Electronically Delivered

April 30, 2025

Licensee
Beehive Homes of Lakeville
20159 Iberia Avenue
Lakeville, MN 55044

RE: Project Number(s) SL35127016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on April 9, 2025, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

MDH concludes the licensee is in substantial compliance. State law requires the facility must take action to correct the state correction orders and document the actions taken to comply in the facility's records. The Department reserves the right to return to the facility at any time should the Department receive a complaint or deem it necessary to ensure the health, safety, and welfare of residents in your care.

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

In accordance with Minn. Stat. § 144G.31 Subd. 4, MDH may assess fines based on the level and scope of the violations; **however, no immediate fines are assessed for this survey of your facility**.

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

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the

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

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

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

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

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

If you have any questions, please contact me.

Sincerely,

Jodi Johnson, Supervisor
State Evaluation Team
Email: Jodi.Johnson@state.mn.us
Telephone: 507-344-2730 Fax: 1-866-890-9290

KKM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35127	A. BUILDING: _____ B. WING _____	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEEHIVE HOMES OF LAKEVILLE	20159 IBERIA AVENUE LAKEVILLE, MN 55044

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL35127016-0 On April 7, 2025, through April 9, 2025, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were 16 residents; 16 receiving services under the Assisted Living Facility with Dementia Care license.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators ' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	
0 700 SS=F	144G.43 Subdivision 1 Resident record (b) Resident records, whether written or	0 700		

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0 700	Continued From page 1 electronic, must be protected against loss, tampering, or unauthorized disclosure in compliance with chapter 13 and other applicable relevant federal and state laws. The facility shall establish and implement written procedures to control use, storage, and security of resident records and establish criteria for release of resident information. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure resident's personal health and medical information was kept private. This had the potential to affect all 16 residents. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: On April 7, 2025, at 12:00 p.m., the surveyor observed unlicensed personnel (ULP)-F administer midday medications to multiple residents. ULP-F reviewed the electronic medical record (EMAR) on an open laptop at the medication cart located in an open centralized area of the facility. ULP-F left the computer screen open to each EMAR and displayed each resident's name and medication information for the following residents and medication passes: -12:00 p.m. for R1 medication pass in the dining area;	0 700		

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0 700	Continued From page 2 -12:05 p.m. for R7 medication pass in the dining area; and -1:00 p.m. for R1 medication pass in R1's room On April 7, 2025, at 3:45 p.m., the surveyor observed ULP-G set up and administer medications to various residents for the late afternoon medication times. ULP-G reviewed the EMAR on an open laptop at the medication cart in an open centralized area of the facility. ULP-G left the computer screen open to each EMAR and displayed each resident's name and medication information for the following residents and medication passes: -3:45 p.m. for R5, medication pass in the dining room -3:55 p.m. for R2, medication pass in R2's room -4:02 p.m. for R9, medication pass in the living room area -4:10 p.m. for R6, medication pass in R6's room On April 8, 2025, at 11:35 a.m., registered nurse (RN)-K stated she expected staff to lock the computer screen when not actively using the MAR to set up medications. The licensee's Resident Record-Confidentiality policy dated August 1, 2021, indicated all staff are responsible to make sure confidentiality is maintained for all resident records and information. No personal, financial, medical, or other information about the resident will be disclosed to any other person. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 700		

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01750	Continued From page 3	01750		
01750 SS=D	144G.71 Subd. 7 Delegation of medication administration When administration of medications is delegated to unlicensed personnel, the assisted living facility must ensure that the registered nurse has: (1) instructed the unlicensed personnel in the proper methods to administer the medications, 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 records; and (3) communicated with the unlicensed personnel about the individual needs of the resident. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to specify in writing, specific instructions for as needed (PRN) medications and documented those instructions for one of two residents (R1) for medication administration delegated to unlicensed personnel. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally). The findings include: R1's diagnoses included unspecified dementia, anxiety disorder, glaucoma, and dry eyes.	01750		

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01750	Continued From page 4 R1's Service Agreement (Addendum to the Contract) dated March 17, 2025, indicated R1 received medication administration. On April 7, 2025, at 1:00 p.m., the surveyor observed unlicensed personnel (ULP)-H administer R1's midday eye drops. R1's signed, provider's orders dated September 26, 2024, October 14, 2024, and March 17, 2025, indicated the following scheduled medications: one medication for thyroid, five eye drops/ointments, one patch for pain or shortness of breath, one medication for anxiety/depression, and one for sleep. Additionally, R1's orders included the following as needed (PRN) medications: one for mild pain, one for severe pain, three to manage constipation, one for gastric reflux, one for excessive secretions, two for anxiety/agitation and two skin barrier creams. R1's medication administration record (MAR) dated April 2025, included: -polyethylene glycol, give 17 grams (gm) mixed with eight ounces of fluids every day as needed for constipation -senna 8.6 milligrams (mg), give three tablets every day as needed for constipation -haloperidol 0.5 mg every one hour as needed (R1's electronic medication administration record listed indications as agitation and nausea) -lorazepam 0.5 mg Solu tab (a dissolvable form of a medication), one Solu tab under the tongue every two hours as needed for anxiety The licensee failed to provide instruction for the ULP to understand which PRN medication for constipation should be used first and second. Furthermore, the licensee failed to provide instruction for the ULP to understand and	01750		

