



Protecting, Maintaining and Improving the Health of All Minnesotans

NOTICE OF REMOVAL OF CONDITIONAL LICENSE

Electronic Delivery

April 3, 2024

Licensee

New Dream Home Services
7816 Regent Avenue North
Brooklyn Park, MN 55445

RE: Initial License Number 408810
Health Facility Identification Number (HFID) 39101
Project Number(s) SL39101015

Dear Licensee:

On March 5, 2024, The Minnesota Department of Health (MDH) completed a follow-up survey of your facility to determine correction of orders found on the survey completed September 13, 2023 and the follow-up survey completed December 11, 2023. The March 5, 2024, follow-up survey found the facility to be in substantial compliance. Based on these findings, the condition(s) on the license were removed effective March 5, 2024.

Effective, March 5, 2024 MDH is **granting your assisted living facility facility license**. Your license effective and expiration dates remain the same as on your provisional license. Your license number is 408810. You will not receive a replacement license certificate until your license is due to renew. If you have not received a letter from us with information regarding renewing your license within 45 days prior to your expiration date, please contact us at (651) 201-5273 or by email at: Health.assistedliving@state.mn.us.

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

Sincerely,

A handwritten signature in black ink that reads 'Rick Michals'.

Rick Michals, J.D.
Interim Assistant Division Director

Minnesota Department of Health
Health Regulation Division
JMD

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39101	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 03/05/2024
NAME OF PROVIDER OR SUPPLIER NEW DREAM HOME SERVICES			STREET ADDRESS, CITY, STATE, ZIP CODE 7816 REGENT AVENUE NORTH BROOKLYN PARK, MN 55445		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
{0 000}	Initial Comments *****ATTENTION***** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER In accordance with Minnesota Statutes, section 144G.08 to 144G.95, this correction order(s) has been issued pursuant to a survey. 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. INITIAL COMMENTS: SL39101015-2 On March 5, 2024, the Minnesota Department of Health conducted a revisit at the above provider to follow-up on orders issued pursuant to a survey completed on December 11, 2023. At the time of the survey, there were 2 residents; 2 receiving services under the Assisted Living license. As a result of the revisit, the licensee is in substantial compliance.	{0 000}			
{0 430} SS=C	144G.40 Subd. 2 Uniform checklist disclosure of services (a) All assisted living facilities must provide to prospective residents: (1) a disclosure of the categories of assisted living licenses available and the category of license held by the facility; (2) a written checklist listing all services permitted under the facility's license, identifying all services the facility offers to provide under the assisted living facility contract, and identifying all services allowed under the license that the facility does not provide; and (3) an oral explanation of the services offered	{0 430}			

Minnesota Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Minnesota Department of Health

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{0 430}	Continued From page 1 under the contract. (b) The requirements of paragraph (a) must be completed prior to the execution of the assisted living contract. (c) The commissioner must, in consultation with all interested stakeholders, design the uniform checklist disclosure form for use as provided under paragraph (a). This MN Requirement is not met as evidenced by: No further action required.	{0 430}			
{0 460} SS=F	144G.41 Subdivision 1 Minimum requirements (5) provide a means for residents to request assistance for health and safety needs 24 hours per day, seven days per week; (6) allow residents the ability to furnish and decorate the resident's unit within the terms of the assisted living contract; (7) permit residents access to food at any time; (8) allow residents to choose the resident's visitors and times of visits; (9) allow the resident the right to choose a roommate if sharing a unit; (10) notify the resident of the resident's right to have and use a lockable door to the resident's unit. The licensee shall provide the locks on the unit. Only a staff member with a specific need to enter the unit shall have keys, and advance notice must be given to the resident before entrance, when possible. An assisted living facility must not lock a resident in the resident's unit; This MN Requirement is not met as evidenced by: No further action required.	{0 460}			

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{0 480} SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements (13) offer to provide or make available at least the following services to residents: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and This MN Requirement is not met as evidenced by: No further action required.	{0 480}			
{0 550} SS=F	144G.41 Subd. 7 Resident grievances; reporting maltreatment All facilities must post in a conspicuous place information about the facilities' grievance procedure, and the name, telephone number, and email contact information for the individuals who are responsible for handling resident grievances. The notice must also have the contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities and must have information for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center. The notice must also state that if an individual has a complaint about the facility or person providing services, the individual may contact the Office of Health Facility Complaints at the Minnesota Department of Health. This MN Requirement is not met as evidenced by: No further action required.	{0 550}			
{0 640} SS=F	144G.42 Subd. 7 Posting information for reporting suspected c	{0 640}			

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{0 640}	Continued From page 3 The facility shall support protection and safety through access to the state's systems for reporting suspected criminal activity and suspected vulnerable adult maltreatment by: (1) posting the 911 emergency number in common areas and near telephones provided by the assisted living facility; (2) posting information and the reporting number for the Minnesota Adult Abuse Reporting Center to report suspected maltreatment of a vulnerable adult under section 626.557; and (3) providing reasonable accommodations with information and notices in plain language. This MN Requirement is not met as evidenced by: No further action required.	{0 640}			
{0 660} SS=D	144G.42 Subd. 9 Tuberculosis prevention and control (a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) The facility must maintain written evidence of compliance with this subdivision.	{0 660}			

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{0 660}	Continued From page 4 This MN Requirement is not met as evidenced by: No further action required.	{0 660}			
{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. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by: No further action required.	{0 680}			
{0 930} SS=C	144G.50 Subd. 2 (d-e; 1-4) Contract information	{0 930}			

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{0 930}	Continued From page 5 (d) The contract must include a description of the facility's complaint resolution process available to residents, including the name and contact information of the person representing the facility who is designated to handle and resolve complaints. (e) The contract must include a clear and conspicuous notice of: (1) the right under section 144G.54 to appeal the termination of an assisted living contract; (2) the facility's policy regarding transfer of residents within the facility, under what circumstances a transfer may occur, and the circumstances under which resident consent is required for a transfer; (3) contact information for the Office of Ombudsman for Long-Term Care, the Ombudsman for Mental Health and Developmental Disabilities, and the Office of Health Facility Complaints; (4) the resident's right to obtain services from an unaffiliated service provider; This MN Requirement is not met as evidenced by: No further action required.	{0 930}			
{0 950} SS=C	144G.50 Subd. 3 Designation of representative (a) Before or at the time of execution of an assisted living contract, an assisted living facility must offer the resident the opportunity to identify a designated representative in writing in the contract and must provide the following verbatim notice on a document separate from the contract: "RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES.	{0 950}			

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{0 950}	Continued From page 6 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." (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. This MN Requirement is not met as evidenced by: No further action required.	{0 950}			
{0 970} SS=C	144G.50 Subd. 5 Waivers of liability prohibited The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law. This MN Requirement is not met as evidenced by:	{0 970}			

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{0 970}	Continued From page 7 No further action required.	{0 970}			
{01060} SS=F	144G.52 Subd. 9 Emergency relocation (a) A facility may remove a resident from the facility in an emergency if necessary due to a resident's urgent medical needs or an imminent risk the resident poses to the health or safety of another facility resident or facility staff member. An emergency relocation is not a termination. (b) In the event of an emergency relocation, the facility must provide a written notice that contains, at a minimum: (1) the reason for the relocation; (2) the name and contact information for the location to which the resident has been relocated and any new service provider; (3) contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities; (4) if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and (5) a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal. (c) The notice required under paragraph (b) must be delivered as soon as practicable to: (1) the resident, legal representative, and designated representative; (2) for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the resident's case manager; and	{01060}			

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{01060}	Continued From page 8 (3) the Office of Ombudsman for Long-Term Care if the resident has been relocated and has not returned to the facility within four days. (d) Following an emergency relocation, a facility's refusal to provide housing or services constitutes a termination and triggers the termination process in this section.currently known; and This MN Requirement is not met as evidenced by: No further action required.	{01060}			
{01530} SS=D	144G.64 TRAINING IN DEMENTIA CARE REQUIRED (a) All assisted living facilities must meet the following training requirements: (1) supervisors of direct-care staff must have at least eight hours of initial training on topics specified under paragraph (b) within 120 working hours of the employment start date, and must have at least two hours of training on topics related to dementia care for each 12 months of employment thereafter; (2) direct-care employees must have completed at least eight hours of initial training on topics specified under paragraph (b) within 160 working hours of the employment start date. Until this initial training is complete, an employee must not provide direct care unless there is another employee on site who has completed the initial eight hours of training on topics related to dementia care and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for consultation with the new employee until the training requirement is complete. Direct-care employees must have at least two	{01530}			

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{01530}	Continued From page 9 hours of training on topics related to dementia for each 12 months of employment thereafter; This MN Requirement is not met as evidenced by: No further action required.	{01530}			
{01610} SS=D	144G.70 Subd. 2 (a-b) Initial reviews, assessments, and monitoring (a) Residents who are not receiving any assisted living services shall not be required to undergo an initial nursing assessment. (b) An assisted living facility shall conduct a nursing assessment by a registered nurse of the physical and cognitive needs of the prospective resident and propose a temporary service plan prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. If necessitated by either the geographic distance between the prospective resident and the facility, or urgent or unexpected circumstances, the assessment may be conducted using telecommunication methods based on practice standards that meet the resident's needs and reflect person-centered planning and care delivery. This MN Requirement is not met as evidenced by: No further action required.	{01610}			
{01760} SS=D	144G.71 Subd. 8 Documentation of administration of medication Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must	{01760}			

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{01760}	Continued From page 10 include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan. This MN Requirement is not met as evidenced by: No further action required.	{01760}			
{01820} SS=D	144G.71 Subd. 13 Prescriptions There must be a current written or electronically recorded prescription as defined in section 151.01, subdivision 16a, for all prescribed medications that the assisted living facility is managing for the resident. This MN Requirement is not met as evidenced by: No further action required.	{01820}			
{01880} SS=D	144G.71 Subd. 19 Storage of medications An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access. This MN Requirement is not met as evidenced by: No further action required.	{01880}			

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Protecting, Maintaining and Improving the Health of All Minnesotans

NOTICE OF PROVISIONAL EXTENSION AND CONDITIONAL LICENSE

Electronically Delivered
January 30, 2024

Licensee
New Dream Home Services
7816 Regent Avenue North
Brooklyn Park, MN 55445

RE: Conditional License Number 408810
Health Facility Identification Number (HFID) 39101
Project Number(s) SL3910101

Dear Licensee:

The Minnesota Department of Health (MDH) completed a follow-up survey on December 11, 2023, for the purpose of assessing compliance with state licensing statutes. Based on the follow-up survey results you continue to not be in substantial compliance with the laws pursuant to Minnesota Statutes, Chapter 144G.

