



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

## NOTICE OF REMOVAL OF CONDITIONAL LICENSE

Electronic Delivery

December 11, 2024

Licensee

Healing Home Services LLC  
1073 26th Avenue Southeast  
Minneapolis, MN 55414

RE: License Number 417827  
Health Facility Identification Number (HFID) 36747  
Project Number(s) SL36747015

Dear Licensee:

On November 13, 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 July 18, 2024. The follow-up survey found the facility to be in substantial compliance. Based on these findings, the condition(s) on the license were removed effective December 11, 2024.

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

Furthermore, the follow-up survey determined your facility had not corrected all of the state correction orders issued pursuant to the July 18, 2024, initial survey.

In accordance with Minn. Stat. § 144G.31, Subd. 4 (a), state correction orders issued pursuant to the last survey completed on July 8, 2024, found not corrected at the time of the follow-up survey follow-up survey and/or subject to a penalty assessment are as follows:

**1640-Service Plan, Implementation And Revisions To-144g.70 Subd. 4 (a-E) - \$500.00**

**1650-Service Plan, Implementation And Revisions To-144g.70 Subd. 4 (f) - \$500.00**

**1760-Documentation Of Administration Of Medication-144g.71 Subd. 8 - \$500.00**

The details of the violations noted at the time of this follow-up survey completed on November 13, 2024, (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 \$1,500.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

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

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

The correction order documentation should include the following:

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

#### **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 MDH within 15 calendar days of the correction order receipt date.

To submit a reconsideration request, please visit:

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

#### **REQUESTING A HEARING**

Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the Department of Health within 15 business days of the correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor.



Healing Home Services LLC

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To submit a hearing request, please visit:

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

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

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". The signature is written in a cursive, flowing style.

Rick Michals, J.D.

**Executive Regional Operations Manager**

**Minnesota Department of Health  
Health Regulation Division**

HHH



Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>36747</b>                             | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>11/13/2024</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>HEALING HOME SERVICES LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1073 26TH AVENUE SOUTH EAST<br/>MINNEAPOLIS, MN 55414</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                    |
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| {0 000}                                                              | <p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING<br/>CORRECTION ORDER</p> <p>In accordance with Minnesota Statutes, section<br/>144G.08 to 144G.95 this correction order(s) has<br/>been issued pursuant to a survey.<br/>Determination of whether a violation has been<br/>corrected requires compliance with all<br/>requirements provided at the Statute number<br/>indicated below. When Minnesota Statute<br/>contains several items, failure to comply with any<br/>of the items will be considered lack of<br/>compliance.<br/>INITIAL COMMENTS:<br/>SL36747015-1</p> <p>On November 12, 2024, through November 13,<br/>2024, the Minnesota Department of Health<br/>conducted a follow-up survey at the above<br/>provider to follow-up on orders issued pursuant to<br/>a survey completed on July 18, 2024. At the time<br/>of the survey, there were three (3) residents;<br/>receiving services under the Assisted Living<br/>license. As a result of the follow-up survey, the<br/>following orders were reissued.</p> | {0 000}                                                                                               | <p>Minnesota Department of Health is<br/>documenting the State Correction Orders<br/>using federal software. Tag numbers have<br/>been assigned to Minnesota State<br/>Statutes for Assisted Living Facilities. The<br/>assigned tag number appears in the<br/>far-left column entitled "ID Prefix Tag." The<br/>state Statute number and the<br/>corresponding text of the state Statute out<br/>of compliance is listed in the "Summary<br/>Statement of Deficiencies" column. This<br/>column also includes the findings which<br/>are in violation of the state requirement<br/>after the statement, "This Minnesota<br/>requirement is not met as evidenced by."<br/>Following the evaluators ' findings is the<br/>Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF<br/>THE FOURTH COLUMN WHICH<br/>STATES,"PROVIDER'S PLAN OF<br/>CORRECTION." THIS APPLIES TO<br/>FEDERAL DEFICIENCIES ONLY. THIS<br/>WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO<br/>SUBMIT A PLAN OF CORRECTION FOR<br/>VIOLATIONS OF MINNESOTA STATE<br/>STATUTES.</p> <p>THE LETTER IN THE LEFT COLUMN IS<br/>USED FOR TRACKING PURPOSES AND<br/>REFLECTS THE SCOPE AND LEVEL<br/>ISSUED PURSUANT TO 144G.31<br/>SUBDIVISION 1-3.</p> |  |                                                                    |
| {0 480}<br>SS=F                                                      | 144G.41 Subd 1 (13) (i) (B) Minimum<br>requirements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | {0 480}                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                    |

Minnesota Department of Health

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

TITLE

(X6) DATE



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>HEALING HOME SERVICES LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1073 26TH AVENUE SOUTH EAST<br/>MINNEAPOLIS, MN 55414</b>                    |                          |                                                                 |
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| {0 480}                                                              | Continued From page 1<br><br>(13) offer to provide or make available at least the following services to residents:<br>(B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and<br><br>This MN Requirement is not met as evidenced by:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | {0 480}                                                                | Not reviewed during this survey.                                                                                         |                          |                                                                 |
| {01640}<br>SS=F                                                      | <b>144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to</b><br><br>(a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan.<br>(b) The service plan and any revisions must include a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities.<br>(c) The facility must implement and provide all services required by the current service plan.<br>(d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable.<br>(e) Staff providing services must be informed of the current written service plan.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the | {01640}                                                                |                                                                                                                          |                          |                                                                 |



Minnesota Department of Health

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| {01640}                                                              | <p>Continued From page 2</p> <p>licensee failed to obtain and maintain a service plan with a signature or other authentication for agreement of services for three of three residents (R2, R4, and R5).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>R2, R4, and R5's records all lacked a signed or authenticated service plan to document agreement of services to be provided.</p> <p>On November 11, 2024, at 11:40 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated licensee had implemented a new electronic health record (EHR) for all residents. The EHR was to develop each resident's service plan and to be printed and signed by each resident. LALD/CNS-A stated licensee had not printed or obtained any signatures from any of the three residents who resided at the licensee's facility. LALD/CNS-A stated licensee was working with their consultant on EHR use but was still learning how the new EHR operated and did not complete the required steps to print and obtain authentication on any resident service plans.</p> <p>The licensee's Service Plan policy dated February 24, 2022, indicated resident service plans would be signed to indicate agreement of services to be</p> | {01640}                                                                |                                                                                                                          |  |                                                                 |



Minnesota Department of Health

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| {01640}                                                              | Continued From page 3<br><br>provided.<br><br>No further information was provided.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | {01640}                                                                |                                                                                                                          |  |                                                                 |
| {01650}<br>SS=F                                                      | <b>144G.70 Subd. 4 (f) Service plan, implementation and revisions to</b><br><br>(f) The service plan must include:<br>(1) a description of the services to be provided, the fees for services, and the frequency of each service, according to the resident's current assessment and resident preferences;<br>(2) the identification of staff or categories of staff who will provide the services;<br>(3) the schedule and methods of monitoring assessments of the resident;<br>(4) the schedule and methods of monitoring staff providing services; and<br>(5) a contingency plan that includes:<br>(i) the action to be taken if the scheduled service cannot be provided;<br>(ii) information and a method to contact the facility;<br>(iii) the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency; and<br>(iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the | {01650}                                                                |                                                                                                                          |  |                                                                 |



Minnesota Department of Health

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| {01650}                                                              | <p>Continued From page 4</p> <p>licensee failed to ensure the service plan included all required content for three of three residents (R2, R4, and R5).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>R2, R4, and R5's Service Plan - Modification all with effective date November 12, 2024, lacked the following required content:</p> <ul style="list-style-type: none"><li>- schedule and methods of monitoring assessments of the resident;</li><li>- the schedule and methods of monitoring staff providing services; and</li><li>- a contingency plan.</li></ul> <p>On November 11, 2024, at 11:40 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated licensee had implemented a new electronic health record (EHR) for all residents. The EHR was to develop each resident's service plan with all required content. LALD/CNS-A stated licensee was working with their consultant on EHR use but was still learning how the new EHR operated and did develop any service plans with all the required content.</p> <p>The licensee's Service Plan policy dated February 24, 2022, indicated resident service plans would include the missing content as identified above.</p> | {01650}                                                                |                                                                                                                          |  |                                                                 |



Minnesota Department of Health

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| {01650}                                                              | Continued From page 5<br><br>No further information was provided.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | {01650}                                                                |                                                                                                                          |  |                                                                 |
| {01760}<br>SS=F                                                      | <b>144G.71 Subd. 8 Documentation of<br/>administration of medication</b><br><br>Each medication administered by the assisted<br>living facility staff must be documented in the<br>resident's record. The documentation must<br>include the signature and title of the person who<br>administered the medication. The documentation<br>must include the medication name, dosage, date<br>and time administered, and method and route of<br>administration. The staff must document the<br>reason why medication administration was not<br>completed as prescribed and document any<br>follow-up procedures that were provided to meet<br>the resident's needs when medication was not<br>administered as prescribed and in compliance<br>with the resident's medication management plan.<br><br>This MN Requirement is not met as evidenced<br>by:<br>Based on interview and record review, the<br>licensee failed to ensure medication<br>administration was documented accurately; failed<br>to ensure the Medication Admin Summary (MAS)<br>contained documentation of the reason and<br>follow-up when medication was not administered<br>as prescribed for three of three residents (R2, R4,<br>and R5).<br><br>This practice resulted in a level two violation (a<br>violation that did not harm a resident's health or<br>safety but had the potential to have harmed a<br>resident's health or safety, but was not likely to<br>cause serious injury, impairment, or death), and<br>was issued at a widespread scope (when<br>problems are pervasive or represent a systemic<br>failure that has affected or has potential to affect | {01760}                                                                |                                                                                                                          |  |                                                                 |



Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>36747</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                    |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>11/13/2024</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>HEALING HOME SERVICES LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                           | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1073 26TH AVENUE SOUTH EAST<br/>MINNEAPOLIS, MN 55414</b>                    |  |                                                                    |
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| {01760}                                                              | <p>Continued From page 6</p> <p>a large portion or all of the residents).</p> <p>The findings include:</p> <p><b>R2</b><br/>R2 was admitted to the licensee and began receiving assisted living services on June 12, 2023.</p> <p>R2's diagnoses included diabetes, schizophrenia, and benign prostatic hyperplasia.</p> <p>R2's MAS dated November 2024, indicated R2 received no medication administration at multiple different times on the following dates:</p> <ul style="list-style-type: none"><li>- November 1 through November 6, at 10:00 a.m.;</li><li>- November 5, at 9:00 a.m.;</li><li>- November 1, 2, 4, 6-11, at 2:00 p.m.;</li><li>- November 1-5, 8, at 3:00 p.m.;</li><li>- November 1-4, 6-11, at 9:00 p.m. and;</li><li>- November 1-5 at 10:00 p.m.</li></ul> <p><b>R4</b><br/>R4 was admitted to the licensee and began receiving assisted living services on February 6, 2023.</p> <p>R4's diagnoses included history of cerebrovascular accident (CVA), hemiplegia affecting non-dominant side, major depressive disorder, hypertension, chronic hepatitis C, and polysubstance abuse.</p> <p>R4's MAS dated November 2024, indicated R4 received no medication administration at multiple different times on the following dates:</p> <ul style="list-style-type: none"><li>- November 1, 8, 9, at 9:00 a.m. and;</li><li>- November 1-4, at 9:00 p.m.</li></ul> <p>Additionally, R4's MAS dated November 2024,</p> | {01760}                                                                   |                                                                                                                          |  |                                                                    |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>HEALING HOME SERVICES LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1073 26TH AVENUE SOUTH EAST<br/>MINNEAPOLIS, MN 55414</b>                    |  |                                                                 |
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| {01760}                                                              | <p>Continued From page 7</p> <p>indicated with red colored circles, R4 had declined to take their prescribed medications, but no follow up or documentation on actions taken after R4 declined the medications were included in R4's record.</p> <p>R5<br/>R5 was admitted to the licensee and began receiving assisted living services on November 9, 2022.</p> <p>R5's diagnoses included depression, mood disorder, traumatic brain injury, seizures, and hydrocephalus.</p> <p>R5's MAS dated November 2024, indicated R5 received no medication administration on the following dates:<br/>- November 1-5, at 9:00 p.m.<br/>Additionally, R5's MAS dated November 2024, indicated with red colored circles, R5 had declined or was not available to take their prescribed medications, but no follow up or documentation on actions taken after R5 declined or missed the medications were included in R5's record.</p> <p>On November 12, 2024, at 11:50 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-A stated no residents had missed any medications administration as LALD/CNS-A audited medications. LALD/CNS-A stated staff were still learning the newly implemented electronic health record (EHR) and had incorrectly documented on the resident charts. LALD/CNS-A stated all staff were trained to call LALD/CNS-A if a resident declined or missed any dose of medication and further education would need to be provided to all staff to ensure accurate documentation of medications administration.</p> | {01760}                                                                |                                                                                                                          |  |                                                                 |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>HEALING HOME SERVICES LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                           | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1073 26TH AVENUE SOUTH EAST<br/>MINNEAPOLIS, MN 55414</b>                    |  |                                                                    |
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| {01760}                                                              | <p>Continued From page 8</p> <p>The licensee's Medication Documentation policy dated February 24, 2022, indicated each medication administration would be accurately documented and if administration was not completed, staff would document why, a follow up, notification to the registered nurse, and medication error report if applicable.</p> <p>No further information was provided.</p> | {01760}                                                                   |                                                                                                                          |  |                                                                    |





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

## NOTICE OF CONDITIONAL LICENSE

Electronically Delivered

August 29, 2024

Licensee

Healing Home Services LLC

1073 26th Avenue South East

Minneapolis, MN 55414

RE: Conditional License Number 413850  
Health Facility Identification Number (HFID) 36747  
Project Number(s) SL36747015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on July 18, 2024, 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.20, MDH is issuing a 90-day conditional license due to expire on **November 27, 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 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 license at this time.**

**St - 0 - 1290 - 144g.60 Subdivision 1 - Background Studies Required - \$3,000.00**

#### **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 and immediately correct any reissued orders 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.