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01750	Continued From page 5 consistently respond to R1's symptoms of anxiety verses agitation, and then when to determine whether to administer R1's PRN lorazepam or haloperidol. On April 8, 2025, at 1:45 p.m., registered nurse (RN)-E stated the hospice team prescribed the above listed PRN medications, and she was not aware she needed to clarify or provide written guidance with these medications for the ULP. The licensee's Medication and Treatment-Delegation and Administration policy dated August 1, 2021, indicated when administration of medications or treatment/therapy is delegated or assigned to unlicensed personnel, [licensee name] will ensure that the registered nurse has: -Specified, in writing, specific instructions for each resident and documented those instructions in the resident's records -Communicated with the unlicensed personnel about the individual needs of the resident. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01750		

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

Type: Full
Date: *04/07/25*
Time: 12:30:00
Report: 1043251095

Food and Beverage Establishment Inspection Report

Location:
Beehive Homes - Lakeville
20159 Iberia Avenue
Lakeville, MN55044
Dakota County, 19

Establishment Info:
ID #: 0035953
Risk: High
Announced Inspection: No

License Categories:

Expires on: / /

Operator:
Heritage Commons Assisted Livi

Phone #: 9526831299
ID #: 52673

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

No NEW orders were issued during this inspection.

Surface and Equipment Sanitizers

Chlorine: = 50 PPM at Degrees Fahrenheit
Location: DISH MACHINE
Violation Issued: No

Quaternary Ammonia: = 400 PPM at Degrees Fahrenheit
Location: SANI BUCKET
Violation Issued: No

Quaternary Ammonia: = 400 PPM at Degrees Fahrenheit
Location: 3 COMP SINK
Violation Issued: No

Quaternary Ammonia: = 400 PPM at Degrees Fahrenheit
Location: MOP SINK DISPENSER
Violation Issued: No

Food and Equipment Temperatures

Process/Item: MILK
Temperature: 41 Degrees Fahrenheit - Location: 1 DOOR REACH IN COOLER
Violation Issued: No

Process/Item: BUTTERMILK
Temperature: 41 Degrees Fahrenheit - Location: 1 DOOR REACH IN COOLER
Violation Issued: No

Process/Item: BUTTER
Temperature: 41 Degrees Fahrenheit - Location: 2 DOOR REACH IN COOLER
Violation Issued: No

Food and Beverage Establishment Inspection Report

Process/Item: CHEESE
Temperature: 41 Degrees Fahrenheit - Location: 2 DOOR REACH IN COOLER
Violation Issued: No

Process/Item: RAW PORK
Temperature: Degrees Fahrenheit - Location: THAWING - FROZEN IN 2 DOOR REACH IN COOLER
Violation Issued: No

Process/Item: GRAVY
Temperature: 135 Degrees Fahrenheit - Location: ROOM TEMPERATURE - COOLING
Violation Issued: No

Process/Item: VEGGIES
Temperature: 115 Degrees Fahrenheit - Location: ROOM TERMPERATURE - COOLING
Violation Issued: No

Process/Item: PORK
Temperature: 146 Degrees Fahrenheit - Location: ROOM TEMPERATURE - COOLING
Violation Issued: No

Process/Item: SWEET POTATO
Temperature: 115 Degrees Fahrenheit - Location: ROOM TEMPERATURE - COOLING
Violation Issued: No

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

Inspection was completed with Deb Jacobson as the lead Health Regulation Division Nurse Evaluator completing the site survey.

Discussed highly susceptible populations, cooling, date marking, illness policy, sanitizer use, ware washing, temperature control, cleaning, vomit/fecal procedures, test kits, food storage, and food handling procedures.

Contact Health Regulation Division for plan review approval when facility/kitchen undergoes remodeling.

If any customer complains of illness, establishment is required to notify the Minnesota Department of Health and provide the foodborne illness hotline phone number to the customer: 1-877-366-3455

Type: Full
Date: *04/07/25*
Time: 12:30:00
Report: 1043251095
Beehive Homes - Lakeville

Food and Beverage Establishment Inspection Report

NOTE: Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

I acknowledge receipt of the Minnesota Department of Health inspection report number 1043251095 of 04/07/25.

Certified Food Protection Manager: Kelci Contreras

Certification Number: FM84700 Expires: 06/16/25

Inspection report reviewed with person in charge and emailed.

Signed:_____
Kelci Contreras
PIC

Signed:_____
Blia Lor
Public Health Sanitarian I
651-355-0641
blia.lor@state.mn.us