As a result, MDH is extending New Dream Home Services' conditional provisional assisted living facility license an additional 90 days due to expire on **April 23, 2024**.

90 DAY EXTENSION OF CONDITIONAL PROVISIONAL ASSISTED LIVING LICENSE:

MDH is extending New Dream Home Services' conditional provisional assisted living facility license 90 days due to expire on **April 23, 2024**. At an unannounced point in time, within the conditional license period, MDH will conduct a follow-up survey, as defined in Minn. Stat. § 144G.30, Subd. 6. Based on the results of the follow-up survey, MDH will determine if New Dream Home Services is in substantial compliance.

The following condition is in effect through the extended conditional license period and applies to the conditional provisional assisted living facility license:

- a. **Door Lock Requirements:** New Dream Home Services will replace the door lock hardware on the main level sleeping room doors and the main level bathroom door. Doors must be able to be locked and unlocked from the inside of the main level sleeping rooms and bathroom.

RESULTS OF FOLLOW-UP EVALUATION DURING THE CONDITIONAL PROVISIONAL LICENSE PERIOD:

MDH will determine if New Dream Home Services is in substantial compliance based on the results of the follow up survey. MDH will make this determination within the 90-day extended conditional provisional license period. If MDH determines New Dream Home Services is in substantial compliance on the follow up survey, MDH will remove the conditions from New Dream Home Services' assisted living facility provisional license, and New Dream Home Services will correct violations identified during the survey to come into substantial compliance. If MDH determines New Dream Home Services is not in substantial compliance, MDH may take additional enforcement action against New Dream Home Services, including placement of additional conditions, issuing an additional extension to the conditional provisional license, or employ any of the enforcement tools listed in Minn. Stat. § 144G.20 up to and including immediate temporary suspension and revocation.

REQUEST FOR RECONSIDERATION:

Pursuant to Minn. Stat. §144G.16, Subd. 4, if a provisional licensee whose assisted living facility license has been denied, or extended with conditions, disagrees with the action taken against the provisional license under this section, the provisional licensee may request a reconsideration no later than 15 calendar days after provisional licensee receives notice of the action. To submit a reconsideration request, please visit:

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

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 Tim Hanna directly at: 507-208-8982.

Sincerely,

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

Maria King, RN
Division Director

**Minnesota Department of Health
Health Regulation Division**

PMB



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December 20, 2023

Licensee
New Dream Home Services
7816 Regent Avenue North
Brooklyn Park, MN 55445

RE: Project Number(s) SL39101015

Dear Licensee:

On December 11, 2023, the Minnesota Department of Health (MDH) completed a follow-up survey of your facility to determine correction of orders found on the survey completed on September 13, 2022. This follow-up survey determined your facility had not corrected all of the state correction orders issued pursuant to the September 13, 2023 survey.

In accordance with Minn. Stat. § 144G.31 Subd. 4 (a), state correction orders issued pursuant to the last survey, completed on September 13, 2023, found not corrected at the time of the December 11, 2023, follow-up survey and/or subject to penalty assessment are as follows:

0480-Minimum Requirements-144g.41 Subd 1 (13) (i) (b) = \$500.00
0820-Fire Protection And Physical Environment-144g.45 Subd. 2 (g) = \$500.00

The details of the violations noted at the time of this follow-up survey completed on December 11, 2023 (listed above), are on the attached State Form. Brackets around the ID Prefix Tag in the left hand column, e.g., {2 ----} will identify the uncorrected tags.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$1,000.00**. 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.

IMPOSITION OF FINES:

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

CORRECTION ORDER RECONSIDERATION PROCESS

In accordance with Minn. Stat. § 144G.32, Subd. 2, you 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 the MDH within 15 calendar days of the correction order receipt date.

A state correction order under Minn. Stat. § 144G.91, Subd. 8, Free from Maltreatment is associated with a maltreatment determination by the Office of Health Facility Complaints. If maltreatment is substantiated, you will receive a separate letter with the reconsideration process under Minn. Stat. § 626.557.

To submit a reconsideration request, please visit:

<https://forms.web.health.state.mn.us/form/HRD-Appeals-Form>

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. Requests for hearing may be emailed to: **Health.HRD.Appeals@state.mn.us**.

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

We urge you to review these orders carefully. If you have questions, please contact Tim Hanna at 507-208-8982.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Tim Hanna", with a stylized, cursive script.

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

PMB

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39101	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 12/11/2023
NAME OF PROVIDER OR SUPPLIER NEW DREAM HOME SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 7816 REGENT AVENUE NORTH BROOKLYN PARK, MN 55445			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
{0 000}	Initial Comments *****ATTENTION***** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER In accordance with Minnesota Statutes, section 144G.08 to 144G.95 this correction order(s) has been issued pursuant to a survey. 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. INITIAL COMMENTS: Project SL39101015-1 On December 05, 2023, through December 11, 2023, the Minnesota Department of Health conducted a revisit at the above provider to follow-up on orders issued pursuant to a survey completed on September 13, 2023. At the time of the survey, there were 2 residents: 2 receiving services under the Assisted Living license. As a result of the revisit, the following orders were reissued.	{0 000}			
{0 430} SS=C	144G.40 Subd. 2 Uniform checklist disclosure of services (a) All assisted living facilities must provide to prospective residents: (1) a disclosure of the categories of assisted living licenses available and the category of license held by the facility; (2) a written checklist listing all services permitted	{0 430}			

Minnesota Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Minnesota Department of Health

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{0 430}	Continued From page 1 under the facility's license, identifying all services the facility offers to provide under the assisted living facility contract, and identifying all services allowed under the license that the facility does not provide; and (3) an oral explanation of the services offered under the contract. (b) The requirements of paragraph (a) must be completed prior to the execution of the assisted living contract. (c) The commissioner must, in consultation with all interested stakeholders, design the uniform checklist disclosure form for use as provided under paragraph (a). This MN Requirement is not met as evidenced by: No further action required.	{0 430}			
{0 460} SS=F	144G.41 Subdivision 1 Minimum requirements (5) provide a means for residents to request assistance for health and safety needs 24 hours per day, seven days per week; (6) allow residents the ability to furnish and decorate the resident's unit within the terms of the assisted living contract; (7) permit residents access to food at any time; (8) allow residents to choose the resident's visitors and times of visits; (9) allow the resident the right to choose a roommate if sharing a unit; (10) notify the resident of the resident's right to have and use a lockable door to the resident's unit. The licensee shall provide the locks on the unit. Only a staff member with a specific need to enter the unit shall have keys, and advance notice must be given to the resident before entrance, when possible. An assisted living	{0 460}			

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{0 460}	Continued From page 2 facility must not lock a resident in the resident's unit; This MN Requirement is not met as evidenced by: No further action required.	{0 460}			
{0 480} SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements (13) offer to provide or make available at least the following services to residents: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: Please refer to the included document titled, Food and Beverage Establishment Inspection Report dated, December 05, 2023, for the specific Minnesota Food Code deficiencies.	{0 480}			

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{0 480}	Continued From page 3	{0 480}			
	TIME PERIOD FOR CORRECTION: Twenty-one (21) days				
{0 550} SS=F	144G.41 Subd. 7 Resident grievances; reporting maltreatment All facilities must post in a conspicuous place information about the facilities' grievance procedure, and the name, telephone number, and email contact information for the individuals who are responsible for handling resident grievances. The notice must also have the contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities and must have information for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center. The notice must also state that if an individual has a complaint about the facility or person providing services, the individual may contact the Office of Health Facility Complaints at the Minnesota Department of Health. This MN Requirement is not met as evidenced by: No further action required.	{0 550}			
{0 640} SS=F	144G.42 Subd. 7 Posting information for reporting suspected c The facility shall support protection and safety through access to the state's systems for reporting suspected criminal activity and suspected vulnerable adult maltreatment by: (1) posting the 911 emergency number in common areas and near telephones provided by the assisted living facility; (2) posting information and the reporting number	{0 640}			

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{0 640}	Continued From page 4 for the Minnesota Adult Abuse Reporting Center to report suspected maltreatment of a vulnerable adult under section 626.557; and (3) providing reasonable accommodations with information and notices in plain language. This MN Requirement is not met as evidenced by: No further action required.	{0 640}			
{0 660} SS=D	144G.42 Subd. 9 Tuberculosis prevention and control (a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: No further action required.	{0 660}			
{0 680} SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness (a) The facility must meet the following requirements:	{0 680}			

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{0 680}	Continued From page 5 (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. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by: No further action required.	{0 680}			
{0 810} SS=C	144G.45 Subd. 2 (b)-(f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) employee actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for	{0 810}			

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{0 810}	Continued From page 6 residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop the fire safety and evacuation plan with the required content and provide the required training and drills. This had the potential to directly affect all residents, staff, and visitors. 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	{0 810}			