To submit a reconsideration request, please visit:

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

#### **CONDITIONAL LICENSE ISSUED:**

MDH will issue Healing Home Services LLC a conditional 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 Healing Home Services LLC is in substantial compliance.



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

- a. **No new substantiated maltreatment allegations:** If any new investigations begin in the conditional license period, and the allegations are substantiated, MDH may pursue additional enforcement actions up to and including immediate temporary suspension and revocation of the license.
- b. **No new admissions:** Healing Home Services LLC will not admit any new residents under its conditional assisted living facility license until MDH removes the “no new admissions” condition. Healing Home Services LLC must provide the Department:
  - i. A list of the names and birthdates of any individuals Healing Home Services LLC is currently in the process of admitting. These individuals will be able to continue the admittance process.
  - ii. A list of all current residents by location including:
    - 1. Name and birthdate of each resident
    - 2. Physical location of each resident
    - 3. Current payment source for services
    - 4. If Elderly Waiver, the name and contact information of the care coordinator/case manager
    - 5. If the resident is not able to make informed decisions, the name of their representative and how to contact the representative
- c. **Consultant:** Healing Home Services LLC will contract with an RN to provide consultation concerning all resident(s) to whom Healing Home Services LLC provides licensed assisted living services under the conditional license. The consultant must have access to all resident(s) receiving services from Healing Home Services LLC. The consultant will conduct initial and ongoing evaluations of the provider. Direct resident observation may be required based on the consultant’s judgement or at the discretion of MDH. The RN must not have any affiliation with Healing Home Services LLC and MDH must review the RN’s credentials and approve the selection. Healing Home Services LLC is responsible for the expense of the contract with the RN. The main purpose of the consultant is to provide guidance to Healing Home Services LLC in an effort to help Healing Home Services LLC align their practices with the requirements of Minn. Stat. §§ 144G.01 – 144G.9999 and to provide oral and written reports to MDH noting progress toward substantial compliance and/or concerns about observations. Healing Home Services LLC will develop and implement policies, procedures, and processes specific to the offered services in accordance with the guidance provided by the consultant to ensure ongoing monitoring and substantial compliance with statutory requirements.
- d. **Reports:** The RN consultant will provide MDH with regular reports at intervals specified by MDH. Reports will begin on a weekly basis until MDH notifies Healing Home Services LLC and the RN consultant about a change. Each report will be electronically submitted to Casey DeVries, Surveyor Supervisor, State Evaluation Team, Health Regulation Division, at Casey.DeVries@state.mn.us. Casey DeVries can be reached at 651-201-5917 (office) with questions about reports. The content of the reports will include



information such as:

- i. Progress towards correction of orders;
  - ii. Observations of staff delivering assisted living services and the level of competency observed;
  - iii. Conversations with residents and family members about satisfaction with assisted living services;
  - iv. Conversations with staff about their level of knowledge about the tasks they perform, the people they serve and the health professionals who delegate to them;
  - v. Overall impressions about the quality of the assisted living services delivered;
  - vi. Overall impressions about the dignity with which the residents and their family members are treated;
  - vii. Concerns; and
  - viii. Any other information requested by the Department or considered important by the RN consultant(s).
- e. Monitoring visits:** MDH may make unannounced monitoring visits to assess the progress of Healing Home Services LLC to correct the violations cited during the survey as well as to determine the overall practice of Healing Home Services LLC in meeting the needs of the people it serves. In addition, the Office of Ombudsman for Long-Term Care (OOLTC) may also make unannounced monitoring visits to determine the level of satisfaction of those people who receive licensed assisted living services. The OOLTC will share their findings with MDH.
- f. Follow-up survey:** At the time of the follow-up survey, MDH may pursue additional enforcement actions, up to and including immediate temporary suspension or revocation of the license if MDH identifies any level 3 or 4 violations or widespread care related violations.
- g. Corrective Action Plan:** Healing Home Services LLC will develop and work within a corrective action plan (CAP). The CAP is a working document that includes at least the following information:
- i. A statement of the concern
  - ii. A description of what will happen to correct the concern
  - iii. A target date for when each correction will be complete
  - iv. Who is responsible to make sure it happens
  - v. Current status of correction work
  - vi. Description of a plan to monitor and ensure ongoing substantial compliance for each corrected order

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

MDH will determine if Healing 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 license period. If MDH determines Healing Home Services LLC is in substantial compliance on the follow up survey, MDH will remove the conditions from Healing Home Services LLC's assisted living facility license, and Healing Home Services LLC will correct any outstanding violations identified during the survey. If Healing Home Services LLC is not in substantial compliance on the follow-up survey, MDH may take additional enforcement action, up to and



including immediate temporary suspension and revocation, as authorized by Minn. Stat. § 144G.20.

**REQUESTING A HEARING:**

Pursuant to Minn. Stat. §144G.20, Subd. 18, the licensee may appeal an action against the license under this section. The licensee must request a hearing no later than 15 business days after licensee receives notice of the action. To submit a hearing request, please visit

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

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 Casey DeVries directly at: 651-201-5917.

Sincerely,

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

Rick Michals, J.D.

**Executive Regional Operations Manager**

**Minnesota Department of Health  
Health Regulation Division**

HHH



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>HEALING HOME SERVICES LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1073 26TH AVENUE SOUTH EAST<br/>MINNEAPOLIS, MN 55414</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                        |
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| 0 000                                                                | <p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING<br/>CORRECTION ORDER(S)</p> <p>In accordance with Minnesota Statutes, section<br/>144G.08 to 144G.95, these correction orders are<br/>issued pursuant to a survey.</p> <p>Determination of whether violations are corrected<br/>requires compliance with all requirements<br/>provided at the Statute number indicated below.<br/>When Minnesota Statute contains several items,<br/>failure to comply with any of the items will be<br/>considered lack of compliance.</p> <p>INITIAL COMMENTS:</p> <p>SL36747015-0</p> <p>On July 15, 2024, through July 18, 2024, the<br/>Minnesota Department of Health conducted a full<br/>survey at the above provider, and the following<br/>correction orders are issued. At the time of the<br/>survey, there were four residents; four of whom<br/>received services under the Assisted Living<br/>license.</p> <p>An immediate correction order was identified on<br/>July 16, 2024, issued for SL36747015-0, tag<br/>identification 1290.</p> <p>On July 17, 2024, the immediacy of correction<br/>order 1290 was removed, however,<br/>non-compliance remained, and the scope and<br/>level remained unchanged.</p> | 0 000                                                                                                 | <p>Minnesota Department of Health is<br/>documenting the State Licensing<br/>Correction Orders using federal software.<br/>Tag numbers have been assigned to<br/>Minnesota State Statutes for Assisted<br/>Living License Providers. The assigned<br/>tag number appears in the far-left column<br/>entitled "ID Prefix Tag." The state Statute<br/>number and the corresponding text of the<br/>state Statute out of compliance is listed in<br/>the "Summary Statement of Deficiencies"<br/>column. This column also includes the<br/>findings which are in violation of the state<br/>requirement after the statement, "This<br/>Minnesota requirement is not met as<br/>evidenced by." Following the surveyors'<br/>findings is the Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF<br/>THE FOURTH COLUMN WHICH<br/>STATES,"PROVIDER'S PLAN OF<br/>CORRECTION." THIS APPLIES TO<br/>FEDERAL DEFICIENCIES ONLY. THIS<br/>WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO<br/>SUBMIT A PLAN OF CORRECTION FOR<br/>VIOLATIONS OF MINNESOTA STATE<br/>STATUTES.</p> <p>The letter in the left column is used for<br/>tracking purposes and reflects the scope<br/>and level issued pursuant to 144G.31<br/>subd. 1, 2, and 3.</p> |  |                                                        |
| 0 250<br>SS=F                                                        | 144G.20 Subdivision 1 Conditions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 0 250                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                        |

Minnesota Department of Health

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

TITLE

(X6) DATE



Minnesota Department of Health

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| 0 250                                                                | Continued From page 1<br><br>(a) The commissioner may refuse to grant a provisional license, refuse to grant a license as a result of a change in ownership, refuse to renew a license, suspend or revoke a license, or impose a conditional license if the owner, controlling individual, or employee of an assisted living facility:<br>(1) is in violation of, or during the term of the license has violated, any of the requirements in this chapter or adopted rules;<br>(2) permits, aids, or abets the commission of any illegal act in the provision of assisted living services;<br>(3) performs any act detrimental to the health, safety, and welfare of a resident;<br>(4) obtains the license by fraud or misrepresentation;<br>(5) knowingly makes a false statement of a material fact in the application for a license or in any other record or report required by this chapter;<br>(6) denies representatives of the department access to any part of the facility's books, records, files, or employees;<br>(7) interferes with or impedes a representative of the department in contacting the facility's residents;<br>(8) interferes with or impedes ombudsman access according to section 256.9742, subdivision 4, or interferes with or impedes access by the Office of Ombudsman for Mental Health and Developmental Disabilities according to section 245.94, subdivision 1;<br>(9) interferes with or impedes a representative of the department in the enforcement of this chapter or fails to fully cooperate with an inspection, survey, or investigation by the department;<br>(10) destroys or makes unavailable any records or other evidence relating to the assisted living | 0 250                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 250                                                                | <p>Continued From page 2</p> <p>facility's compliance with this chapter;<br/>(11) refuses to initiate a background study under section 144.057 or 245A.04;<br/>(12) fails to timely pay any fines assessed by the commissioner;<br/>(13) violates any local, city, or township ordinance relating to housing or assisted living services;<br/>(14) has repeated incidents of personnel performing services beyond their competency level; or<br/>(15) has operated beyond the scope of the assisted living facility's license category.<br/>(b) A violation by a contractor providing the assisted living services of the facility is a violation by the facility.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to show they met the requirements of licensure, by attesting the managerial officials who oversaw the day-to-day operations understood applicable statutes and rules; nor implemented current policies and procedures as required. This had the potential to affect all residents, staff, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>During the entrance conference on July 15, 2024,</p> | 0 250                                                                                                 |                                                                                                                          |  |                                                        |



