Supervisor
State Evaluation Team
Email: casey.devries@state.mn.us
Telephone: 651-201-5917 Fax: 1-866-890-9290

JMD

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 30827 | A. BUILDING: _____ B. WING _____ | 12/05/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| GIANNA HOMES SURSUM CORDA | 4605 FAIRHILLS ROAD EAST MINNETONKA, MN 55345 |

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| 0 000 | Initial Comments<br><br>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)<br><br>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.<br><br>Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.<br><br>INITIAL COMMENTS:<br><br>SL30827016-0<br><br>On December 2, 2024, through December 5, 2024, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were ten residents; ten receiving services under the Assisted Living Facility with Dementia Care license. | 0 000 | Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living License Providers. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction.<br><br>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.<br><br>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.<br><br>The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3. | |
| 0 780 SS=I | 144G.45 Subd. 2 (a) (1) Fire protection and physical environment<br><br>for dwellings or sleeping units, as defined in the | 0 780 | | |

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|---|---|---|---|---|
| 0 780 | Continued From page 1<br><br>State Fire Code:<br>(i) provide smoke alarms in each room used for sleeping purposes;<br>(ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms;<br>(iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics;<br>(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<br>(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;<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation and interview, the licensee failed to provide door locking devices in compliance with Minnesota State Fire Code. Per Minnesota State Fire Code, locks provided on an egress must not prevent egress in event of a fire or similar emergency. This had the potential to affect all residents, staff, and visitors.<br><br>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 widespread scope (when problems | 0 780 | | |

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|---|---|---|---|---|
| 0 780 | Continued From page 2<br><br>are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).<br><br>The findings include:<br><br>On December 3, 2024, from approximately 10:17 a.m. to 11:42 a.m., the surveyor toured the facility with licensed assisted living director (LALD)-C. During the tour the surveyor observed the following.<br><br>The front entry door was provided with an additional locking device, mounted 74 inches from the floor. This additional lock is not equipped to automatically release upon activation of building fire alarm system and requires additional effort and knowledge to open. This additional lock does not comply with conditions of Minnesota State Fire Code and is not an approved locking method.<br><br>The surveyor requested that LALD-C demonstrate the operation of the lock during inspection and confirmed lock operation required special knowledge and effort.<br><br>Surveyor explained to LALD-C that the locking device did not meet the minimum state fire code standard to comply with Minnesota State Fire Code.<br><br>TIME PERIOD FOR CORRECTION: Two (2) days | 0 780 | | |
| 01880 SS=F | 144G.71 Subd. 19 Storage of medications<br><br>An assisted living facility must store all prescription medications in securely locked and | 01880 | | |

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| 01880 | Continued From page 3<br><br>substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to store all medications according to manufacturer's instructions when they failed to monitor the medication refrigerator temperature. This had the potential to affect all residents with refrigerated medications.<br><br>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).<br><br>The findings include:<br><br>On December 2, 2024, at 3:11 p.m., during a tour of the facility, the surveyor observed a refrigerator designated for medication storage in the medication room. The medication refrigerator lacked the presence of a thermometer. No temperature log was observed to be on or near the medication refrigerator.<br><br>The medication refrigerator contained one unopened bottle of latanoprost ophthalmic solution 0.005 percent (%) prescribed to R5. Manufacturer's instructions, revised January 2023, indicated unopened bottles should be stored under refrigeration between thirty-six- and forty-six-degrees Fahrenheit. An opened bottle could be stored at room temperature for up to six | 01880 | | |

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| 01880 | Continued From page 4<br>weeks.<br><br>On December 2, 2024, at 3:11 p.m., clinical nurse supervisor (CNS)-A stated they had been checking the refrigerator temperature and keeping a log of the temperatures in their office. The surveyor requested to review the temperature history.<br><br>On December 4, 2024, at 2:15 p.m., CNS-A stated they checked the medication refrigerator temperatures as part of their morning rounding routine. CNS-A stated they had missed some days and that no one else had been checking the temperatures when they were not available to check it.<br><br>Refrigerator Temperature Log, dated November 2024, indicated the last time the refrigerator temperature was checked was November 27, 2024. During the month of November temperature checks occurred on twelve out of thirty days. The temperatures recorded ranged from thirty-five to thirty-seven degrees Fahrenheit.<br><br>Refrigerator Temperature Log, dated October 2024, indicated the medication refrigerator temperature had been checked on nine out of thirty-one days. A Refrigerator Temperature Log document had not been initiated for December 2024.<br><br>The licensee's Storage of Medications policy indicated the medications would be handled and stored per acceptable standards.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) | 01880 | | |