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{0 810}	Continued From page 7 or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: On December 11, 2023, the licensed assisted living director (LALD)-A provided documents on the fire safety and evacuation plan (FSEP), fire safety and evacuation training, and evacuation drills for the facility. FIRE SAFETY AND EVACUATION PLAN The licensee FSEP, undated, failed to include the following: The FSEP included standard employee procedures but failed to provide specific employee actions to take in the event of a fire or similar emergency relative to the facility's building layout and environmental risks. The plan included the acronyms R.A.C.E. and P.A.S.S. but failed to include procedures for how staff are to complete each step. The FSEP did not identify specific fire protection actions for residents. There was no section in the policy that addressed the responsibilities or basic evacuation procedures that residents should follow in case of a fire or similar emergency. The FSEP included standard resident evacuation procedures but failed to provide specific procedures for resident movement and evacuation or relocation during a fire or similar emergency including individualized unique needs of residents. The plan included instructions to evacuate residents but did not include any procedures for assisting residents during evacuation nor did it include instructions for staff to follow in case of relocation.	{0 810}			

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{0 810}	Continued From page 8 During an interview on December 11, 2023, at 1:30 p.m., LALD-A stated that she understood the areas of her policy that were incomplete and would work on bringing them into compliance. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	{0 810}			
{0 820} SS=F	144G.45 Subd. 2 (g) Fire protection and physical environment (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. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to ensure the physical facility elements did not constitute a distinct hazard to life. The licensee failed to provide an unobstructed path of egress from each main-level sleeping room. This had the potential to affect all residents, staff, and visitors because timely evacuation would not be possible in the event of a fire or other life-threatening emergency.	{0 820}			

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{0 820}	Continued From page 9 This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: On December 11, 2023, at 1:00 p.m. survey staff toured the facility with the licensed assisted living director (LALD)-A. It was observed that the main level sleeping room doors and the main level bathroom door had door lock hardware that locked from the hallway side. The thumb turn was on the outside of the sleeping room door which would allow anyone in the facility to lock the door, trapping another person inside any of the sleeping rooms and bathroom. Survey staff called LALD-A on December 14, 2023, at 3:30 p.m. requesting a call back to discuss the findings but LALD-A did not return the call by the end of the week on December 15, 2023, per message left by survey staff on voicemail. During a phone interview on December 18, 2023, at 9:24 a.m. survey staff explained to LALD-A that the door knobs with the locking thumb turn on the hallway side constituted an obstruction of egress and a distinct hazard to life. LALD-A stated that she had a resident pass away earlier in the year due to locking herself in her bedroom so she decided to turn the knobs around. LALD-A stated she understood the deficiency and would get the door knobs replaced with something that did not	{0 820}			

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{0 820}	Continued From page 10 obstruct egress. No further information was provided. TIME PERIOD FOR CORRECTION: Two (2) days.	{0 820}			
{0 930} SS=C	144G.50 Subd. 2 (d-e; 1-4) Contract information (d) The contract must include a description of the facility's complaint resolution process available to residents, including the name and contact information of the person representing the facility who is designated to handle and resolve complaints. (e) The contract must include a clear and conspicuous notice of: (1) the right under section 144G.54 to appeal the termination of an assisted living contract; (2) the facility's policy regarding transfer of residents within the facility, under what circumstances a transfer may occur, and the circumstances under which resident consent is required for a transfer; (3) contact information for the Office of Ombudsman for Long-Term Care, the Ombudsman for Mental Health and Developmental Disabilities, and the Office of Health Facility Complaints; (4) the resident's right to obtain services from an unaffiliated service provider; This MN Requirement is not met as evidenced by: No further action required.	{0 930}			
{0 950} SS=C	144G.50 Subd. 3 Designation of representative (a) Before or at the time of execution of an	{0 950}			

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{0 950}	Continued From page 11 assisted living contract, an assisted living facility must offer the resident the opportunity to identify a designated representative in writing in the contract and must provide the following verbatim notice on a document separate from the contract: "RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES. You have the right to name anyone as your "Designated Representative." A Designated Representative can assist you, receive certain information and notices about you, including 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." (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. This MN Requirement is not met as evidenced by: No further action required.	{0 950}			
{0 970} SS=C	144G.50 Subd. 5 Waivers of liability prohibited The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not	{0 970}			

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{0 970}	Continued From page 12 include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law. This MN Requirement is not met as evidenced by: No further action required.	{0 970}			
{01060} SS=F	144G.52 Subd. 9 Emergency relocation (a) A facility may remove a resident from the facility in an emergency if necessary due to a resident's urgent medical needs or an imminent risk the resident poses to the health or safety of another facility resident or facility staff member. An emergency relocation is not a termination. (b) In the event of an emergency relocation, the facility must provide a written notice that contains, at a minimum: (1) the reason for the relocation; (2) the name and contact information for the location to which the resident has been relocated and any new service provider; (3) contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities; (4) if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and (5) a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident	{01060}			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39101	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 12/11/2023
NAME OF PROVIDER OR SUPPLIER NEW DREAM HOME SERVICES			STREET ADDRESS, CITY, STATE, ZIP CODE 7816 REGENT AVENUE NORTH BROOKLYN PARK, MN 55445		
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{01060}	Continued From page 13 may submit an appeal. (c) The notice required under paragraph (b) must be delivered as soon as practicable to: (1) the resident, legal representative, and designated representative; (2) for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the resident's case manager; and (3) the Office of Ombudsman for Long-Term Care if the resident has been relocated and has not returned to the facility within four days. (d) Following an emergency relocation, a facility's refusal to provide housing or services constitutes a termination and triggers the termination process in this section.currently known; and This MN Requirement is not met as evidenced by: No further action required.	{01060}			
{01530} SS=D	144G.64 TRAINING IN DEMENTIA CARE REQUIRED (a) All assisted living facilities must meet the following training requirements: (1) supervisors of direct-care staff must have at least eight hours of initial training on topics specified under paragraph (b) within 120 working hours of the employment start date, and must have at least two hours of training on topics related to dementia care for each 12 months of employment thereafter; (2) direct-care employees must have completed at least eight hours of initial training on topics specified under paragraph (b) within 160 working hours of the employment start date. Until this initial training is complete, an employee must not provide direct care unless there is another	{01530}			

Minnesota Department of Health

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{01530}	Continued From page 14 employee on site who has completed the initial eight hours of training on topics related to dementia care and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for consultation with the new employee until the training requirement is complete. Direct-care employees must have at least two hours of training on topics related to dementia for each 12 months of employment thereafter; This MN Requirement is not met as evidenced by: No further action required.	{01530}			
{01610} SS=D	144G.70 Subd. 2 (a-b) Initial reviews, assessments, and monitoring (a) Residents who are not receiving any assisted living services shall not be required to undergo an initial nursing assessment. (b) An assisted living facility shall conduct a nursing assessment by a registered nurse of the physical and cognitive needs of the prospective resident and propose a temporary service plan prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. If necessitated by either the geographic distance between the prospective resident and the facility, or urgent or unexpected circumstances, the assessment may be conducted using telecommunication methods based on practice standards that meet the resident's needs and reflect person-centered planning and care delivery. This MN Requirement is not met as evidenced	{01610}			

Minnesota Department of Health

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{01610}	Continued From page 15 by: No further action required.	{01610}			
{01760} SS=D	144G.71 Subd. 8 Documentation of administration of medication Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan. This MN Requirement is not met as evidenced by: No further action required.	{01760}			
{01820} SS=D	144G.71 Subd. 13 Prescriptions There must be a current written or electronically recorded prescription as defined in section 151.01, subdivision 16a, for all prescribed medications that the assisted living facility is managing for the resident. This MN Requirement is not met as evidenced by: No further action required.	{01820}			
{01880} SS=D	144G.71 Subd. 19 Storage of medications	{01880}			

Minnesota Department of Health

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{01880}	Continued From page 16 An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access. This MN Requirement is not met as evidenced by: No further action required.	{01880}			

Type: Follow-Up
Date: 12/05/23
Time: 11:05:37
Report: 1021231408

Food and Beverage Establishment Inspection Report

Page 1

Location:

New Dream Home Services LLC
7816 Regent Avenue N
Brooklyn Park, MN55443
Hennepin County, 27

Establishment Info:

ID #: 0041341
Risk:
Announced Inspection: No

License Categories:

Expires on: 12/31/23

Operator:

Phone #:
ID #:

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

The following orders previously issued on 09/11/23 have NOT been corrected.

4-300 Equipment Numbers and Capacities

4-302.14 **** Priority 2 ****

MN Rule 4626.0715 Provide an appropriate test kit to accurately measure sanitizing solutions.

NO TEST KIT ON-SITE TO MEASURE THE CONCENTRATION OF CHLORINE. PROVIDE AS DESCRIBED IN RULE ABOVE. REPEAT 12/5/23.

Issued on: 09/11/23

Comply By: 09/15/23

No NEW orders were issued during this inspection.

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

TODAY'S FOLLOW UP WAS TO ADDRESS AND CLEAR PREVIOUSLY WRITTEN ORDERS FROM A FULL INSPECTION CONDUCTED ON 09/11/23. 6 OUT OF 7 ORDERS WERE CLEARED FROM THE REPORT.

Type: Follow-Up

Date: 12/05/23

Time: 11:05:37

Report: 1021231408

New Dream Home Services LLC

Food and Beverage Establishment Inspection Report

Page 2

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 1021231408 of 12/05/23.

Certified Food Protection Manager CANDACE A. WRIGHT

Certification Number: FM119623 Expires: 11/12/22

Inspection report reviewed with person in charge and emailed.