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| 0 250                                                                | <p>Continued From page 3</p> <p>at 11:30 a.m., licensed assisted living director/ clinical nurse supervisor (LALD/CNS)-A stated the licensee's employees in charge of the facility were familiar with the current minimum assisted living requirements and the licensee provided medication and treatment management services.</p> <p>The licensee's Application for Assisted Living License, section titled Official Verification of Owner or Authorized Agent, (page five and six of the application), identified, I certify I have read and understand the following: [a check mark was placed before each of the following]:</p> <ul style="list-style-type: none"><li>- I have read and fully understand Minn. [Minnesota] Stat. [statute] sect. [section] 144G.45, my building(s) must comply with subdivisions 1-3 of the section, as applicable section Laws 2020, 7th Spec. [special] Sess [session]., chpt. [chapter] 1. art. [article] 6, sect. 17.</li><li>- I have read and fully understand Minn. Stat. sect. 144G.80, 144G.81. and Laws 2020, 7th Spec. Sess., chpt. 1, art. 6, sect. 22, my building(s) must comply with these sections if applicable.</li><li>- Assisted Living Licensure statutes in Minn. Stat. chpt. 144G.</li><li>- Assisted Living Licensure rules in Minnesota Rules, chpt. 4659.</li><li>- Reporting of Maltreatment of Vulnerable Adults.</li><li>- Electronic Monitoring in Certain Facilities.</li><li>- I understand pursuant to Minn. Stat. sect. 13.04 Rights of Subjects of Data, the Commissioner will</li></ul> | 0 250                                                                                                 |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 250                                                                | <p>Continued From page 4</p> <p>use information provided in this application, which may include an in-person or telephone conference, to determine if the applicant meets requirements for assisted living licensing. I understand I am not legally required to supply the requested information; however, failure to provide information or the submission of false or misleading information may delay the processing of my application or may be grounds for denying a license. I understand that information submitted to the commissioner in this application may, in some circumstances, be disclosed to the appropriate state, federal or local agency and law enforcement office to enhance investigative or enforcement efforts or further a public health protective process. Types of offices include Adult Protective Services, offices of the ombudsmen, health-licensing boards, Department of Human Services, county or city attorneys' offices, police, local or county public health offices.</p> <p>- I understand in accordance with Minn. Stat. sect. 144.051 Data Relating to Licensed and Registered Persons, all data submitted on this application shall be classified as public information upon issuance of a provisional license or license. All data submitted are considered private until MDH issues a license.</p> <p>- I declare that, as the owner or authorized agent, I attest that I have read Minn. Stat. chapter 144G, and Minnesota Rules, chapter 4659 governing the provision of assisted living facilities, and understand as the licensee I am legally responsible for the management, control, and operation of the facility, regardless of the existence of a management agreement or subcontract.</p> <p>- I have examined this application and all</p> | 0 250                                                                  |                                                                                                                          |  |                                                     |



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| 0 250                                                                | <p>Continued From page 5</p> <p>attachments and checked the above boxes indicating my review and understanding of Minnesota Statutes, Rules, and requirements related to assisted living licensure. To the best of my knowledge and belief, this information is true, correct, and complete. I will notify MDH, in writing, of any changes to this information as required.</p> <p>- I attest to have all required policies and procedures of Minn. Stat. chapter 144G and Minn. Rules chapter 4659 in place upon licensure and to keep them current as applicable.</p> <p>Page six was electronically signed by LALD/CNS-A on August 31, 2023.</p> <p>The licensee failed to ensure the following policies and procedures were developed and/or implemented:</p> <ul style="list-style-type: none"><li>- reporting of maltreatment of vulnerable adults;</li><li>- background studies;</li><li>- staff orientation, training, and competency evaluation;</li><li>- nursing assessments;</li><li>- orientation to and implementation of the assisted living bill of rights;</li><li>- reminders for medications, treatments, or exercises;</li><li>- tuberculosis prevention;</li><li>- ensuring verification of licensure for employed professionals;</li><li>- medication and treatment management;</li><li>- delegation of tasks;</li><li>- supervision of registered nurses and licensed health professionals; and</li><li>- supervision of unlicensed personnel performing delegated tasks.</li></ul> <p>As a result of this survey, the following orders were issued 0250, 0470, 0480, 0580, 0630, 0650,</p> | 0 250                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 250                                                                | Continued From page 6<br><br>0660, 0680, 0720, 0730, 0780, 0800, 0810, 0900, 1060, 1290, 1500, 1620, 1640, 1650, 1700, 1710, 1730, 1760, 1820, 1830, 1880, 1910, 1940, 1950, 1960, and 1970 indicating the licensee's understanding of the Minnesota statutes were limited, or not evident for compliance with Minnesota Statutes, section 144G.08 to 144G.95.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 0 250                                                                  |                                                                                                                          |  |                                                     |
| 0 470<br>SS=F                                                        | 144G.41 Subdivision 1 Minimum requirements<br><br>(11) develop and implement a staffing plan for determining its staffing level that:<br>(i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility;<br>(ii) ensures sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; and<br>(iii) ensures that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility;<br>(12) ensure that one or more persons are available 24 hours per day, seven days per week, who are responsible for responding to the requests of residents for assistance with health or safety needs. Such persons must be:<br>(i) awake;<br>(ii) located in the same building, in an attached building, or on a contiguous campus with the facility in order to respond within a reasonable amount of time; | 0 470                                                                  |                                                                                                                          |  |                                                     |



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| 0 470                                                                | <p>Continued From page 7</p> <p>(iii) capable of communicating with residents;<br/>(iv) capable of providing or summoning the appropriate assistance; and<br/>(v) capable of following directions;</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to develop and implement a written staffing plan that included an evaluation completed by the clinical nurse supervisor (CNS) (as indicated in Minnesota Administrative Rule 4659.0180) at least twice a year. In addition, the licensee failed to post their daily staffing schedule in a central location accessible to staff, residents, volunteers, and the public.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>STAFFING PLAN<br/>On July 16, 2024, at 10:30 a.m., LALD/CNS-A presented a completed staffing plan dated July 6, 2022.</p> <p>On July 16, 2024, at 11:30 a.m., the surveyor observed an undated staffing plan with other loose documents that had not been filed in their permanent place. LALD/CNS-A stated the undated plan was developed the same date as a</p> | 0 470                                                                                                 |                                                                                                                          |  |                                                        |



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| 0 470                                                                | <p>Continued From page 8</p> <p>meeting that occurred on October 31, 2023.</p> <p>On July 17, 2024, at 10:50 a.m., LALD/CNS-A stated the staffing plan had not been reviewed since the October 31, 2023, meeting and had not been reviewed between the initial plan on July 6, 2022, and the October 31, 2023, meeting. LALD/CNS-A stated if it had been reviewed, they did not have any documentation to support that review.</p> <p><b>STAFFING SCHEDULE</b></p> <p>On July 15, 2024, at 11:30 a.m., during the facility tour, the surveyor observed the staffing schedule was not posted on the bulletin board where LALD/CNS-A had stated it would be found.</p> <p>On July 16, 2024, at 9:30 a.m., the surveyor observed the staffing schedule was not posted on the bulletin board.</p> <p>On July 17, 2024, at 10:50 a.m., the surveyor observed the staffing schedule was not posted on the bulletin board.</p> <p>On July 17, 2024, at 10:50 a.m., LALD/CNS-A stated unlicensed personnel (ULP)-E was responsible for printing and posting the daily staffing schedule. LALD/CNS-A stated there had not been a back-up plan in place for when ULP-E was not working. Regarding posting the staffing schedule for the current week, LALD/CNS-A stated, "I should have done it".</p> <p>On July 18, 2024, at 3:00 p.m., the surveyor observed the staffing schedule was not posted.</p> <p>The licensee's Staffing policy, dated February 24, 2022, indicated the CNS would prepare and implement a twenty-four-hour daily staffing plan</p> | 0 470                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 470                                                                | Continued From page 9<br><br>that ensured adequate staffing to always meet resident needs. The staffing plan would be evaluated at least twice per year. In addition, the CNS would prepare a daily staffing schedule that would be posted at the beginning of the shift in a central location accessible to staff, resident, volunteers, and the public.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days                                                                                                                                                                                                                                                                                                                                                                                                                                      | 0 470                                                                  |                                                                                                                          |  |                                                     |
| 0 480<br>SS=F                                                        | 144G.41 Subd 1 (13) (i) (B) Minimum requirements<br><br>(13) offer to provide or make available at least the following services to residents:<br>(B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code.<br><br>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents).<br><br>The findings include: | 0 480                                                                  |                                                                                                                          |  |                                                     |



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| 0 480                                                                | Continued From page 10<br><br>Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated July 16, 2024, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.<br><br>TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0 480                                                                  |                                                                                                                          |  |                                                     |
| 0 580<br>SS=F                                                        | <b>144G.42 Subd. 2 Quality management</b><br><br>The facility shall engage in quality management appropriate to the size of the facility and relevant to the type of services provided. "Quality management activity" means evaluating the quality of care by periodically reviewing resident services, complaints made, and other issues that have occurred and determining whether changes in services, staffing, or other procedures need to be made in order to ensure safe and competent services to residents. Documentation about quality management activity must be available for two years. Information about quality management must be available to the commissioner at the time of the survey, investigation, or renewal.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to engage in and maintain documentation of ongoing quality management (QM) activities relevant to the facility size and services provided. This had the potential to affect all residents, staff, and visitors.<br><br>This practice resulted in a level two violation (a violation that did not harm a resident's health or | 0 580                                                                  |                                                                                                                          |  |                                                     |



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| 0 580                                                                | <p>Continued From page 11</p> <p>safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On July 16, 2024, at 10:30 a.m., licensed assisted living director/ clinical nurse supervisor (LALD/CNS)-A presented the surveyor with the facility quality management binder for review. The binder contained one blank sample meeting agenda and one completed form from a meeting led by a consultant that took place on July 6, 2022. In addition, the binder contained resident council notes from two meetings in 2022, an incident report log from 2022, some of the reports noted on the log, blank forms for medication errors, grievances, fire drills, and employee illnesses.</p> <p>On July 17, 2024, at 10:50 a.m., LALD/CNS-A stated there were meetings held every other month led by house manager (HM)-C, and attended by themselves, owner (O)-G, and unlicensed personnel (ULP)-E. LALD/CNS-A stated HM-C had kept notes on the meetings. LALD/CNS-A stated they requested that HM-C email the notes to the surveyor.</p> <p>On July 18, 2024, at 2:09 p.m., LALD/CNS-A stated HM-C was working on the minutes from the past quality improvement meetings, but they were not ready yet. The surveyor did not receive any additional meeting notes while on site or by email after the survey had concluded.</p> | 0 580                                                                  |                                                                                                                          |  |                                                     |



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| 0 580                                                                | Continued From page 12<br><br>The licensee's Quality Improvement policy, dated February 24, 2022, indicated a quality improvement program had been established to assure that effective, comprehensive, and appropriate plans were operational for all residents within the organization. The policy indicated documentation of quality improvement activities would be updated as needed, but not less than annually, maintained for at least two years, and provided to the commissioner at the time of survey, investigation or renewal as requested.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days                                                                                                                                                    | 0 580                                                                  |                                                                                                                          |  |                                                     |
| 0 630<br>SS=F                                                        | 144G.42 Subd. 6 (b) Compliance with requirements for reporting ma<br><br>(b) The facility must develop and implement an individual abuse prevention plan for each vulnerable adult. The plan shall contain an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults; the person's risk of abusing other vulnerable adults; and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. For purposes of the abuse prevention plan, abuse includes self-abuse.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to ensure an individual abuse prevention plan (IAPP) was developed or updated | 0 630                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 630                                                                | <p>Continued From page 13</p> <p>as needed to include the required content for three of four residents (R2, R4, and R5).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>R2<br/>R2 was admitted to the licensee and began receiving assisted living services on June 12, 2023.</p> <p>R2's diagnoses included diabetes, schizophrenia, and benign prostatic hyperplasia.</p> <p>R2's Exhibit 2: Service Plan, dated June 8, 2023, indicated R2 received medication administration, assistance with dressing, meal preparation, housekeeping, shopping, laundry, and daily monitoring of vital signs, weight, and blood glucose.</p> <p>R2's record contained an IAPP, dated June 12, 2023, that indicated R2 was not susceptible to abuse or at risk of abusing others.</p> <p>Incident Report, dated June 24, 2023, indicated on that date, but did not specify a time, R2 approached R4's female house guests and asked if R2 could pay one of the female guests in exchange for sexual intercourse. The report indicated an intervention of asking R2 not to talk</p> | 0 630                                                                  |                                                                                                                          |  |                                                     |