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| 01880 | Continued From page 5<br>days | 01880 | | |
| 01910 SS=F | 144G.71 Subd. 22 Disposition of medications<br>(a) Any current medications being managed by the assisted living facility must be provided to the resident when the resident's service plan ends or medication management services are no longer part of the service plan. Medications for a resident who is deceased or that have been discontinued or have expired may be provided for disposal.<br>(b) The facility shall dispose of any medications remaining with the facility that are discontinued or expired or upon the termination of the service contract or the resident's death according to state and federal regulations for disposition of medications and controlled substances.<br>(c) Upon disposition, the facility must document in the resident's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to provide documentation in the resident's record regarding the disposition of medication to include the medication strength and prescription number for one of one discharged resident (R1).<br><br>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to | 01910 | | |

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| 01910 | Continued From page 6<br><br>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).<br><br>The findings include:<br><br>R1's Discharge Summary indicated R1 was admitted to licensee and began receiving assisted living services on May 30, 2024. R1 transferred to a different facility where their spouse was moving and discharged from licensee on September 11, 2024. The Discharge Summary indicated R1's medications were sent in original packaging with R1's family.<br><br>R1's Medication Management for LOA (leave of absence) Medications document dated September 11, 2024, indicated R1's medications listed were being sent with R1 at discharge. The document was signed by clinical nurse supervisor (CNS)-A, unlicensed personnel (ULP) no longer employed with licensee, and R1's daughter and included the following medications:<br>- acetaminophen 110 pills;<br>- acetaminophen 52 pills;<br>- bupropion 40 pills;<br>- ferrous sulfate 10 pills;<br>- finasteride 19 pills;<br>- folic acid 19 pills;<br>- gabapentin 21 pills;<br>- gabapentin 17 pills;<br>- levothyroxine 20 pills;<br>- melatonin 60 pills;<br>- tamsulosin 21 pills;<br>- Vitamin B12 19 pills;<br>- Vitamin C 10 pills;<br>- furosemide 20 pills;<br>- albuterol sulfate one inhaler; | 01910 | | |

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| 01910 | Continued From page 7<br>- Miralax one bottle;<br>- Metamucil; and<br>- Ensure 2 full boxes and 11 "free bottles".<br><br>R1's record included whom the medications were given to, the date of disposition, names of staff involved, medication names, and quantity sent, however, lacked prescription numbers and dosage strengths for all of the medications listed.<br><br>On December 4, 2024, at 3:30 p.m., CNS-A stated they had used the leave of absence form because they did not have a document specifically for medication disposition at discharge. Most residents remained at the facility until death and in those cases, medications were destroyed at the facility. CNS-A stated they did not realize the document used for R1's medications disposition at discharge did not include all the required content.<br><br>The licensee's Disposition or Disposal of Medication, dated August 1, 2021, indicated medications would be given to a resident or resident's representative when the resident's medication management services were terminated. The policy indicated staff would document the disposition of medications in the resident's record and include the name of the person to whom the medications were given, the time and date, the name of each medication, and the amount of medication remaining.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days | 01910 | | |

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

Type: Full
Date: *12/03/24*
Time: 12:00:00
Report: 8041241233

# Food and Beverage Establishment Inspection Report



**Location:**
Gianna Homes Sursum Corda
4605 Fairhills Road East
Minnetonka, MN55345
Hennepin County, 27

**Establishment Info:**
ID #: 0039382
Risk:
Announced Inspection: No

**License Categories:**

Expires on: / /

**Operator:**

Phone #: 9529880953
ID #:

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

No NEW orders were issued during this inspection.

**Food and Equipment Temperatures**

Process/Item: Cold Holding
Temperature: 40 Degrees Fahrenheit - Location: lower level cooler: milk
Violation Issued: No

Process/Item: Cold Holding
Temperature: 40 Degrees Fahrenheit - Location: kitchen cooler: lettuce
Violation Issued: No

Process/Item: Cold Holding
Temperature: 38 Degrees Fahrenheit - Location: upstairs cooler: cottage cheese
Violation Issued: No

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

Inspection was completed with Cari Doucette. Peggy Anderson was the lead Health Regulation Division Nurse Evaluator. Facility had ten residents on site at time of inspection.

This establishment has a residential kitchen with mostly commercial equipment and finishes. Food is prepared for same day service only. Lunch is received frozen from Lets Dish every two weeks. The kitchen has wood cabinets on stainless 6 inch legs, solid surface countertop and tile flooring.

Establishment has a Bosch dishwasher that has a sani rinse/high temp cycle and achieved a temp at least 160F for sanitizing dishes. Kitchen a separate handwashing sink.

Discussed the following:
- Employee illness policy and logging requirements
- Handwashing
- Glove-use and bare hand contact
- Pest control

# Food and Beverage Establishment Inspection Report



- Food storage and preventing cross contamination
- Date marking
- Restrictions concerning serving a highly susceptible population
- Vomit clean up process

**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 8041241233 of 12/03/24.

Certified Food Protection Manager: Cari N. Doucette

Certification Number: fm103694 Expires: 07/16/26

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

Signed: _____

Cari Doucette
Executive Director

Signed: Sarah Conboy

Sarah Conboy
Public Health San. Supervisor
651-201-3984
sarah.conboy@state.mn.us