Signed: _____

THERESA RICE
OWNER

Signed: _____

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



Protecting, Maintaining and Improving the Health of All Minnesotans

NOTICE OF PROVISIONAL EXTENSION AND CONDITIONAL LICENSE

Electronically Delivered

October 26, 2023

Licensee

New Dream Home Services, LLC
7816 Regent Avenue North
Brooklyn Park, MN 55445

RE: Conditional License Number 408810
Health Facility Identification Number (HFID) 39101
Project Number(s) SL39101015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on September 13, 2023, for the purpose of assessing compliance with state licensing statutes. Based on the survey results you were found not to be in substantial compliance with the laws pursuant to Minnesota Statutes, Chapter 144G.

As a result, pursuant to Minn. Stat. § 144G.16, Subd. 3(b) is issuing a 90-day conditional provisional license due to expire on **January 24, 2024**.

STATE CORRECTION ORDERS

The enclosed State Form documents the state correction orders. MDH documents state 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 provisional 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.

MDH may assess fines based on the level and scope of the orders outlined below. The total amount of **potential** fines that may be assessed related to these correction orders is \$3,000.00. **MDH is not imposing these fines against your provisional license at this time.**

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

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 provisional 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. **If corrections are not made, MDH may impose fines as described above and in accordance with Minnesota Statutes 144G.**

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.

A state correction order under Minn. Stat. § 144G.91, Subd. 8, Free from Maltreatment is associated with a maltreatment determination by the Office of Health Facility Complaints. If maltreatment is

substantiated, you will receive a separate letter with the reconsideration process under Minn. Stat. § 626.557.

Please email reconsideration requests to: **Health.HRD.Appeals@state.mn.us**. Please attach this letter as part of your reconsideration request. Please clearly indicate which tag(s) you are contesting and submit information supporting your position(s).

Please address your cover letter for reconsideration requests to:

Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place
St. Paul, MN 55164-0970

CONDITIONAL LICENSE ISSUED:

MDH will issue New Dream Home Services, LLC a conditional provisional assisted living facility license for 90 calendar days from the date of this notice. At an unannounced point in time, within the 90 calendar days, MDH will conduct a follow-up survey, as defined in Minn. Stat. § 144G.30, Subd. 6. Based on the results of the follow-up survey, MDH will determine if New Dream Home Services, LLC is in substantial compliance.

The following conditions apply on the conditional provisional assisted living facility license:

- a. **Egress window requirements:** New Dream Home Services, LLC will replace at least one window in occupied resident bedroom number two and occupied resident bedroom number three on the upper floor with the minimum window opening meeting the minimum state standard for egress windows. Egress windows in existing sleeping rooms must have a minimum openable width of 20 inches and minimum openable height of 20 inches, with no less than 648 square inches total of openable area (4.5 square feet) for the window.

RESULTS OF FOLLOW-UP EVALUATION DURING THE CONDITIONAL PROVISIONAL LICENSE PERIOD:

MDH will determine if New Dream Home Services, LLC is in substantial compliance based on the results of the follow up survey. MDH will make this determination within the 90-day conditional provisional license period. If MDH determines New Dream Home Services, LLC is in substantial compliance on the follow up survey, MDH will remove the conditions from New Dream Home Services, LLC's assisted living facility provisional license, and New Dream Home Services, LLC will correct violations identified during the survey to come into substantial compliance. If MDH determines New Dream Home Services, LLC is not in substantial compliance, MDH may take additional enforcement action against New Dream Home Services, LLC, including placement of additional conditions, issuing an extension to the conditional provisional license, or employ any of the enforcement tools listed in Minn. Stat. § 144G.20 up to and including immediate temporary suspension and revocation.

REQUEST FOR RECONSIDERATION:

Pursuant to Minn. Stat. §144G.16, Subd. 4, if a provisional licensee whose assisted living facility license has been denied, or extended with conditions, disagrees with the action taken against the provisional license under this section, the provisional licensee may request a reconsideration no later than 15 calendar days after provisional licensee receives notice of the action. The request for reconsideration should be addressed to:

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

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 Tim Hanna, Interim Supervisor, State Engineering Services Section, directly at: 507-208-8982.

Sincerely,

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

Maria King, RN
Division Director

**Minnesota Department of Health
Health Regulation Division**

PMB

Minnesota Department of Health

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0 000	Initial Comments *****ATTENTION***** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL39101015-0 On September 11, 2023, through September 13, 2023, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were two active residents; two receiving services under the Assisted Living provisional license. An immediate correction order was identified on September 12, 2023, issued for SL39101015-0, tag identification 0820. On September 12, 2023, the immediacy of correction order 0820 was removed, however non-compliance remained at a scope and level of I.	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. 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 subd. 1, 2, and 3.		
0 430 SS=C	144G.40 Subd. 2 Uniform checklist disclosure of services	0 430			

Minnesota Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Minnesota Department of Health

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0 430	Continued From page 1 (a) All assisted living facilities must provide to prospective residents: (1) a disclosure of the categories of assisted living licenses available and the category of license held by the facility; (2) a written checklist listing all services permitted under the facility's license, identifying all services the facility offers to provide under the assisted living facility contract, and identifying all services allowed under the license that the facility does not provide; and (3) an oral explanation of the services offered under the contract. (b) The requirements of paragraph (a) must be completed prior to the execution of the assisted living contract. (c) The commissioner must, in consultation with all interested stakeholders, design the uniform checklist disclosure form for use as provided under paragraph (a). This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the uniform checklist disclosure of services (UDALSA) accurately reflected services provided by the licensee. This had the potential to affect all residents and potential residents searching for appropriate residential placement. 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 the residents). The findings include: The licensee's UDALSA, last updated April 19,	0 430			

Minnesota Department of Health

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0 430	Continued From page 2 2022, indicated on page 6, under section three Treatments and Therapies, that ventilators (machine required to sustain breathing by moving air into and out of the lungs) were a service available at the facility. In addition, the UDALSA indicated the licensee would provide care for a resident a with tracheostomy, including site care, tube cleaning, suctioning, and shower assistance. The UDALSA indicated a registered nurse to be on-site full time, a laundry room accessible to residents, and the facility to provide washer and dryer in individual units. On September 11, 2023, at 10:30 a.m., during the entrance conference, licensed assisted living director/ clinical nurse supervisor (LALD/CNS)-B stated the licensee would not accept and provide care for a resident on a ventilator. On September 13, 2023, at 12:00 p.m., LALD/CNS-B and owner/ unlicensed personnel (O/ULP)-A stated the following services are not provided by licensee: ventilators, tracheostomy care, including site care, tube cleaning, suctioning, and shower assistance. LALD/CNS-B and O/ULP-A stated a registered nurse is available by phone but not on-site full time. LALD/CNS-B and O/ULP-A stated there are not washers and dryers in individual rooms and the lower-level laundry room would not be accessible to residents unless they were able to walk down the eighteen-step stairway. The licensee's Uniform Disclosure of Assisted Living Services & Amenities (UDALSA) policy, dated September 1, 2022, indicated the UDALSA would disclose the amenities permitted under the facility's license, identifying all services and amenities the facility offers to provide and does not provide. In addition, the policy indicated the licensee would always keep the UDALSA current. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One	0 430			

Minnesota Department of Health

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0 430	Continued From page 3 (21) days	0 430			
0 460 SS=F	144G.41 Subdivision 1 Minimum requirements (5) provide a means for residents to request assistance for health and safety needs 24 hours per day, seven days per week; (6) allow residents the ability to furnish and decorate the resident's unit within the terms of the assisted living contract; (7) permit residents access to food at any time; (8) allow residents to choose the resident's visitors and times of visits; (9) allow the resident the right to choose a roommate if sharing a unit; (10) notify the resident of the resident's right to have and use a lockable door to the resident's unit. The licensee shall provide the locks on the unit. Only a staff member with a specific need to enter the unit shall have keys, and advance notice must be given to the resident before entrance, when possible. An assisted living facility must not lock a resident in the resident's unit; This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide a means for residents to request assistance for health and safety needs twenty-four hours a day, seven days a week. This had the potential to affect all 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, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when	0 460			

Minnesota Department of Health

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0 460	Continued From page 4 problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: On September 11, 2023, at 10:30 a.m., during the entrance conference, licensed assisted living director/ clinical nurse supervisor (LALD/CNS)-B, stated the facility did not have a call light or pendant system in place for residents to summon staff. LALD/CNS-B stated staff were with the resident(s) most of the time, thus able to anticipate and meet resident needs. R3 moved into facility and began receiving assisted living services on September 10, 2023. R2 moved into facility and began receiving assisted living services on February 13, 2023. On September 11, 2023, at 11:00 a.m., the surveyor observed R2's room and did not see a call light or other means to summon staff. Unlicensed personnel (ULP)-C was in the room with R2. ULP-C and R2 were watching television and conversing. R2 stated if they were alone and needed assistance, they would "yell" for help and "someone would come". On September 13, 2023, at 2:30 p.m., LALD/CNS-B and owner/ ULP (O/ULP)-B expressed understanding of the need for a system for residents to summon staff. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	0 460			

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0 480	Continued From page 5	0 480			
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements (13) offer to provide or make available at least the following services to residents: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: Please refer to the included document titled, Food and Beverage Establishment Inspection Report dated, September 11, 2023, for the specific Minnesota Food Code deficiencies. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 480			
0 550 SS=F	144G.41 Subd. 7 Resident grievances; reporting maltreatment All facilities must post in a conspicuous place information about the facilities' grievance procedure, and the name, telephone number, and email contact information for the individuals who are responsible for handling resident grievances.	0 550			