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| 0 630                                                                | <p>Continued From page 14</p> <p>to other resident's family members and having staff help support that.</p> <p>Incident Report, dated November 20, 2023, indicated on that date at 8:00 p.m., R2 refused to bring blood glucose supplies out to common area and requested licensed assisted living director/ clinical nurse supervisor (LALD/CNS)-A to come into R2's room to check his blood glucose level. The report completed by LALD/CNS-A indicated that upon entering R2's room, R2 pushed LALD/CNS-A toward R2's bed. LALD/CNS-A was able to scream and exit the room. The report indicated R2 was asked to "behave well for the rest of the noc" (night).</p> <p>Incident Report, dated November 23, 2023, indicated on that date at 5:40 p.m., R2 sat down on a chair outside, spread his arms, and pushed himself and the chair over backwards. The report indicated R2 stated R2 wanted to kill himself. In addition, R2 was punching staff and other residents who were trying to help R2 up. 911 was called and R2 was transported to the hospital by ambulance.</p> <p>Incident Report, dated February 23, 2024, indicated on that date at 9:15 p.m., R2 threw himself to the floor in the kitchen. Staff helped R2 up and assisted him to the living room sofa. R2 quickly climbed up on the coffee table and threw himself backwards off the table to the floor. 911 was called and R2 was transported to the hospital by ambulance.</p> <p>On July 17, 2024, at 1:09 p.m., LALD/CNS-A stated they would complete a new IAPP if they suspected abuse of any resident. LALD/CNS-A stated they had not completed any updated IAPPs for R2 and that they did not think about it</p> | 0 630                                                                  |                                                                                                                          |  |                                                     |



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| 0 630                                                                | <p>Continued From page 15</p> <p>after any of R2's hospitalizations or incidents. LALD/CNS-A stated they had not considered R2's self-harm to be indicative of an abuse prevention plan update.</p> <p>R4<br/>R4 was admitted to the licensee and began receiving assisted living services on February 6, 2023.</p> <p>R4's diagnoses included history of cerebrovascular accident (CVA), hemiplegia affecting non-dominant side, major depressive disorder, hypertension, chronic hepatitis C, and polysubstance abuse.</p> <p>R4's Exhibit 2: Service Plan, dated June 12, 2023, indicated R4 received medication administration, weekly blood pressure monitoring, dressing assistance with buttons and zippers, grooming as needed, meal preparation, housekeeping, shopping, and laundry.</p> <p>R4's record lacked an individual abuse prevention plan (IAPP) to include:</p> <ul style="list-style-type: none"><li>- the person's risk of abusing other vulnerable adults; and</li><li>- statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults.</li></ul> <p>Incident Report, dated June 24, 2023, indicated on that date, but did not specify the time, R2 approached R4's female house guests and asked if R2 could pay one of the female guests in exchange for sexual intercourse. The report indicated R4 became "verbally abusive" to R2, and staff intervened.</p> <p>R5</p> | 0 630                                                                  |                                                                                                                          |  |                                                     |



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| NAME OF PROVIDER OR SUPPLIER<br><br><b>HEALING HOME SERVICES LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1073 26TH AVENUE SOUTH EAST<br/>MINNEAPOLIS, MN 55414</b>                    |  |                                                     |
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| 0 630                                                                | <p>Continued From page 16</p> <p>R5 was admitted to the licensee and began receiving assisted living services on November 9, 2022.</p> <p>R5's diagnoses included depression, mood disorder, traumatic brain injury, seizures, and hydrocephalus.</p> <p>R5's record did not include a completed service plan.</p> <p>R5's Assisted Living Contract was signed on November 9, 2022.</p> <p>R5's record contained an IAPP, dated November 9, 2022, that indicated R5 was at risk of abusing other vulnerable adults and might get angry and fight with others that tried to take R5's belongings. The IAPP lacked statements of the specific measures to be taken to minimize the risk of abuse other vulnerable adults.</p> <p>On July 17, 2024, at 1:09 p.m., LALD/CNS-A stated they should have documented the responses on the IAPPs differently. LALD/CNS-A stated all of the residents living in the facility were susceptible to abuse from others, to others, and a risk to themselves. LALD/CNS-A stated the residents all had interventions in place but the interventions were not all documented.</p> <p>The licensee's Vulnerable Adult policy, dated February 24, 2022, indicated licensee would individually assess residents upon admission to determine vulnerability to abuse or neglect and develop a specific plan to minimize the risk of abuse to that resident. The licensee would assess the resident's risk of abuse to themselves, others, and their susceptibility to being abused. The vulnerable adult status and individual abuse</p> | 0 630                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 630                                                                | Continued From page 17<br><br>prevention plan would be implemented immediately, maintained in the clinical record, and evaluated at each supervisory visit or more frequently as needed.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0 630                                                                  |                                                                                                                          |  |                                                     |
| 0 650<br>SS=F                                                        | 144G.42 Subd. 8 Employee records<br><br>(a) The facility must maintain current records of each paid employee, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following information:<br>(1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules;<br>(2) records of orientation, required annual training and infection control training, and competency evaluations;<br>(3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision;<br>(4) documentation of annual performance reviews that identify areas of improvement needed and training needs;<br>(5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and<br>(6) documentation of the background study as required under section 144.057.<br><br>This MN Requirement is not met as evidenced by: | 0 650                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 650                                                                | <p>Continued From page 18</p> <p>Based on observation, interview, and record review, the licensee failed to ensure employee records included all required content for three of three employees (licensed assisted living director/ clinical nurse supervisor (LALD/CNS)-A, unlicensed personnel (ULP)-B, and ULP-E).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>LALD/CNS-A<br/>LALD/CNS-A began employment with the licensee on January 1, 2022, to provide oversight to unlicensed personnel and direct services to residents.</p> <p>On July 15, 2024, at 2:17 p.m., ULP-B stated they were trained on medication administration by LALD/CNS-A. ULP-B stated LALD/CNS-A had observed them passing medications and providing direct care to residents. LALD/CNS-A had provided direct feedback on ULP-B's performance and when ULP-B had questions or concerns about resident issues they contacted LALD/CNS-A for direction.</p> <p>LALD/CNS-A's record lacked the following required content:</p> <ul style="list-style-type: none"><li>- evidence of current professional licensure;</li><li>- record of orientation;</li><li>- current job description including qualifications,</li></ul> | 0 650                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 650                                                                | <p>Continued From page 19</p> <p>responsibilities and identification of staff persons providing supervision; and</p> <p>- documentation of annual performance reviews that identify areas of improvement needed and training needs.</p> <p>On July 18, 2024, at 3:00 p.m., LALD/CNS-A stated they received orientation to assisted living from a consultant hired by the facility. LALD/CNS-A stated the consultant provided full orientation for herself and owner (O)-G in 2022 prior to the first resident moving into facility on February 12, 2022. LALD/CNS-A was unable to locate documentation confirming orientation.</p> <p>ULP-B<br/>ULP-B had a hire date of June 3, 2022, ULP-B provided direct services to residents.</p> <p>On July 16, 2024, at 11:00 a.m., the surveyor observed ULP-B prepare and administer medications for R2.</p> <p>ULP-B's record lacked the following required content:</p> <p>- documentation of annual performance reviews that identify areas of improvement needed and training needs; and</p> <p>- verification that required tuberculosis testing had taken place including the date and results of testing.</p> <p>ULP-E<br/>ULP-E had a hire date of January 1, 2022, ULP-E provided direct services to residents.</p> <p>ULP-E's record lacked the following required content:</p> <p>- documentation of annual performance reviews that identify areas of improvement needed and</p> | 0 650                                                                                                 |                                                                                                                          |  |                                                     |



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| 0 650                                                                | <p>Continued From page 20</p> <p>training needs; and</p> <ul style="list-style-type: none"><li>- documentation of the background study as required under section 144.057.</li></ul> <p>On July 18, 2024, at 1:30 p.m., LALD/CNS-A verified LALD/CNS-A, ULP-B, ad ULP-E's employee records lacked the above content. LALD/ CNS-A stated they had not kept up with documentation and missed required items for employee records.</p> <p>The licensee's Personnel Records policy dated February 24, 2022, indicated a personnel record would be started for each staff member upon hire and maintained throughout employment, and kept for at least three years after employment ends. The policy indicated that at a minimum the personnel record would include the following information:</p> <ul style="list-style-type: none"><li>- evidence of current professional licensure, registration or certification;</li><li>- results of background studies;</li><li>- records of annual training and infection control training;</li><li>- documentation of orientation;</li><li>- documentation of supervision, as applicable;</li><li>- competency evaluations;</li><li>- signed job description;</li><li>- documentation of annual performance reviews identifying areas of improvement needed and training needs; and</li><li>- results of required health screening and medical examinations would be maintained in a separate, private file.</li></ul> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p> | 0 650                                                                  |                                                                                                                          |  |                                                     |



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| 0 660                                                                | Continued From page 21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 0 660                                                                  |                                                                                                                          |  |                                                     |
| 0 660<br>SS=F                                                        | <p><b>144G.42 Subd. 9 Tuberculosis prevention and control</b></p> <p>(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.</p> <p>(b) The facility must maintain written evidence of compliance with this subdivision.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to maintain a tuberculosis (TB) prevention and control program, based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC), to include baseline screening for one or three employees (licensed assisted living director/ clinical nurse supervisor (LALD/CNS)-A), failed to complete TB testing upon hire for two of three employees (LALD/CNS-A and unlicensed personnel (ULP)-E), and failed to follow-up on positive TB results for one of three employees (ULP-E).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a</p> | 0 660                                                                  |                                                                                                                          |  |                                                     |



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| 0 660                                                                | <p>Continued From page 22</p> <p>widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On July 15, 2024, at 11:30 a.m., during the entrance conference, LALD/CNS-A stated the facility was low risk for TB transmission. LALD/CNS-A stated screening and testing was completed for new hires and annually for all employees.</p> <p>The facility TB risk assessment was completed October 31, 2023, and indicated the facility was at a medium risk for TB transmission.</p> <p>On July 17, 2024, at 11:57 a.m., LALD/CNS-A stated the TB risk assessment should have indicated low risk and the facility followed the protocol for a low-risk facility.</p> <p>LALD/CNS-A<br/>LALD/CNS-A began employment with the licensee on January 1, 2022, to provide oversight to unlicensed personnel and direct services to residents.</p> <p>LALD/CNS-A's employee record included initial and annual TB training, the result of a serum blood test for TB from June 22, 2020, and a blank health history and symptom screening form. LALD/CNS-A's record lacked initial TB symptom screening and baseline TB testing completed on or within ninety days prior to their hire date with licensee.</p> <p>On July 17, 2024, at 11:57 a.m., LALD/CNS-A stated they thought TB blood test or skin test</p> | 0 660                                                                  |                                                                                                                          |  |                                                     |



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| 0 660                                                                | <p>Continued From page 23</p> <p>results were "good for a long time" and was not aware of the requirement that results on hire of a new employee needed to be current within the past ninety days. LALD/CNS-A stated they would obtain a new TB blood test.</p> <p>ULP-E<br/>ULP-E had a hire date of January 1, 2022. ULP-E provided direct services to residents.</p> <p>ULP-E's employee record included initial and annual TB training, health history and TB symptom screening completed on January 20, 2022, and the positive result of a serum blood test for TB from February 20, 2022. ULP-E's record lacked baseline TB testing completed on or within ninety days prior to their hire date with licensee. In addition, ULP-E's record lacked documentation of follow-up completed after positive TB test result was received on February 20, 2022.</p> <p>On July 17, 2024, at 11:57 a.m., LALD/CNS-A stated new employees are given the screening tool by LALD/CNS-A when they are hired, then the new employee gets TB testing done at resource in the community, the new employee returns documentation of testing to house manager (HM)-C. LALD/CNS-A stated if the results are negative HM-C puts the results in the employee's record, if the results are positive HM-C notifies LALD/CNS-A. LALD/CNS-A stated they would follow-up on any positive results with additional discussion and chest x-ray. LALD/CNS-A stated they had only had one positive test needing follow up since the facility opened in February of 2022. LALD/CNS-A stated they were not notified that ULP-E's TB blood test results from February 20, 2022, were positive.</p> | 0 660                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 660                                                                | <p>Continued From page 24</p> <p>On July 18, 2024, at 2:06 p.m., LALD/CNS-A stated ULP-E and HM-C did not realize the TB blood test was positive. LALD/CNS-A stated they had completed a TB symptom screening with ULP-E on July 18, 2024, and had directed ULP-E to obtain a new blood test. The TB blood test was scheduled for July 18, 2024, and LALD/CNS-A stated they would oversee the result process.</p> <p>The licensee's Tuberculosis Screening/Prevention policy dated February 24, 2022, indicated they would observe the recommended precautions, including annual risk assessment, TB screening, and staff education, related to TB prevention as identified by the Centers for Disease Control and Prevention (CDC) and the Minnesota Department of Health (MDH). The policy indicated a baseline risk and symptom assessment and TB testing by blood or skin test would be completed preplacement for all new employees. Employees with a positive baseline TB testing would receive a chest x-ray to exclude TB. In addition, all employees received TB training at hire and annually.</p> <p>Regulations for Tuberculosis Control in Minnesota Health Care Settings A guide for implementing TB infection control regulations in your facility, dated July 2013, indicated baseline TB screening is required for all health care workers (HCW). Baseline TB screening consists of three components:</p> <ul style="list-style-type: none"><li>- assessing for current symptoms of active TB disease;</li><li>- assessing TB history; and</li><li>- testing for the presence of infection with Mycobacterium TB by administering either a two-step tuberculin skin test (TST) or single interferon gamma release assay (IGRA).</li></ul> <p>An employee may begin working with patients/</p> | 0 660                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 660                                                                | <p>Continued From page 25</p> <p>residents after a negative TB symptom screen and a negative IGRA or TST dated within ninety days before hire. The second TST may be performed after the HCW starts working with patients.</p> <p>When a HCW has a newly identified positive TST or IGRA result, before the HCW has direct patient contact, the following should be documented in their record:</p> <ul style="list-style-type: none"><li>- test result;</li><li>- assessment for current TB symptoms;</li><li>- chest X-ray to rule out infectious TB disease.</li></ul> <p>The chest X-ray should be done after the date of the positive TST or IGRA; however, a chest X-ray done within the three months prior to the TST/IGRA is acceptable, provided that the HCW has not been exposed to infectious TB disease since the chest X-ray was done; and</p> <ul style="list-style-type: none"><li>- medical evaluation to rule out a diagnosis of infectious TB disease.</li></ul> <p>After the negative baseline chest X-ray is done and the results are documented, additional chest X-rays are not needed unless the HCW develops symptoms of active TB disease, or a clinician recommends a repeat chest X-ray. HCWs who work in medium-risk settings should be assessed for current TB symptoms on an annual basis and instructed to seek medical evaluation if TB symptoms develop at any time.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p> | 0 660                                                                  |                                                                                                                          |  |                                                     |
| 0 680<br>SS=F                                                        | <p>144G.42 Subd. 10 Disaster planning and emergency preparedness</p> <p>(a) The facility must meet the following</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 0 680                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 680                                                                | <p>Continued From page 26</p> <p>requirements:</p> <p>(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;</p> <p>(2) post an emergency disaster plan prominently;</p> <p>(3) provide building emergency exit diagrams to all residents;</p> <p>(4) post emergency exit diagrams on each floor; and</p> <p>(5) have a written policy and procedure regarding missing residents.</p> <p>(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.</p> <p>(c) The facility must meet any additional requirements adopted in rule.</p> <p>This MN Requirement is not met as evidenced by:</p> <p>Based on interview and record review, the licensee failed to develop a written emergency preparedness plan (EPP) with all the required content. This had the potential to affect all residents, employees, and visitors to the facility.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all</p> | 0 680                                                                  |                                                                                                                          |  |                                                     |



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| 0 680                                                                | <p>Continued From page 27</p> <p>the residents).</p> <p>The findings include:</p> <p>On July 15, 2024, at 1:30 p.m., licensed assisted living director / clinical nurse supervisor (LALD/CNS)-A provided the surveyor with a binder that contained the emergency preparedness manual and indicated the contents were the licensee's EPP.</p> <p>The licensee's EPP, dated February 24, 2022, lacked the following required content:</p> <ul style="list-style-type: none"><li>- quarterly review of the missing resident policy;</li><li>- policies and procedures (P/P) for ensuring food, water, medical supplies, and pharmaceutical supplies;</li><li>- P/P for alternate sources of energy to maintain temperatures to protect resident health/safety, safe/sanitary storage of provisions, emergency lighting, fire detection, extinguishing, alarm systems, and sewage and waste disposal;</li><li>- P/P for system to track the location of on-duty staff and sheltered residents;</li><li>- P/P to address medical documentation to preserve resident information, protect confidentiality, and maintain availability of records;</li><li>- P/P to address use of volunteers;</li><li>- P/P to address arrangements with other facilities/providers to receive residents in the event of limitations/cessation of operations to maintain the continuity of services to residents;</li><li>- primary and alternate means of communicating with facility staff;</li><li>- method for sharing information and medical documentation for residents under the facility's care;</li><li>- means, in event of evacuation, to release resident information;</li></ul> | 0 680                                                                  |                                                                                                                          |  |                                                     |



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| 0 680                                                                | <p>Continued From page 28</p> <ul style="list-style-type: none"><li>- means of providing information about general condition/ location of residents under the facility's care; and</li><li>- means to providing information about the facility's occupancy, needs, and its ability to provide assistance.</li></ul> <p>On July 15, 2024, at 1:30 p.m., LALD/CNS-A stated the facility had recently obtained a new resource for their EPP but had not put it together and implemented it yet. LALD/CNS-A stated the new resource is "supposed to be better".</p> <p>On July 18, 2024, at 2:04 p.m., LALD/CNS-A stated they did not provide building emergency exit diagrams to residents.</p> <p>On July 18, 2024, at 3:00 p.m., LALD/CNS-A stated they did not have a formal process or written agreement with hotels or other facilities listed as relocation options in emergency preparedness plan.</p> <p>On July 18, 2024, at 3:00 p.m., LALD/CNS-A stated they reviewed the missing resident policy annually when they reviewed the rest of the EPP binder.</p> <p>The licensee's Emergency Preparedness policy dated February 24, 2022, indicated the facility would have identified plan in place to assure the safety and well-being of residents and staff during periods of an emergency or disaster that disrupts services. The emergency preparedness plan/program would be reviewed/updated at least annually.</p> <p>The licensee's Missing Resident policy dated February 24, 2022, indicated the missing resident procedure will be reviewed by the Director and</p> | 0 680                                                                                                 |                                                                                                                          |  |                                                     |



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| 0 680                                                                | Continued From page 29<br><br>Clinical Nurse Supervisor at least quarterly.<br><br>Per Assisted Living Facilities: Minnesota Rules Chapter 4659, 4659.0110, Subp. 4. Review missing resident plan. The assisted living director and clinical nurse supervisor would review the missing person plan at least quarterly and document any changes to the plan.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 0 680                                                                  |                                                                                                                          |  |                                                     |
| 0 720<br>SS=F                                                        | 144G.43 Subd. 2 Access to records<br><br>The facility must ensure that the appropriate records are readily available to employees and contractors authorized to access the records. Resident records must be maintained in a manner that allows for timely access, printing, or transmission of the records. The records must be made readily available to the commissioner upon request.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to ensure that personnel and resident records were readily available for timely access to employees, vendors, and the commissioner authorized to access the records.<br><br>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when | 0 720                                                                  |                                                                                                                          |  |                                                     |



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| 0 720                                                                | <p>Continued From page 30</p> <p>problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On July 15, 2024, at 11:30 a.m., during entrance conference, licensed assisted living director/ clinical nurse supervisor (LALD/CNS)-A stated the facility's resident record documentation system was paper and the records were always kept at the facility in the locked medication cabinet.</p> <p>On July 17, 2024, at 10:50 a.m., the surveyor requested a face sheet, discharge summary, medication disposition record, progress notes for final month at facility, and medication administration record from the final month at the facility for R6. LALD/CNS-A stated discharged resident and former employee records were kept at owner (O)-G's house. LALD/CNS-A stated they could get them from O-G's house, but the records were not immediately available on site at the facility.</p> <p>On July 17, 2024, at 3:30 p.m., the surveyor requested the medical records of R4 and R5 for review. LALD/CNS-A stated the records were not in the facility. LALD/CNS-A stated they had brought the records offsite to O-G's office around one week ago to "clean them up". LALD/CNS-A had not returned the records to the facility.</p> <p>On July 18, 2024, at 12:20 p.m., LALD/CNS-A presented the medical records for R4 and R5 to the surveyor.</p> <p>On July 18, 2024, at 1:20 p.m., LALD/CNS-A stated they were able to locate the final</p> | 0 720                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>HEALING HOME SERVICES LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1073 26TH AVENUE SOUTH EAST<br/>MINNEAPOLIS, MN 55414</b>                    |  |                                                     |
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| 0 720                                                                | <p>Continued From page 31</p> <p>medication disposition for R6. They were unable to locate the additional requested items. LALD/CNS-A stated they had a picture of the medication disposition on their cell phone and were going to email it to the surveyor. The surveyor did not receive any records for R6 by email.</p> <p>The licensee's Clinical Records policy, dated February 24, 2022, indicated the facility would maintain a current clinical record for all residents. The records would be protected against loss, tampering or unauthorized disclosure and stored in a locked, secured location that was accessible to employees and contractors authorized to access the records. The records would be maintained in such a manner that allowed for timely access, printing or transmission of the records and only removed from the company's jurisdiction and safekeeping only in accordance with a court order, subpoena, or law and regulation. In addition, following a resident's discharge or termination of services, the facility would retain the clinical record for at least five (5) years.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p> | 0 720                                                                  |                                                                                                                          |  |                                                     |
| 0 730<br>SS=F                                                        | <p>144G.43 Subd. 3 Contents of resident record</p> <p>Contents of a resident record include the following for each resident:</p> <p>(1) identifying information, including the resident's name, date of birth, address, and telephone number;</p> <p>(2) the name, address, and telephone number of</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0 730                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 730                                                                | <p>Continued From page 32</p> <p>the resident's emergency contact, legal representatives, and designated representative;</p> <p>(3) names, addresses, and telephone numbers of the resident's health and medical service providers, if known;</p> <p>(4) health information, including medical history, allergies, and when the provider is managing medications, treatments or therapies that require documentation, and other relevant health records;</p> <p>(5) the resident's advance directives, if any;</p> <p>(6) copies of any health care directives, guardianships, powers of attorney, or conservatorships;</p> <p>(7) the facility's current and previous assessments and service plans;</p> <p>(8) all records of communications pertinent to the resident's services;</p> <p>(9) documentation of significant changes in the resident's status and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional;</p> <p>(10) documentation of incidents involving the resident and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional;</p> <p>(11) documentation that services have been provided as identified in the service plan;</p> <p>(12) documentation that the resident has received and reviewed the assisted living bill of rights;</p> <p>(13) documentation of complaints received and any resolution;</p> <p>(14) a discharge summary, including service termination notice and related documentation, when applicable; and</p> <p>(15) other documentation required under this chapter and relevant to the resident's services or</p> | 0 730                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 730                                                                | <p>Continued From page 33</p> <p>status.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure the resident records included documentation of activities of daily living for four of four residents (R2, R3, R4, and R5).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents).</p> <p>The findings include:</p> <p>R2<br/>R2 was admitted to the licensee and began receiving assisted living services on June 12, 2023.</p> <p>R2's diagnoses included diabetes, schizophrenia, and benign prostatic hyperplasia.</p> <p>R2's Exhibit 2: Service Plan, dated June 8, 2023, indicated R2 received medication administration, assistance with dressing, meal preparation, daily monitoring of vital signs, weight, and blood glucose, housekeeping, shopping, and laundry.</p> <p>On July 16, 2024, at 11:00 a.m., the surveyor observed unlicensed personnel (ULP)-B prepare and administer medications for R2. ULP-B prepared food for R2 and assisted with meal set up at coffee table in the living room.</p> | 0 730                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 730                                                                | <p>Continued From page 34</p> <p><b>R3</b><br/>R3 was admitted to the licensee and began receiving assisted living services on June 8, 2022.</p> <p>R3's diagnoses included anxiety, depression, rheumatoid arthritis, and post-traumatic stress disorder.</p> <p>R3's Exhibit 2: Service Plan, dated June 8, 2022, indicated R3 received medication administration, weekly blood pressure monitoring, meal preparation, housekeeping, shopping, and laundry.</p> <p>On July 16, 2024, at 12:10 p.m., the surveyor observed ULP-B prepare and administer medications for R3.</p> <p><b>R4</b><br/>R4 was admitted to the licensee and began receiving assisted living services on February 6, 2023.</p> <p>R4's diagnoses included history of cerebrovascular accident (CVA), hemiplegia affecting non-dominant side, major depressive disorder, hypertension, chronic hepatitis C, and polysubstance abuse.</p> <p>R4's Exhibit 2: Service Plan, dated June 12, 2023, indicated R4 received medication administration, weekly blood pressure monitoring, assistance with buttons and zippers, grooming as needed, meal preparation, housekeeping, shopping, and laundry.</p> <p>On July 17, 2024, at 1:00 p.m., the surveyor observed R3 and R4 sitting in R4's bedroom</p> | 0 730                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 730                                                                | <p>Continued From page 35</p> <p>eating from plates of food prepared by ULP-D.</p> <p>R5<br/>R5 was admitted to the licensee and began receiving assisted living services on November 9, 2022.</p> <p>R5's diagnoses included depression, mood disorder, traumatic brain injury, seizures, and hydrocephalus.</p> <p>R5's undated, unsigned Home Health Aide Care Plan indicated R5 received assistance with grooming, skin care, foot care, transfers, and plate set-up assistance with meals.</p> <p>R2, R3, R4, and R5's records lacked documentation of all assistance with activities of daily living.</p> <p>On July 17, 2024, at 3:15 p.m., LALD/CNS-A stated individualized documentation records of tasks completed for each resident had been removed from facility use. LALD/CNS-A stated the ULPs were not completing the required documentation so LALD/CNS-A replaced it with a document called "chore schedule". The chore schedule listed house tasks for cleaning, cooking, and laundry but did not specify which resident those tasks were completed for. LALD/CNS-A stated they were unable to determine if tasks from resident's care plans were completed for that specific resident based on the chore schedule documentation.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p> | 0 730                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 780                                                                | Continued From page 36                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 0 780                                                                                                 |                                                                                                                          |  |                                                        |
| 0 780<br>SS=F                                                        | <p><b>144G.45 Subd. 2 (a) (1) Fire protection and physical environment</b></p> <p>(a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:</p> <p>(1) for dwellings or sleeping units, as defined in the State Fire Code:</p> <p>(i) provide smoke alarms in each room used for sleeping purposes;</p> <p>(ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms;</p> <p>(iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics;</p> <p>(iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and</p> <p>(v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated;</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation and interview, the licensee failed to provide smoke alarms that functioned and were interconnected so that the actuation of one alarm caused all alarms in the dwelling unit to actuate. This deficient condition had the ability to affect all staff and residents.</p> <p>This practice resulted in a level two violation (a</p> | 0 780                                                                                                 |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| 0 780                                                                | <p>Continued From page 37</p> <p>violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On July 16, 2024, from approximately 12:30 p.m. to 1:30 p.m., survey staff toured the facility with licensed assisted living director/ clinical nurse supervisor (LALD/CNS)-A. Survey staff asked LALD/CNS-A to initiate a test of the smoke alarms throughout the home. Upon testing, it was found that the smoke alarms in the facility were not interconnected.</p> <p>These deficient conditions were visually verified by LALD/CNS-A accompanying on the tour.</p> <p>On July 16, 2024, at 2:30 p.m., LALD/CNS-A stated they understood the smoke alarm requirements.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p> | 0 780                                                                  |                                                                                                                          |  |                                                     |
| 0 800<br>SS=F                                                        | <p>144G.45 Subd. 2 (a) (4) Fire protection and physical environment</p> <p>(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</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0 800                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>HEALING HOME SERVICES LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1073 26TH AVENUE SOUTH EAST<br/>MINNEAPOLIS, MN 55414</b>                    |  |                                                     |
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| 0 800                                                                | <p>Continued From page 38</p> <p>health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation and interview, the licensee failed to maintain 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. This deficient condition had the potential to affect all staff, residents, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On July 16, 2024, from approximately 12:30 p.m. to 1:30 p.m., survey staff toured the facility with licensed assisted living director/ clinical nurse supervisor (LALD/CNS)-A. The following was observed.</p> <p><b>SMOKING AREAS:</b><br/>The two designated smoking areas were not provided with non-combustible ashtrays. The residents were using a glass bowl and plastic coffee can as ashtrays in the front and back smoking areas. Survey staff explained to</p> | 0 800                                                                  |                                                                                                                          |  |                                                     |