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0 550	Continued From page 6 The notice must also have the contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities and must have information for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center. The notice must also state that if an individual has a complaint about the facility or person providing services, the individual may contact the Office of Health Facility Complaints at the Minnesota Department of Health. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to post the required information related to their grievance procedure and the Office of Health Facility Complaints (OHFC) contact information at the Minnesota Department of Health (MDH). 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). The findings include: On September 11, 2023, at 10:16 a.m., the surveyor observed the licensee's 2.09 Complaint/Grievance policy dated September 1, 2022, posted in the main living area which lacked the name and contact information of who to contact to file a grievance. The licensee also lacked a posting for OHFC and their contact	0 550			

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0 550	Continued From page 7 information. On September 12, 2023, at 9:10 a.m., the licensed assisted living director/clinical nurse supervisor (LALD/CNS)-B, and owner/unlicensed personnel (O/ULP)-A stated they were unsure what OHFC was and thought it was similar to the Minnesota Adult Abuse Reporting Center (MAARC) information requirement. They were unaware of the required OHFC and grievance posting requirements. The licensee's 2.09 Complaint/Grievance dated September 1, 2022, indicated: "PROCEDURE: Complaints that cannot be easily resolved or have not been resolved to an employee or resident's satisfaction should be dealt with in the following way: 1. A facility complaint form should be filled out by the resident, resident representative, or employee and given to the supervisor of the department or to the Assisted Living Director. 2. If a resident, resident representative, or employee cannot, for any reason, fill out a complaint form one will be completed on their behalf by the supervisor or Assisted Living Director. 3. When possible and reasonable, the complaint will be resolved immediately involving others as needed. 4. If needed, an investigation surrounding the facts of the complaint shall be initiated. 5. During the investigation process, and when possible, residents, resident representatives, or employees will be asked to participate in determining the solution and bring about resolution of the complaint. 6. After an investigation is complete, a prompt response to the resident, resident representative, or employee complaint or concern will be	0 550			

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0 550	Continued From page 8 provided verbally and, if desired, in writing. Residents or employees will be given a reasonable explanation for the action taken on their behalf. 7. In a case where maltreatment was identified (abuse, neglect, or exploitation), a staff of New Dream Home Services will promptly contact the Minnesota Adult Abuse Reporting Center (MAARC) to make a report. 8. If the resolution of a complaint results in a system or procedure change, the change shall be made and communicated appropriately to employees or residents, keeping the confidentiality in mind. 9. Finalized resident complaints will be kept in the resident record. Finalized employee complaints will be kept for one year then disposed of." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 550			
0 640 SS=F	144G.42 Subd. 7 Posting information for reporting suspected c The facility shall support protection and safety through access to the state's systems for reporting suspected criminal activity and suspected vulnerable adult maltreatment by: (1) posting the 911 emergency number in common areas and near telephones provided by the assisted living facility; (2) posting information and the reporting number for the Minnesota Adult Abuse Reporting Center to report suspected maltreatment of a vulnerable adult under section 626.557; and (3) providing reasonable accommodations with	0 640			

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0 640	Continued From page 9 information and notices in plain language. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to support protection and safety by not posting the 911 emergency phone number near their house phone and in the commons area. 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). The findings include: On September 11, 2023, at 10:16 a.m., the surveyor observed the facility commons area and a red cordless landline phone on a lower shelf of a table pushed up against the wall under the television. 911 was not posted near the phone or anywhere else in the facility. On September 11, 2023, at 12:22 p.m., the licensed assisted living director/clinical nurse supervisor (LALD/CNS)-B and owner/unlicensed personnel (O/ULP)-A stated the red cordless phone was a house phone primarily for use by residents. They stated 911 was not posted near the phone or anywhere else in the facility. They stated they were unaware of the required 911 postings. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one	0 640			

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0 640	Continued From page 10 (21) days	0 640			
0 660 SS=D	144G.42 Subd. 9 Tuberculosis prevention and control (a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure tuberculosis (TB) symptom screening and testing was completed at the time of hire, or within 90-days prior to the date of hire, for one of two employees (licensed assisted living director/clinical nurse supervisor (LALD/CNS)-B). 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 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	0 660			

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0 660	Continued From page 11 only occasionally). The findings include: The Facility TB Risk Assessment dated June 2023, identified the facility was at a low risk for TB transmission. LALD/CNS-B was hired on June 28, 2022, to provide direct cares to residents and oversite to unlicensed personnel (ULP). They were observed interacting with staff and residents on September 11-13, 2023. LALD/CNS-B's employee record lacked documentation of a completed TB symptom screening and TB testing by either TB blood testing or a two-step TST Mantoux (skin test). On September 12, 2023, at 1:15 p.m., the surveyor requested TB symptom screening and testing results for LALD/CNS-B from LALD/CNS-B and owner/unlicensed personnel (O/ULP)-A. On September 13, 2023, at 9:34 a.m., the surveyor again requested LALD/CNS-B's TB symptom screening and testing results from O/ULP-A, they stated they were having difficulty located the documents. On September 13, 2023, at 2:09 p.m., LALD/CNS-B stated they knew they had completed TB symptom screening and testing upon hire but were unable to locate the documentation. They stated they reached out to their clinic and were waiting to see if the clinic could send over documentation of their TB symptom screening or testing results.	0 660			

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0 660	Continued From page 12 The CDC Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel dated May 17, 2019, indicated all health personnel should have a baseline screening and an individual risk assessment, which is necessary for interpreting any test result. The licensee's 8.16 Tuberculosis Screening policy dated September 1, 2022, indicated: "Staff whose essential job functions require work within the same air space as home care clients will be screened and tested for tuberculosis. Baseline screening will be completed, but serial (annual) screening will only be required with increased occupational risk or exposure. Screening will be conducted as follows: 1. New staff will be screened for active signs of TB using the Baseline TB Screening Tool for HCWs. 2. New staff will have an IGRA blood test or a one-step Mantoux conducted with results documented on the Baseline TB Screening Tool for HCWs. 3. Staff TB screening results will be kept in each employee medical file. 4. Staff should be screened for signs and symptoms on an annual basis." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 660			
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	0 680			

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0 680	Continued From page 13 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. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop a written emergency preparedness plan (EPP) with all the required content and post an emergency disaster plan prominently. This had the potential to affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a 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	0 680			

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0 680	Continued From page 14 a large portion or all of the residents). The findings include: On September 11, 2022, at 2:00 p.m., the surveyor requested the licensee's EPP from owner/unlicensed personnel (O/ULP)-A and observed its location locked in the medication closet inside of a filing cabinet. On September 11, 2022, the licensee's Emergency Preparedness Plan, undated, was reviewed and lacked information to include the following: - establish and maintain a comprehensive EP, reviewed/updated annually; - how they would coordinate with other health care facilities and community during an emergency or disaster (natural, man-made, facility, etc.), reviewed/updated annually; - documented date of reviews and updates; - risk assessment with documentation; - consider duration of interruptions; - arrangements/contracts to re-establish utility services; - take an all-hazards approach; - categorize the various probable risks/hazards by likelihood of occurrence; - develop strategies for addressing community-based risks (evacuation plans, staffing/shortage, back-up plans); - missing resident plan; - an assessment of at-risk population's needs including maintaining independence, communication, transportation, supervision, and medical care; - must identify which staff would assume specific roles in another's absence through succession planning and delegation of authority; - a qualified person who is authorized, in writing,	0 680			

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0 680	Continued From page 15 to act in the absence of the administrator; - a process for cooperation and collaboration with local, tribal, regional, State and Federal EP to maintain integrated response; - develop and implement EP policies/procedures and review/update annually; - develop/implement EP policies and procedures to address evacuation and shelter in place for staff and residents which must include: - alternate sources of energy to maintain temperature, safety and sanitary storage of provisions; - alternate sources of energy to fire detection, extinguishing, alarms systems; - sewage and waste disposal; - a tracking system used to document locations of residents, staff, and relocation of staff; - develop policies and procedures to address safe evacuation from the facility including: - needs of evacuees; - staff responsibilities; - transportation; - evacuation location; - alternate communication means; - develop policy and procedures for shelter in place for residents, staff and volunteers who remain at the facility; - develop policy and procedures to address: - systems of medical documentation that preserve resident information; - protects confidentiality; - secures/maintains availability of records; - develop policy and procedures must address use of volunteers including process and role for integration; - develop policy and procedures which address development and arrangements with other facilities or providers to receive residents in the event continuity of services cannot be provided; - develop policies and procedures which address	0 680			

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0 680	Continued From page 16 role of the [licensee] under a waiver declared by the secretary in accordance with section 1135; - develop a written communication plan and review/update annually; - communication plan must include all the following names/contact information: - staff; - entities providing services under agreement; - residents' physicians; - other facilities; - volunteers; - communication plan must include contact information for: - Federal, State, tribal, regional, and local EP staff; - State Licensing and Certification Agency; - MN Office of Ombudsman for LTC; - other sources of assistance; - communication plan must include; - method for sharing information and medical documentation for residence; - means, in event of evacuation, to release resident information; - means of providing information about general condition and location of residents under [licensee's] care; - communication plan must include: - means to provide information about facility occupancy; - needs; - and ability to provide assistance; - authority having jurisdiction; - incident Command Center; - or designee; - communication plan must include A method for sharing information from emergency plan; - must develop and maintain EP training and testing program, review/update annually; - training program must include initial EP training to policies and procedures to all new and existing	0 680			

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0 680	Continued From page 17 staff and volunteers; - provide EP training at least annually; - maintain documentation of EP training; - demonstrate staff knowledge of EP; - must conduct exercises to test the EP plan at least twice per year including unannounced staff drills using the EP; - must implement emergency and standby power systems based on their EP; and - if part of a healthcare system consisting of separately certified healthcare facilities and elects to have a unified and integrated EP, they may choose to participate. On September 11, 2023, at 2:00 p.m., O/ULP-A stated they were unaware the EPP needed to be displayed prominently for residents, visitors, and staff. On September 11, 2023, at 2:42 p.m., O/ULP-A stated they provided all of their EPP documents. They stated they were unaware their EPP was missing required content. O/ULP-A stated they would try and find a template to use to help create a more complete EPP. They stated they were familiar with Appendix Z and would use it to guide updating their EPP. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 680			
0 780 SS=F	144G.45 Subd. 2 (a) (1) Fire protection and physical environment (a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:	0 780			

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0 780	Continued From page 18 (1) for dwellings or sleeping units, as defined in the State Fire Code: (i) provide smoke alarms in each room used for sleeping purposes; (ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms; (iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics; (iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and (v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated; This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide smoke alarms in bedroom #1. This deficient condition had the ability to affect all staff and 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, 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).	0 780			

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0 780	Continued From page 19 The findings include: On a facility tour on September 12, 2023, between approximately 10:30 a.m. and 11:30 a.m., with the owner/ unlicensed professional (O/ULP)-A, it was observed that bedroom #1 did not have a smoke alarm installed. O/ULP-A stated that she thought it had been removed to install new batteries and hadn't put them back into place, but she did not know where it was at the time of survey. These deficient conditions were visually verified by O/ULP-A accompanying on the tour. TIME PERIOD FOR CORRECTION: Seven (7) days	0 780			
0 800 SS=D	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain the physical environment, including bedroom #4 egress window in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents. This deficient condition had the potential to affect some staff,	0 800			

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0 800	Continued From page 20 one resident, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at 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: On September 12, 2023, from approximately 10:30 a.m. and 11:30 a.m., survey staff toured the facility with the owner/ unlicensed professional (O/ULP)-A. It was observed that an exterior-mounted snow shield was installed over the window well of bedroom #4 so that it was obstructing the egress window from opening completely to allow for egress. It was also observed that the door trim above the door into the garage was missing leaving the vapor barrier, insulation, and structure of the building exposed to the dining room area. It was observed that the wooden deck at the back of the house had two severely warped boards. The most severely warped deck board was located at the edge of the deck adjacent to the lawn. The other warped deck board was located at the inside corner of the house. The deck board located at the edge of the deck was a potential tripping hazard for residents, visitors, and staff. It was observed that a cable had fallen across the yard and was a potential tripping hazard for residents, visitors, and staff. O/ULP-A stated that	0 800			

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0 800	Continued From page 21 she checked with the electric company servicing the house and verified that it was not an electrical cable. She stated that she thought it was the coaxial cable from her cable/internet provider and was in the process of verifying if the company could re-mount it to the side of the house. O/ULP-A visually verified this deficient finding at the time of discovery. TIME PERIOD FOR CORRECTION: Seven (7) days.	0 800			
0 810 SS=F	144G.45 Subd. 2 (b)-(f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) employee actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to	0 810			

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0 810	Continued From page 22 include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill. This MN Requirement is not met as evidenced by: Based on a record review and interview, the licensee failed to develop a fire safety and evacuation plan with the required elements, and failed to conduct required evacuation drills. This had the potential to affect all staff, residents, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). Findings include: A record review and interview were conducted on September 12, 2023, at approximately 1:00 p.m. with the owner/ unlicensed professional (O/ULP)-A on the fire safety and evacuation plan, fire safety and evacuation training, and evacuation drills for the facility. Record review of the available documentation	0 810			

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0 810	Continued From page 23 indicated that the licensee did not have employee actions to be taken in the event of a fire or similar emergency. The facility plan indicated to use RACE acronym but was very vague and did not provide complete actions for employees to take in the event of a fire or similar emergency. During interview, LALD-A verified that the fire safety and evacuation plan for the facility lacked these provisions. Record review of the available documentation indicated that the licensee did not have fire protection procedures necessary for residents included in the fire safety and evacuation plan. During interview, LALD-A verified that the fire safety and evacuation plan for the facility lacked these provisions. Record review of the available documentation indicated that the fire safety and evacuation plan did not include 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. The facility plan did include some provisions for the relocation of residents but did not specify how to move or evacuate residents or identify the unique and unusual needs of the residents. During interview, LALD-A verified that the fire safety and evacuation plan for the facility lacked these provisions. Record review of the available documentation indicated that the licensee did not conduct evacuation drills twice per year per shift and every other month as required by statute. During interview, LALD-A verified that there were no documented drills for the facility and verified this deficient condition.	0 810			

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0 810	Continued From page 24		0 810		
	TIME PERIOD FOR CORRECTION: Twenty-one (21) days.				
0 820 SS=I	144G.45 Subd. 2 (g) Fire protection and physical environment (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. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to ensure physical facility elements did not constitute a distinct hazard to life. The licensee failed to provide resident bedrooms # 2, and #3 with the minimum window opening meeting the minimum state standard for egress. This affected the occupied resident bedrooms #2 and #3 on the upper floor. 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		0 820	This immediate correction order identified on September 12, 2023, has had the immediacy lifted as of September 12, 2023, by assigning a fire watch for the facility. This was confirmed by the licensee via email and approved by evaluation supervisor.	

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0 820	Continued From page 25 are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: On September 12, 2023, from approximately 10:30 a.m. to 11:30 p.m., survey staff toured the facility with the owner/ unlicensed professional (O/ULP)-A. At approximately 10:35 a.m., survey staff opened the window in occupied resident bedroom #3 on the main floor for measurement. The survey staff measured the clear opening of both windows in the bedroom to be 19 inches in height and 25.5 inches in width. The windows do not meet the minimum requirements for opening height and do not meet the minimum requirements for total openable area. At approximately 10:45 a.m., survey staff opened the window in occupied resident bedroom #2 on the main floor for measurement. Survey staff measured the clear opening of both windows in the bedroom to be 19 inches in height and 25.5 inches in width. The windows do not meet the minimum requirements for opening height and do not meet the minimum requirements for total openable area. Survey staff explained to O/ULP-A that at least one egress window in each bedroom must be provided to meet the minimum state standard for an egress window to be a complying bedroom for resident occupancy. O/ULP-A verbally confirmed the findings. Egress windows in existing sleeping rooms must have a minimum openable width of 20 inches and minimum openable height of 20 inches with no	0 820			

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0 820	Continued From page 26 less than 648 square inches total of openable area (4.5 square feet) for the window. On September 12, 2023, at approximately 12:30 p.m., at the exit interview, survey staff explained to O/ULP-A that an immediate correction order was issued for the above finding. O/ULP-A acknowledged the above finding. No Further information was provided. TIME PERIOD FOR CORRECTION: Immediate.	0 820			
0 930 SS=C	144G.50 Subd. 2 (d-e; 1-4) Contract information (d) The contract must include a description of the facility's complaint resolution process available to residents, including the name and contact information of the person representing the facility who is designated to handle and resolve complaints. (e) The contract must include a clear and conspicuous notice of: (1) the right under section 144G.54 to appeal the termination of an assisted living contract; (2) the facility's policy regarding transfer of residents within the facility, under what circumstances a transfer may occur, and the circumstances under which resident consent is required for a transfer; (3) contact information for the Office of Ombudsman for Long-Term Care, the Ombudsman for Mental Health and Developmental Disabilities, and the Office of Health Facility Complaints; (4) the resident's right to obtain services from an unaffiliated service provider; This MN Requirement is not met as evidenced	0 930			

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0 930	Continued From page 27 by: Based on interview and record review, the licensee failed to execute a written assisted living contract with all required content for two of two residents (R2 and R3). This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: R2 R2's Assisted Living Contract was signed on February 14, 2023. R3 R3's Assisted Living Contract was signed on September 9, 2023. R2 and R3's Assisted Living Contracts lacked the following content: - clear and conspicuous notice of the right under section 144G.54 to appeal the termination of an assisted living contract. On September 13, 2023, at 12:00 p.m., licensed assisted living director/ clinical nurse supervisor (LALD/CNS)-B stated they were not aware the contract did not meet requirements, but they would fix it. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 930			

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0 950 SS=C	144G.50 Subd. 3 Designation of representative (a) Before or at the time of execution of an assisted living contract, an assisted living facility must offer the resident the opportunity to identify a designated representative in writing in the contract and must provide the following verbatim notice on a document separate from the contract: "RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES. You have the right to name anyone as your "Designated Representative." A Designated Representative can assist you, receive certain information and notices about you, including 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." (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. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to offer the opportunity to identify a designated representative for two of two residents (R2 and R3).	0 950			

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0 950	Continued From page 29 This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: R2 R2's Assisted Living Contract was signed on February 14, 2023. R3 R3's Assisted Living Contract was signed on September 9, 2023. R2 and R3's contracts lacked the opportunity to designate a representative and the verbatim "right to designate a representative for certain purposes" notice. On September 13, 2023, at 12:00 p.m., licensed assisted living director/ clinical nurse supervisor (LALD/CNS)-B stated they were not aware the contract did not meet requirements. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 950			
0 970 SS=C	144G.50 Subd. 5 Waivers of liability prohibited The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or	0 970			

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0 970	Continued From page 30 should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract did not include language waiving the facility's liability for health, safety, or personal property of a resident for two of two residents (R2 and R3). This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: R2 R2 was admitted to the licensee and began receiving assisted living services on February 14, 2023. R3 R3 was admitted to the licensee and began receiving assisted living services on September 9, 2023. R2 and R3's Assisted Living Contracts, included on page twelve, a section titled Miscellaneous Provisions. Part one of this section indicated the resident shall maintain health, property, liability, and other insurance coverages. In addition, it	0 970			