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| 0 800                                                                | Continued From page 39<br><br>LALD/CNS-A that a fire-rated ashtray should be provided for resident use and that the discarded cigarette butts were a fire hazard if cigarettes were not completely extinguished before discarding them.<br><br>GENERAL MAINTENANCE:<br>The wall in the dining room adjacent to the dining table had a fist-sized impact located approximately 18 inches above the finished floor. The wall was cracked and some pieces of the drywall were loose.<br><br>On July 16, 2024, at 2:30 p.m., LALD/CNS-A stated they understood the above-listed deficiencies.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days                                                                                              | 0 800                                                                  |                                                                                                                          |  |                                                     |
| 0 810<br>SS=F                                                        | 144G.45 Subd. 2 (b)-(f) Fire protection and physical environment<br><br>(b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to:<br>(1) location and number of resident sleeping rooms;<br>(2) employee actions to be taken in the event of a fire or similar emergency;<br>(3) fire protection procedures necessary for residents; and<br>(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.<br>(c) Employees of assisted living facilities shall receive training on the fire safety and evacuation | 0 810                                                                  |                                                                                                                          |  |                                                     |



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| 0 810                                                                | <p>Continued From page 40</p> <p>plans upon hiring and at least twice per year thereafter.</p> <p>(d) Fire safety and evacuation plans shall be readily available at all times within the facility.</p> <p>(e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year.</p> <p>(f) Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill.</p> <p>This MN Requirement is not met as evidenced by:<br/>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.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On July 16, 2024, licensed assisted living director/ clinical nurse supervisor (LALD/CNS)-A</p> | 0 810                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 0 810                                                                | <p>Continued From page 41</p> <p>provided documents on the fire safety and evacuation plan (FSEP), fire safety and evacuation training, and evacuation drills for the facility.</p> <p><b>FIRE SAFETY AND EVACUATION PLAN:</b><br/>The licensee's FSEP, titled "Fire Safety", dated February 24, 2023, failed to include the following:</p> <p>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 provided FSEP was from a third-party provider and had not been updated to the specific facility.</p> <p>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.</p> <p>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.</p> <p>On July 16, 2024, at 2:30 p.m., LALD/CNS-A stated they understood the areas of their policy that were incomplete and would work on bringing them into compliance. The policy reviewed was an unedited policy purchased from a third-party provider that was not specific to the facility.</p> | 0 810                                                                  |                                                                                                                          |  |                                                     |



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| 0 810                                                                | <p>Continued From page 42</p> <p><b>TRAINING:</b><br/>The licensee failed to provide evacuation training to residents at least once per year. LALD/CNS-A lacked documentation showing any training was offered or training was scheduled for a future date for residents on the fire safety and evacuation plan.</p> <p>The licensee failed to provide training to employees on the FSEP upon hire and at least twice per year. LALD/CNS-A lacked documentation showing any training completed or training was scheduled for a future date for employees on the fire safety and evacuation plan.</p> <p>On July 16, 2024, at 2:30 p.m., LALD/CNS-A stated they understood the requirements for training residents and staff and would implement a training program that was compliant with statute requirements.</p> <p><b>DRILLS:</b><br/>The licensee failed to conduct evacuation drills for employees twice per year, per shift with at least one evacuation drill every other month. Record review of licensee's evacuation drill log, titled "Fire Drill Log", undated, indicated evacuation drills were conducted per statute requirements in 2022 and 2023, but lacked records to show any evacuation drills were completed in 2024. No other documentation was provided.</p> <p>On July 16, 2024, at 2:30 p.m., LALD/CNS-A stated they had completed a fire drill in June of 2024, but did not have any documentation of it.</p> <p><b>TIME PERIOD FOR CORRECTION:</b> Twenty-one (21) days</p> | 0 810                                                                  |                                                                                                                          |  |                                                     |



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| 0 900<br>SS=D                                                        | <p><b>144G.50 Subdivision 1 Contract required</b></p> <p>(a) An assisted living facility may not offer or provide housing or assisted living services to any individual unless it has executed a written contract with the resident.</p> <p>(b) The contract must contain all the terms concerning the provision of:</p> <p>(1) housing;</p> <p>(2) assisted living services, whether provided directly by the facility or by management agreement or other agreement; and</p> <p>(3) the resident's service plan, if applicable.</p> <p>(c) A facility must:</p> <p>(1) offer to prospective residents and provide to the Office of Ombudsman for Long-Term Care a complete unsigned copy of its contract; and</p> <p>(2) give a complete copy of any signed contract and any addendums, and all supporting documents and attachments, to the resident promptly after a contract and any addendum has been signed.</p> <p>(d) A contract under this section is a consumer contract under sections 325G.29 to 325G.37.</p> <p>(e) Before or at the time of execution of the contract, the facility must offer the resident the opportunity to identify a designated representative according to subdivision 3.</p> <p>(f) The resident must agree in writing to any additions or amendments to the contract. Upon agreement between the resident and the facility, a new contract or an addendum to the existing contract must be executed and signed.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to develop and execute a written assisted living contract with the required content for one of four residents (R3).</p> | 0 900                                                                  |                                                                                                                          |  |                                                     |



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| 0 900                                                                | <p>Continued From page 44</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>R3 was admitted to the licensee and began receiving assisted living services on June 8, 2022.</p> <p>R3's diagnoses included anxiety, depression, rheumatoid arthritis, and post-traumatic stress disorder.</p> <p>R3's Exhibit 2: Service Plan, dated June 8, 2022, indicated R3 received medication administration, weekly blood pressure monitoring, meal preparation, housekeeping, shopping, and laundry.</p> <p>R3's record did not include a signed contract.</p> <p>R3's record lacked a current assisted living contract signed prior to providing assisted living services with the required content including:</p> <ul style="list-style-type: none"><li>- the health facility identification number of the facility (HFID);</li><li>- the managing agent and/ or the authorized agent for the facility;</li><li>- disclosure of the category of assisted living facility license held by the facility;</li><li>- disclosure that the facility does not hold an assisted living facility with dementia care license;</li></ul> | 0 900                                                                  |                                                                                                                          |  |                                                     |



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| 0 900                                                                | <b>Continued From page 45</b><br><br>- other services available for an additional fee;<br>- a delineation and description of any additional fees the resident may be required to pay if the resident's condition changes during the term of the contract;<br>- disclosure of the facility's ability to provide specialized diets;<br>- 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;<br>- clear and conspicuous notice of the right under section 144G.54 to appeal the termination of an assisted living contract;<br>- 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;<br>- 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;<br>- a description of the facility's policies related to medical assistance waivers under chapter 256S and section 256B.49 and the housing support program under chapter 256I, including:<br>1. whether the facility is enrolled with the commissioner of human services to provide customized living services under medical assistance waivers;<br>2. whether the facility has an agreement to provide housing support under section 256I.04, subdivision 2, paragraph (b); and<br>3. whether there is a limit on the number of people residing at the facility who can receive customized living services or participate in the | 0 900                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>HEALING HOME SERVICES LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1073 26TH AVENUE SOUTH EAST<br/>MINNEAPOLIS, MN 55414</b>                    |  |                                                     |
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| 0 900                                                                | <p>Continued From page 46</p> <p>housing support program at any point in time. If so, the limit must be provided whether the facility requires a resident to pay privately for a period of time prior to accepting payment under medical assistance waivers or the housing support program, and if so, the length of time that private payment is required;</p> <ul style="list-style-type: none"><li>-a statement that medical assistance waivers provide payment for services, but do not cover the cost of rent;</li><li>- a statement that residents may be eligible for assistance with rent through the housing support program;</li><li>-a description of the rent requirements for people who are eligible for medical assistance waivers but who are not eligible for assistance through the housing support program;</li><li>-contact information to obtain long-term care consulting services under section 256B.0911; and</li><li>-the toll-free phone number for the Minnesota Adult Abuse Reporting Center.</li></ul> <p>On July 18, 2024, at 12:15 p.m., licensed assisted living director/ clinical nurse supervisor (LALD/CNS)-A stated they had looked for R3's contract in all paperwork they could find at facility, their home, and the office at owner (O)-G's home. LALD/CNS-A was not able to locate a signed contract for R3 and could not confirm that it had been completed.</p> <p>Licensee's policy Notifications, dated February 24, 2022, indicated prior to providing assisted living services, the assisted living contract would be presented and signed by the resident, the resident's designated representative and/or the resident's legal representative.</p> <p>No further information was provided.</p> | 0 900                                                                  |                                                                                                                          |  |                                                     |



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| 0 900                                                                | Continued From page 47                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 0 900                                                                  |                                                                                                                          |  |                                                     |
|                                                                      | TIME PERIOD FOR CORRECTION: Twenty-one (21) days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                        |                                                                                                                          |  |                                                     |
| 01060<br>SS=F                                                        | <b>144G.52 Subd. 9 Emergency relocation</b><br><br>(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.<br>(b) In the event of an emergency relocation, the facility must provide a written notice that contains, at a minimum:<br>(1) the reason for the relocation;<br>(2) the name and contact information for the location to which the resident has been relocated and any new service provider;<br>(3) contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities;<br>(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<br>(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.<br>(c) The notice required under paragraph (b) must be delivered as soon as practicable to:<br>(1) the resident, legal representative, and designated representative;<br>(2) for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the resident's case | 01060                                                                  |                                                                                                                          |  |                                                     |



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| 01060                                                                | <p>Continued From page 48</p> <p>manager; and<br/>(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.<br/>(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</p> <p>This MN Requirement is not met as evidenced by:<br/>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 one resident (R2).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>R2 was admitted to the licensee and began receiving assisted living services on June 12, 2023.</p> <p>R2's diagnoses included diabetes, schizophrenia, and benign prostatic hyperplasia.</p> <p>R2's Exhibit 2: Service Plan, dated June 8, 2023, indicated R2 received medication administration, assistance with dressing, meal preparation, daily</p> | 01060                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01060                                                                | <p>Continued From page 49</p> <p>monitoring of vital signs, weight, and blood glucose, housekeeping, shopping, and laundry.</p> <p>R2's record included an After Visit Summary, dated April 10, 2024, which indicated R2 was inpatient at a hospital beginning on April 5, 2024, and was discharged from the hospital on April 10, 2024.</p> <p>R2's record lacked assessment or progress notes indicating R2's time away from the facility or confirming return to the facility. R2's medication administration record (MAR), dated April 1 to April 30, 2024, indicated medications were administered on April 3, 2024, at 8:00 p.m., and the next medication administration occurred on April 11, 2024, at 9:00 a.m.</p> <p>R2's record lacked a written notice delivered to the resident or designated representative that contained, at a minimum:</p> <ul style="list-style-type: none"><li>- the reason for the relocation;</li><li>- the name and contact information for the location to which the resident has been relocated and any new service provider;</li><li>- contact information for OOLTC;</li><li>- 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</li><li>- 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.</li></ul> <p>In addition, R2's record lacked notification to OOLTC when R2 did not return to the facility within four days.</p> | 01060                                                                  |                                                                                                                          |  |                                                     |



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| 01060                                                                | <p>Continued From page 50</p> <p>On July 17, 2024, at 1:04 p.m., licensed assisted living director/ clinical nurse supervisor (LALD/CNS)-A stated when a resident is hospitalized, they notify the resident's family, case manager, and any other emergency contacts listed in the resident record. LALD/CNS-A stated they had not ever notified the ombudsman when a resident had been hospitalized. LALD/CNS-A stated they were not aware of the requirement to notify the ombudsman after the resident had been inpatient for four days. LALD/CNS-A stated they believed they completed a relocation form, but it was not in R2's record. They would look for the relocation form.</p> <p>On July 18, 2024, at 2:00 p.m., LALD/CNS-A stated they were not able to locate a completed relocation form and remembered they had started a relocation form when R2 was hospitalized on April 5, 2024, but did not finish it. LALD/CNS-A stated they called family and emailed R2's county case manager but did not complete a relocation form with all the required information.</p> <p>The licensee's Discharge and Transfer of Residents Policy, dated February 24, 2022, indicated in the event of an emergency relocation, the facility would, as soon as possible, provide written notice of emergency relocation to the following:</p> <ul style="list-style-type: none"><li>- the resident;</li><li>- the resident's legal representative;</li><li>- the resident's designated representative; and</li><li>- the resident's community case manager.</li></ul> <p>If the resident had been relocated and not returned to the facility within four days, the facility would notify the Office of Ombudsman for Long-Term Care.</p> | 01060                                                                  |                                                                                                                          |  |                                                     |



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| 01060                                                                | Continued From page 51<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one<br>(21) days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 01060                                                                  |                                                                                                                          |  |                                                     |
| 01290<br>SS=H                                                        | 144G.60 Subdivision 1 Background studies<br>required<br><br>(a) Employees, contractors, and regularly<br>scheduled volunteers of the facility are subject to<br>the background study required by section<br>144.057 and may be disqualified under chapter<br>245C. Nothing in this subdivision shall be<br>construed to prohibit the facility from requiring<br>self-disclosure of criminal conviction information.<br>(b) Data collected under this subdivision shall be<br>classified as private data on individuals under<br>section 13.02, subdivision 12.<br>(c) Termination of an employee in good faith<br>reliance on information or records obtained under<br>this section regarding a confirmed conviction<br>does not subject the assisted living facility to civil<br>liability or liability for unemployment benefits.<br><br>This MN Requirement is not met as evidenced<br>by:<br>Based on interview and record review, the<br>licensee failed to ensure a background study was<br>submitted and received in affiliation with the<br>assisted living license prior to staff providing<br>services for three of eight employees (house<br>manager (HM)-C, unlicensed personnel (ULP)-E,<br>and ULP-F).<br><br>This practice resulted in a level three violation (a<br>violation that harmed a resident's health or safety,<br>not including serious injury, impairment, or death,<br>or a violation that has the potential to lead to<br>serious injury, impairment, or death) and was | 01290                                                                  |                                                                                                                          |  |                                                     |



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| 01290                                                                | <p>Continued From page 52</p> <p>issued at a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).</p> <p>The findings include:</p> <p>HM-C<br/>HM-C was hired to provide assisted living services on January 1, 2022.</p> <p>On July 16, 2024, at 2:15 p.m., licensed assisted living director/ clinical nurse supervisor (LALD/CNS)-A stated HM-C worked at the facility every Thursday and every other Saturday or Sunday. HM-C regularly transported residents on individual trips for food shopping, to social outings, and non-medical appointments. HM-C's responsibilities included completing background studies on new employees and maintenance of the NETStudy 2.0 (a web-based system used to submit background study requests to the Department of Human Services (DHS)) roster for the licensee.</p> <p>On July 16, 2024, NETStudy 2.0 indicated a background study for HM-C was completed for the licensee's health facility identification number (HFID) 36747 during the COVID-19 pandemic and expired on December 31, 2022.</p> <p>ULP-E<br/>ULP-E was hired to provide assisted living services on January 1, 2022.</p> <p>On July 16, 2024, at 2:15 p.m., LALD/CNS-A stated ULP-E worked a regular schedule every week of Monday through Thursday 8:00 a.m. to 2:00 p.m. ULP-E was not working due to</p> | 01290                                                                  |                                                                                                                          |  |                                                     |



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| 01290                                                                | <p>Continued From page 53</p> <p>requested days off on July 15, 2024, and July 16, 2024, while the surveyor was at the facility.</p> <p>On July 16, 2024, NETStudy 2.0 indicated a background study for ULP-E was completed for the licensee's HFID 36747 during the COVID-19 pandemic and expired on December 31, 2022.</p> <p>ULP-F<br/>ULP-F was hired to provide assisted living services on February 14, 2022.</p> <p>On July 16, 2024, at 2:15 p.m., LALD/CNS-A stated ULP-F worked a regular schedule of forty-eight hours per week on the overnight shift from their hire date until decreasing to casual on-call earlier this year. LALD/CNS-A stated they were unsure of the date ULP-F's hours decreased. ULP-F currently worked every week for approximately two hours to take residents to a movie outing.</p> <p>On July 16, 2024, NETStudy 2.0 indicated a background study for ULP-F was completed for the licensee's HFID 36747 during the COVID-19 pandemic and expired on December 31, 2022.</p> <p>On July 16, 2024, at 3:12 p.m., LALD/CNS-A stated background studies for new employees and maintaining the NETStudy 2.0 Roster were HM-C's responsibility. LALD/CNS-A stated they did have access to the NETStudy 2.0 system but had not been active in submitting background studies or maintaining the roster. LALD/CNS-A stated they understood fingerprinting was not done during the COVID-19 pandemic, however, did not associate the studies done during that time as still needing to be finger printed. LALD/CNS-A stated their understanding was that if a clearance letter was issued and in place in the</p> | 01290                                                                  |                                                                                                                          |  |                                                     |



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| 01290                                                                | <p>Continued From page 54</p> <p>employee record the study was complete and no further action was needed.</p> <p>On July 16, 2024, at 3:30 p.m., via telephone interview, HM-C stated they were responsible for submitting background studies and moving employees forward through the hiring process when results were received. HM-C stated they had not reviewed or updated the NETStudy 2.0 roster. HM-C stated they thought the background study clearance received during COVID-19 were permanent results even though the employees were not fingerprinted. HM-C was not aware further action was indicated.</p> <p>On July 16, 2024, the Minnesota Department of Human Services website indicated the following: Emergency studies completed during the COVID-19 pandemic were no longer valid. Individuals who only had an emergency study must have a fully compliant, fingerprint-based background study.</p> <p>Roster maintenance</p> <ul style="list-style-type: none"><li>- Individuals with a completed emergency study will remain on the entity's roster unless the entity removes the individual. Entities should remove individuals with emergency studies that are no longer affiliated;</li><li>- If the individual should no longer be affiliated and has a new fully compliant background study, the entity should wait until the individual is separated and then remove both the emergency study and fully compliant study from their roster at the same time;</li><li>- All entities are responsible for maintaining their rosters regularly and removing study subjects from their roster when they are no longer affiliated; and</li><li>- Entities are responsible for identifying who needs to submit a new background study. For</li></ul> | 01290                                                                  |                                                                                                                          |  |                                                     |



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| 01290                                                                | Continued From page 55<br><br>help identifying which study subjects still have an emergency study and need a fully compliant study, entities should refer to the instructional guide, "Identifying Emergency Studies" in the help section of NETStudy 2.0.<br><br>The Licensee's Recruitment and Hiring policy dated February 24, 2022, indicated the licensee will conduct a Minnesota Department of Human Services Background Study on all employees. In addition, the licensee would maintain completed background studies in individual employee records.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: IMMEDIATE                                                                                                                                                                                                                                                                                                   | 01290                                                                  |                                                                                                                          |  |                                                     |
| 01500<br>SS=F                                                        | 144G.63 Subd. 5 Required annual training<br><br>(a) All staff that perform direct services must complete at least eight hours of annual training for each 12 months of employment. The training may be obtained from the facility or another source and must include topics relevant to the provision of assisted living services. The annual training must include:<br>(1) training on reporting of maltreatment of vulnerable adults under section 626.557;<br>(2) review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights;<br>(3) review of infection control techniques used in the home and implementation of infection control standards including a review of hand washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor | 01500                                                                  |                                                                                                                          |  |                                                     |



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| 01500                                                                | <p>Continued From page 56</p> <p>blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting communicable diseases;</p> <p>(4) effective approaches to use to problem solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders;</p> <p>(5) review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and</p> <p>(6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person.</p> <p>(b) In addition to the topics in paragraph (a), annual training may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics:</p> <p>(1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and challenges it poses to communication;</p> <p>(2) the health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or</p> <p>(3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the</p> | 01500                                                                  |                                                                                                                          |  |                                                     |



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| 01500                                                                | <p>Continued From page 57</p> <p>licensee failed to ensure all employees that performed direct services completed all required training components for each twelve months of employment for four of four employees (licensed assisted living director/ clinical nurse supervisor (LALD/CNS)-A, unlicensed personnel (ULP)-B, ULP-D, and ULP-E)</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>LALD/CNS-A<br/>LALD/CNS-A began employment with the licensee on January 1, 2022, to provide oversight to unlicensed personnel and direct services to residents.</p> <p>LALD/CNS-A's employee record lacked training for the following required topics:<br/>- review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights for 2023 and 2024;<br/>- effective approaches to use in problem solving and communication for 2023 and 2024; and<br/>- review of provider policies and procedures for 2023 and 2024.</p> <p>ULP-B<br/>ULP-B had a hire date of June 3, 2022. ULP-B provided direct services to residents.</p> | 01500                                                                  |                                                                                                                          |  |                                                     |