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0 970	Continued From page 31 indicated licensee would not be liable for any personal injury or property damage suffered by the resident, resident's agents, guests, or invitees. On page thirteen, section one indicated the resident would be liable for damage, repairs, loss of income, and any other loss related to property damage leaving the room uninhabitable. On page fourteen, there was a section titled Indemnification that also addressed liability. This section indicated the resident agreed to be liable and responsible for all referenced obligations, monetary, and otherwise. On September 13, 2023, at 12:00 p.m., licensed assisted living director/ clinical nurse supervisor (LALD/CNS)-B stated they were not aware the contract did not meet requirements. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 970			
01060 SS=F	144G.52 Subd. 9 Emergency relocation (a) A facility may remove a resident from the facility in an emergency if necessary due to a resident's urgent medical needs or an imminent risk the resident poses to the health or safety of another facility resident or facility staff member. An emergency relocation is not a termination. (b) In the event of an emergency relocation, the facility must provide a written notice that contains, at a minimum: (1) the reason for the relocation; (2) the name and contact information for the location to which the resident has been relocated and any new service provider; (3) contact information for the Office of	01060			

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01060	Continued From page 32 Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities; (4) if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and (5) a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal. (c) The notice required under paragraph (b) must be delivered as soon as practicable to: (1) the resident, legal representative, and designated representative; (2) for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the resident's case manager; and (3) the Office of Ombudsman for Long-Term Care if the resident has been relocated and has not returned to the facility within four days. (d) Following an emergency relocation, a facility's refusal to provide housing or services constitutes a termination and triggers the termination process in this section.currently known; and This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide a written notice with required content for an emergency relocation and failed to notify the Office of Ombudsman for Long-Term Care (OOLTC) of the emergency relocation for one of two residents (R2). This practice resulted in a level two violation (a violation that did not harm a resident's health or	01060			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39101	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/13/2023
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01060	Continued From page 33 safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: R2 was admitted to the licensee on February 14, 2023, and began receiving assisted living services. R2's Service Plan - Addendum to Contract signed June 21, 2023, indicated R2 received assistance with dressing, grooming, bathing, toileting, incontinence care, transfers, housekeeping, laundry, meals, and medication administration. R2's Notes from Hennepin County Medical Center, dated April 19, 2023, indicated R2 was inpatient at Hennepin County Medical Center beginning on April 14, 2023, with a discharge date of April 19, 2023. R2's Clinical Update Assessment, dated April 19, 2023, indicated R2 had returned to licensee on April 19, 2023, following an inpatient stay at Hennepin County Medical Center. R2's record lacked a written notice delivered to the resident or designated representative that contained, at a minimum: - the reason for the relocation; - the name and contact information for the location to which the resident has been relocated and any new service provider; - contact information for OOLTC; - if known and applicable, the approximate date	01060			

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01060	Continued From page 34 or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and - a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal. In addition, R2's record lacked notification to OOLTC when R2 did not return to the facility within four days. On September 12, 2023, at 12:00 p.m., clinical nurse supervisor/ licensed assisted living director (CNS/ LALD)-B and owner/ unlicensed personnel (O/ULP)-A stated R2's record lacked a written emergency relocation notice. CNS-B and O/ULP-A stated they were both unaware of the required emergency relocation process and ombudsman notification. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01060			
01530 SS=D	144G.64 TRAINING IN DEMENTIA CARE REQUIRED (a) All assisted living facilities must meet the following training requirements: (1) supervisors of direct-care staff must have at least eight hours of initial training on topics specified under paragraph (b) within 120 working hours of the employment start date, and must have at least two hours of training on topics related to dementia care for each 12 months of	01530			

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01530	Continued From page 35 employment thereafter; (2) direct-care employees must have completed at least eight hours of initial training on topics specified under paragraph (b) within 160 working hours of the employment start date. Until this initial training is complete, an employee must not provide direct care unless there is another employee on site who has completed the initial eight hours of training on topics related to dementia care and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for consultation with the new employee until the training requirement is complete. Direct-care employees must have at least two hours of training on topics related to dementia for each 12 months of employment thereafter; This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to provide a nurse supervisor with eight hours of required annual dementia care training within 120 hours of their start date for one of two supervisors of direct care staff (licensed assisted living director/clinical nurse supervisor (LALD/CNS)-B). 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 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:	01530			

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01530	Continued From page 36 LALD/CNS-B was hired by the licensee on June 28, 2022, to provide supervision of direct care staff, provide direct cares and assessments for residents. LALD/CNS-B was observed on September 11-13, 2023, proving direct cares a to residents and supervision to unlicensed personnel (ULP). LALD/CNS-B's employee record included 11 Educare (online training platform) Certificates of Completion which indicated 4.75 hours of dementia care training were completed between January 25-31, 2023. On September 12, 2023, at 1:15 p.m., LALD/CNS-B stated they thought they had completed the required eight hours of dementia care training. They stated the Educare Certificates of Completion were the only training documents they had to provide. The licensee's 5.03 Dementia Training policy dated September 1, 2022, indicated, "Supervisors of direct care staff will complete eight (8) hours of initial training within 120 hours of the employment start date." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01530			
01610 SS=D	144G.70 Subd. 2 (a-b) Initial reviews, assessments, and monitoring (a) Residents who are not receiving any assisted living services shall not be required to undergo an initial nursing assessment. (b) An assisted living facility shall conduct a	01610			

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01610	Continued From page 37 nursing assessment by a registered nurse of the physical and cognitive needs of the prospective resident and propose a temporary service plan prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. If necessitated by either the geographic distance between the prospective resident and the facility, or urgent or unexpected circumstances, the assessment may be conducted using telecommunication methods based on practice standards that meet the resident's needs and reflect person-centered planning and care delivery. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to a conduct a nursing assessment by a registered nurse (RN) of the physical and cognitive needs for one of two residents (R2) on or before the admission date. 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: R2 admitted for assisted living services on February 13, 2022. R2's diagnosis included congestive heart failure, Alzheimer's Disease, severe aortic stenosis,	01610			

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01610	Continued From page 38 persistent atrial fibrillation, bilateral lower extremity edema. R2's Service Plan - Addendum to Contract signed June 21, 2023, indicated R2 received assistance with dressing, grooming, bathing, toileting, incontinence care, transfers, housekeeping, laundry, meals, and medication administration. R2's record included a comprehensive assessment dated February 14, 2023, one day after admission. On September 11, 2023, at approximately 11:00 a.m., the surveyor requested to review all of R2's completed assessments. The earliest assessment provided was completed on February 14, 2023. Owner/ unlicensed personnel (O/ULP)-A confirmed all assessments had been provided. On September 11, 2023, at 10:30 a.m., licensed assisted living director/ clinical nurse supervisor (LALD/CNS)- B stated admission assessments are done the day the resident moves in. On September 12, 2023, at 12:25 p.m., LALD/CNS-B verified R2's admission assessment was completed after date of admission. The licensee's Assessments, Reviews, and Monitoring policy dated January 1, 2023, indicated an initial RN assessment would be completed prior to the date on which the prospective resident executes a contract or on the date on which the prospective resident moves in, whichever is earlier. No further information was provided.	01610			

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01610	Continued From page 39	01610			
01760 SS=D	144G.71 Subd. 8 Documentation of administration of medication Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure medications were administered as prescribed for one of two residents (R2). 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).	01760			

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01760	Continued From page 40 The findings include: R2's diagnoses included congestive heart failure, Alzheimer's Disease, severe aortic stenosis, persistent atrial fibrillation, and bilateral lower extremity edema. R2's Service Plan - Addendum to Contract signed June 21, 2023, indicated R2 received daily monitoring of blood pressure, oxygen saturation, temperature, and weights, assistance with medication administration, and behavior management. R2's Provider Contact form, dated July 13, 2023, indicated a new signed physician order to hold metoprolol if blood pressure was less than 95 systolic (the top number of blood pressure result) or less than 50 diastolic (the bottom number of blood pressure result). In addition, active medications listed included metoprolol succinate extended release, one 25 milligram (mg) tablet daily. The Medication Administration Record (MAR), dated August 1 to 31 and September 1 to 12, 2023, indicated metoprolol succinate extended-release tablet 25 mg- take one tablet by mouth daily, but lacked any additional special instructions. The Service Recap Summary, dated August 1 to 31, 2023, indicated record blood pressure daily, but lacked any additional special instructions. On September 12, 2023, at 10:00 a.m., the surveyor observed unlicensed personnel (ULP)-C prepare and administer R2's morning medications including metoprolol succinate 25 mg.	01760			

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01760	Continued From page 41 On September 12, 2023, at 10:20 a.m., ULP-C stated they had checked R2's blood pressure earlier that morning and did not recall the blood pressure reading but stated it was above the hold parameters. On September 12, 2023, at 12:25 p.m., licensee provided blood pressure history of daily readings from July and August. The blood pressure reading for August 13, 2023, was 90/62. However, staff initials on the medication administration record (MAR), dated August 1 to 31, indicated metoprolol 25 mg was administered on August 13, 2023. R2's record lacked physician notification, family notification, and medical follow-up after occurrence of medication error. On September 12, 2023, at 1:00 p.m., clinical nurse supervisor/ licensed assisted living director (CNS/LALD)- B, stated the metoprolol should not have been administered when the systolic blood pressure reading was less than 95. CNS/LALD-B agreed checking blood pressure readings was part of monitoring medication compliance. CNS/LALD-B stated they were unaware the medication error had occurred. The licensee's Medication Management-Administration and Setup policy, dated September 1, 2022, indicated ULP will verify medication name, dosage, date, time, purpose, and special instructions in the MAR before administration. In addition, the licensed nurse will observe and monitor the past week's medication administration documentation and compliance. No further information was provided.	01760			

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01760	Continued From page 42	01760			
	TIME PERIOD FOR CORRECTION: Seven (7) days				
01820 SS=D	144G.71 Subd. 13 Prescriptions There must be a current written or electronically recorded prescription as defined in section 151.01, subdivision 16a, for all prescribed medications that the assisted living facility is managing for the resident. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to obtain a current written or electronically recorded prescription for all prescribed medications prior to initiating medication administration for one of two residents (R3). 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: R3 was admitted on September 10, 2023. R3's Resident Profile, dated September 12, 2023, listed diagnosis that included schizophrenia and hypertension.	01820			

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01820	Continued From page 43 R3's unsigned service plan dated September 12, 2023, indicated R3's services included medication administration and behavior management. R3's medication administration record (MAR), dated September 10 to 12, 2023, indicated R3 received the following medications: - amlodipine 5 milligrams (mg), one tablet by mouth once daily; - lisinopril 10 mg, one tablet by mouth twice daily; and - quetiapine fumarate 25 mg, one-half tablet by mouth at bedtime. On September 11, 2023, staff had initialed the MAR, indicating amlodipine and lisinopril were administered at 8:00 a.m. R3's record lacked physician orders. On September 11, 2023, at 2:20 p.m., while evaluating the medication storage area, the surveyor observed three medication bottles labeled for R3. The bottles included: - amlodipine 5 mg tablets; - lisinopril 10 mg, tablets; and - quetiapine fumarate 25 mg tablets. On September 11, 2023, at 2:20 p.m., owner/ unlicensed personnel (O/ULP)-A stated staff had administered R3's medications from the prescription label instructions the morning of September 11, 2023, because they did not have any other orders for R3 yet. O/ULP-A stated R3 had a physician appointment scheduled within the next couple of weeks and they planned to get orders at that time. On September 12, 2023, at 11:08 a.m., O/ULP-A and clinical nurse supervisor/ licensed assisted	01820			

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01820	Continued From page 44 living director (CNS/LALD)-B, stated a physician appointment had been scheduled later this week to obtain orders for R3's medications. CNS/LALD-B stated staff should not administer medications without an order and a plan was now in place for family to administer medications until orders were obtained. The licensee's Medication and Treatment Orders policy, dated September 1, 2022, indicated a current, written prescriber's prescription must be obtained for any medication administration provided to a resident. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01820			
01880 SS=D	144G.71 Subd. 19 Storage of medications An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to maintain storage of all medications in a securely locked location for one of two residents (R2). 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	01880			

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01880	Continued From page 45 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: R2 was admitted for assisted living services on February 13, 2023. R2's Service Plan Agreement signed June 21, 2023, indicated R2 received assistance with medication management. R2's Medication Management Assessment dated June 26, 2023, indicated R2 required assistance with medication administration and R2's medications were kept in a locked medication cabinet. On September 12, 2023, at 10:00 a.m., the surveyor observed unlicensed personnel (ULP)-C remove R2's medication bin from the medication storage file cabinet. ULP-C brought R2's medications to the kitchen and set the medication bin on the kitchen counter. ULP-C prepared R2's morning medications for administration by putting the scheduled medications in a medication cup. ULP-C brought the medication cup to R2's bedroom, which was out of sight from the kitchen. ULP-C left R2's medication bin which contained all of R2's medication cards and bottles unattended in the kitchen. Upon entering R2's bedroom, ULP-C set the medication cup down on the table in front of R2. ULP-C left the room, the surveyor stepped out into the hallway, ULP-C returned to R2's room, picked up the medication cup and left the room. ULP-C returned immediately with the medication cup and one bottle of water for R2 to take medications with.	01880			

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NAME OF PROVIDER OR SUPPLIER NEW DREAM HOME SERVICES			STREET ADDRESS, CITY, STATE, ZIP CODE 7816 REGENT AVENUE NORTH BROOKLYN PARK, MN 55445		
(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
01880	Continued From page 46 ULP-C then administered the medications to R2. On September 12, 2023, at 10:15 a.m., the surveyor observed licensed assisted living director/ clinical nurse supervisor (LALD/CNS)-B carry R2's medication bin from the kitchen to the medication cabinet in the living room closet. On September 12, 2023, at 11:08 a.m., LALD/CNS-B stated the ULPs should keep medications at the storage area when setting them up or return the medications immediately to the storage area. Medications should not be out of the ULPs sight during the medication administration process. The licensee's policy Medication Storage, dated September 1, 2022, indicated the medications managed by licensee would be kept securely locked. In addition, the stored medications would only be accessible to authorized staff. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01880			

Type: Full
Date: 09/11/23
Time: 15:27:40
Report: 1021231272

Food and Beverage Establishment Inspection Report

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Location:

New Dream Home Services LLC
7816 Regent Ave N
Brooklyn Park, MN55443
Hennepin County, 27

Establishment Info:

ID #: N039101
Risk:
Announced Inspection: Yes

License Categories:

Expires on: / /

Operator:

Phone #:
ID #:

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

The following orders were issued during this inspection.

7-200 Toxic Supplies and Applications

7-204.11

**** Priority 1 ****

MN Rule 4626.1620 Discontinue using chemical sanitizers, including chemical sanitizing solutions generated on site and other chemical antimicrobials on food-contact surfaces that do not meet the requirements specified in 40 CFR part 180, section 180.940, or part 180, subpart E, section 180.2020.

THE BLEACH FOUND ON-SITE IS SPLASH-LESS AND IT IS ONLY FOR LAUNDRY AND BATHROOM USE. THE LABEL DOES NOT MENTION THAT IT CAN BE USED FOR FOOD CONTACT SURFACES. DISCUSSED WITH STAFF THE APPROVED SANITIZING SOLUTIONS. STAFF WILL GET APPROVED SANITIZER.

Comply By: 09/12/23

3-500C Microbial Control: date marking

3-501.17B

**** Priority 2 ****

MN Rule 4626.0400B Mark the refrigerated, ready-to-eat, TCS food prepared and packaged in a processing plant and opened and held for more than 24 hours in the food establishment using an effective method to indicate the date by which the food must be consumed on the premises, sold, or discarded. The date must not exceed the manufacturer's use-by-date.

AN OPEN GALLON OF MILK IN THE WHIRLPOOL REFRIGERATOR WAS FOUND WITHOUT A DATE MARK. PER CONVERSATION WITH STAFF, THE MILK WAS OPENED ON FRIDAY, 9/8/23. DISCUSSED DATE MARKING AND STAFF WILL DATE MARK GALLON OF MILK.

Comply By: 09/11/23

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4-300 Equipment Numbers and Capacities

4-302.12A ** Priority 2 **

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

ESTABLISHMENT HAS A DIAL THERMOMETER ON-SITE. PROVIDE A DIGITAL THERMOMETER WITH A SMALL DIAMETER PROBE AS DESCRIBED IN RULE ABOVE.

Comply By: 09/18/23

4-300 Equipment Numbers and Capacities

4-302.13B ** Priority 2 **

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

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

Comply By: 09/18/23

4-300 Equipment Numbers and Capacities

4-302.14 ** Priority 2 **

MN Rule 4626.0715 Provide an appropriate test kit to accurately measure sanitizing solutions.

NO TEST KIT ON-SITE TO MEASURE THE CONCENTRATION OF SANITIZER. PROVIDE A TEST KIT FOR APPROPRIATE SANITIZER. INFORMATION ABOUT FOOD CONTACT SURFACE SANITIZERS AND TEST KITS SENT WITH REPORT.

Comply By: 09/15/23

2-100 Supervision

2-102.12AMN

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

NO CERTIFIED FOOD PROTECTION MANAGER (CFPM) EMPLOYED AT THIS ESTABLISHMENT. CANDANCE WRIGHT HAS AN APPROVED SAFETY CERTIFICATE ON-SITE BUT NOT A CFPM CERTIFICATE. INFORMATION ON HOW TO OBTAIN CFPM CERTIFICATE SENT WITH REPORT.

Comply By: 09/25/23

6-300 Physical Facility Numbers and Capacities

6-301.14A

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

BOTH BATHROOMS IN ESTABLISHMENT ARE MISSING HANDWASHING SIGNS THAT REMIND FOOD EMPLOYEES TO WASH HANDS BEFORE RETURNING TO WORK. PROVIDE AS DESCRIBED IN RULE ABOVE.

Comply By: 09/13/23

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Process/Item: Cold Holding
Temperature: 40 Degrees Fahrenheit - Location: MILK - WHIRLPOOL REFRIGERATOR
Violation Issued: No

Process/Item: Cold Holding
Temperature: 39 Degrees Fahrenheit - Location: TURKEY BACON - WHIRLPOOL REFRIGERATOR
Violation Issued: No

Process/Item: Ambient Temperature
Temperature: 39 Degrees Fahrenheit - Location: WHIRLPOOL REFRIGERATOR
Violation Issued: No

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

ALL FINDINGS ON THIS REPORT WERE DISCUSSED WITH OWNER, THERESA RICE, RN/ALD, CHRISHUNA WRIGHT AND HEALTH REGULATION DIVISION NURSE EVALUATORS, PEGGY ANDERSON AND JOEY KEEN.

THIS FACILITY IS A RESIDENTIAL HOME AND THEY CURRENTLY HAVE 2 CLIENTS AND THE FACILITY CAN HAVE UP TO 4 CLIENTS.

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

THE KITCHEN HAS RESIDENTIAL EQUIPMENT, LAMINATE FLOORING AND POPCORN CEILING. EQUIPMENT AND PHYSICAL FACILITIES WILL BE MONITORED AT FUTURE INSPECTIONS.

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

I acknowledge receipt of the Minnesota Department of Health inspection report number 1021231272 of 09/11/23.

Certified Food Protection Manager: _____

Certification Number: _____ Expires: ____ / ____ / ____

Inspection report reviewed with person in charge and emailed.

Signed: _____

THERESA RICE
OWNER

Signed: _____

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