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| 01500                                                                | <p>Continued From page 58</p> <p>On July 16, 2024, at 11:00 a.m., the surveyor observed ULP-B prepare and administer medications for R2.</p> <p>ULP-B's employee record lacked training for the following required topics:</p> <ul style="list-style-type: none"><li>- review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights for 2023 and 2024;</li><li>- effective approaches to use in problem solving and communication for 2023 and 2024; and</li><li>- review of provider policies and procedures for 2023 and 2024.</li></ul> <p>ULP-D<br/>ULP-D had a hire date of August 24, 2022.<br/>ULP-D provided direct services to residents.</p> <p>On July 17, 2024, at 11:42 a.m., the surveyor observed ULP-D prepare and administer medications for R2.</p> <p>ULP-D's employee record lacked training for the following required topics:</p> <ul style="list-style-type: none"><li>- review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights for 2023 and 2024;</li><li>- effective approaches to use in problem solving and communication for 2023 and 2024; and</li><li>- review of provider policies and procedures for 2023 and 2024.</li></ul> <p>ULP-E<br/>ULP-E had a hire date of January 1, 2022. ULP-E provided direct services to residents.</p> <p>ULP-E's employee record lacked training for the following required topics:</p> | 01500                                                                                                 |                                                                                                                          |  |                                                        |



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| NAME OF PROVIDER OR SUPPLIER<br><br><b>HEALING HOME SERVICES LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1073 26TH AVENUE SOUTH EAST<br/>MINNEAPOLIS, MN 55414</b>                    |  |                                                     |
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| 01500                                                                | <p>Continued From page 59</p> <ul style="list-style-type: none"><li>- review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights for 2023 and 2024;</li><li>- effective approaches to use in problem solving and communication for 2023 and 2024; and</li><li>- review of provider policies and procedures for 2023 and 2024.</li></ul> <p>On July 16, 2024, at 12:01 p.m., LALD/CNS-A stated the facility used Educare (computer-based training system) and the house manager was responsible for assigning annual training to all employees. LALD/CNS-A stated training was assigned "a couple" modules at a time throughout the year for each employee. LALD/CNS-A stated there was not a tracking system for what had been assigned, what was still left, and when training was completed. LALD/CNS-A stated it was their responsibility to ensure training was completed but they had not been checking in Educare to ensure employees had completed their required training.</p> <p>On July 17, 2024, at 10:50 a.m., LALD/CNS-A stated they were not aware the facility policies and procedures were required to be reviewed annually by each employee. LALD/CNS-A stated the policies were reviewed on initial orientation but this had not been done annually.</p> <p>The licensee's Staff Orientation and Education, dated February 24, 2022, indicated all staff providing assisted living services will complete at least eight hours of education for every twelve months of employment. Education topics would include the following:</p> <ul style="list-style-type: none"><li>- reporting of maltreatment of adults;</li><li>- review of Assisted Living Bill of Rights and staff responsibilities related to</li></ul> | 01500                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>HEALING HOME SERVICES LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1073 26TH AVENUE SOUTH EAST<br/>MINNEAPOLIS, MN 55414</b>                    |  |                                                     |
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| 01500                                                                | Continued From page 60<br><br>ensuring the exercise and protection of those rights;<br>- review of the organizations policies and procedures related to the provision of assisted living services and how to implement them;<br>- infection control techniques;<br>- implementation of infection control standards based on current recommendations per the Centers for Disease Control (CDC);<br>- effective approaches to use to problem solve when working with a resident's challenging behavior and how to communicate with residents who have dementia, Alzheimer's Disease, or related disorders; and<br>- principles of person-centered planning and service delivery.<br>In addition, the facility would maintain proof of orientation and education in the personnel files.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 01500                                                                  |                                                                                                                          |  |                                                     |
| 01620<br>SS=F                                                        | 144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring<br><br>(c) Resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services. Ongoing resident reassessment and monitoring must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the last date of the assessment.<br>(d) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs                                                                                                                                                                                                                                                                       | 01620                                                                  |                                                                                                                          |  |                                                     |



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| 01620                                                                | <p>Continued From page 61</p> <p>and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review.</p> <p>(e) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to ensure the registered nurse (RN) conducted a comprehensive assessment not to exceed 90 calendar days from the last date of the assessment for two of four residents (R3 and R5). In addition, the licensee failed to ensure the RN conducted reassessment and monitoring as needed based on changes in the needs of the residents for one of one resident (R2).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>R2<br/>R2 was admitted to the licensee and began</p> | 01620                                                                  |                                                                                                                          |  |                                                     |



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| 01620                                                                | <p>Continued From page 62</p> <p>receiving assisted living services on June 12, 2023.</p> <p>R2's Exhibit 2: Service Plan, dated June 8, 2023, indicated R2 received medication administration, assistance with dressing, meal preparation, daily monitoring of vital signs, weight, and blood glucose, housekeeping, shopping, and laundry.</p> <p>R2's record included an After Visit Summary (AVS), dated April 10, 2024, which indicated R2 was inpatient at a hospital beginning on April 5, 2024, and was discharged from the hospital on April 10, 2024. The AVS indicated R2 was hospitalized for evaluation and management of bleeding in the brain and a skull fracture after hitting their head.</p> <p>On July 17, 2024, at 2:58 p.m., licensed assisted living director/ clinical nurse supervisor (LALD/CNS)-A stated R2 had been transported to the hospital by ambulance for suicidal behavior and sustained a fall that resulted in the head injury while in the hospital emergency room.</p> <p>R2's record lacked an assessment based on the need to determine changes in care needs following a hospitalization. The next assessment by the RN was completed on June 1, 2024, 52 days after R2 was discharged from a hospital.</p> <p>On July 17, 2024, at 2:58 p.m., LALD/CNS-A stated when residents return to the facility following a hospitalization, LALD/CNS-A reviewed the discharge documentation, orders, and talked with the resident. LALD/CNS-A stated they had not used an assessment form or documented that assessment in any case that they recalled. R2's record lacked notation of any review, assessment, or discussion with R2 upon</p> | 01620                                                                  |                                                                                                                          |  |                                                     |



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| 01620                                                                | <p>Continued From page 63</p> <p>returning to the facility.</p> <p><b>R3</b><br/>R3 was admitted to the licensee and began receiving assisted living services on June 8, 2022.</p> <p>R3's diagnoses included anxiety, depression, rheumatoid arthritis, and post-traumatic stress disorder.</p> <p>R3's Exhibit 2: Service Plan, dated June 8, 2022, indicated R3 received medication administration, weekly blood pressure monitoring, meal preparation, housekeeping, shopping, and laundry.</p> <p>R3's record indicated the RN completed an admission assessment on June 8, 2022, and a reassessment on June 21, 2022. No other completed assessments were present in the resident record. Therefore, the most recent completed assessment was 757 days ago.</p> <p><b>R5</b><br/>R5 was admitted to the licensee and began receiving assisted living services on November 9, 2022.</p> <p>R5's diagnoses included depression, mood disorder, traumatic brain injury, seizures, and hydrocephalus.</p> <p>R5's record did not include a completed service plan.</p> <p>R5's record indicated the RN completed an assessment on November 22, 2022. The next assessment completed by the RN occurred on March 31, 2023, 130 days after the previous</p> | 01620                                                                     |                                                                                                                          |  |                                                        |



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| 01620                                                                | <p>Continued From page 64</p> <p>assessment.</p> <p>R5's record indicated the RN completed an assessment on September 2, 2023. The next assessment completed by the RN occurred on June 21, 2024, 294 days after the previous assessment.</p> <p>On July 15, 2024, at 11:30 a.m., LALD/CNS-A stated they complete an admission assessment on the day a new resident moves in, a reassessment within fourteen days, ongoing assessments every ninety days, and as needed if a resident has been hospitalized or had a change in condition.</p> <p>On July 17, 2024, at 1:09 p.m., LALD/CNS-A stated they kept track of assessment due dates on their personal cell phone calendar.</p> <p>On July 17, 2024, at 2:58 p.m., LALD/CNS-A stated they thought all assessments were completed as scheduled for all residents, but the documentation was not filed in the resident records. LALD/CNS-A was not able to locate any additional assessment documents other than what was in the medical records. LALD/CNS-A stated they completed the assessment on the facility assessment form in pencil and fixed any misspellings or other errors later in pen, then file the form in the resident record. LALD/CNS-A stated they did take the assessment forms offsite to work on them at home or the office at owner (O)-G's house. LALD/CNS-A stated there were documents that they believed were complete, but they were not able to locate them.</p> <p>The licensee's policy Assessment and Reassessment, dated February 24, 2022, indicated ongoing resident reassessments would</p> | 01620                                                                  |                                                                                                                          |  |                                                     |



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| 01620                                                                | Continued From page 65<br><br>be conducted by an RN and would not exceed 90 days from the last date of assessment. In addition, assessment would be conducted as needed based on changes in the needs of the resident.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 01620                                                                  |                                                                                                                          |  |                                                     |
| 01640<br>SS=E                                                        | 144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to<br><br>(a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan.<br>(b) The service plan and any revisions must include a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities.<br>(c) The facility must implement and provide all services required by the current service plan.<br>(d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable.<br>(e) Staff providing services must be informed of the current written service plan.<br><br>This MN Requirement is not met as evidenced by: | 01640                                                                  |                                                                                                                          |  |                                                     |



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| 01640                                                                | <p>Continued From page 66</p> <p>Based on observation, interview, and record review, the licensee failed to revise the service plan when changes in service needs occurred for two of three residents (R3 and R4).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).</p> <p>The findings include:</p> <p>R3<br/>R3 was admitted to the licensee and began receiving assisted living services on June 8, 2022.</p> <p>R3's diagnoses included anxiety, depression, rheumatoid arthritis, and post-traumatic stress disorder.</p> <p>R3's Exhibit 2: Service Plan, dated June 8, 2022, indicated R3 received medication administration, assistance with skin care, shower every Tuesday and Saturday, weekly blood pressure monitoring, meal preparation, housekeeping, shopping, and laundry.</p> <p>R3's Client Evaluation, dated June 8, 2022, indicated R3 was independent with bathing.</p> <p>On July 17, 2024, at 2:17 p.m., R3 stated they showered the previous day which was Tuesday and that they would shower next on Thursday. R3 stated they shower every other day and did</p> | 01640                                                                  |                                                                                                                          |  |                                                     |



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| NAME OF PROVIDER OR SUPPLIER<br><br><b>HEALING HOME SERVICES LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1073 26TH AVENUE SOUTH EAST<br/>MINNEAPOLIS, MN 55414</b>                    |  |                                                     |
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| 01640                                                                | <p>Continued From page 67</p> <p>not need any assistance from staff with showering.</p> <p>On July 17, 2024, at 2:20 p.m., ULP-D stated they had not helped R3 with any aspect of showering including set up and denied performing any skin care for R3.</p> <p>R4<br/>R4 was admitted to the licensee and began receiving assisted living services on February 6, 2023.</p> <p>R4's diagnoses included history of cerebrovascular accident (CVA), hemiplegia affecting non-dominant side, major depressive disorder, hypertension, chronic hepatitis C, and polysubstance abuse.</p> <p>R4's Exhibit 2: Service Plan, dated February 6, 2023, indicated R4 received medication administration, weekly blood pressure monitoring, assistance with buttons and zippers, grooming as needed, transfer assist of one person, meal preparation, housekeeping, shopping, laundry, and used a wheelchair for mobility.</p> <p>R4's Resident Evaluation, dated February 6, 2023, indicated R4 was independent with all grooming tasks, required assist with transfers "when he is drunk", was independent with walking, and used an electric scooter.</p> <p>R4's Nurse Reassessment Visit, dated May 10, 2024, indicated no changes had been made to any aspect of R4's care. The document lacked details of level of assistance needed for any specific tasks.</p> <p>On July 17, 2024, at 3:30 p.m., the surveyor</p> | 01640                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01640                                                                | <p>Continued From page 68</p> <p>observed an electric scooter parked on the front sidewalk. LALD/CNS-A stated the scooter was R4's. R4 used the electric scooter when they went out in the community. R4 walked independently from his bedroom to the front door, outside, and down the front steps to the scooter shortly after that.</p> <p>On July 18, 2024, at 2:12 p.m., LALD/CNS-A stated the service plans had not been thoroughly reviewed and updated but the house staff knew the residents and what care was needed.</p> <p>The licensee's Service Plan policy, dated February 24, 2022, indicated an individualized service plan would be implemented for all residents. The facility would provide all services required by the current service plan. The service plan would be revised, if needed, based on resident review or reassessment.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p> | 01640                                                                  |                                                                                                                          |  |                                                     |
| 01650<br>SS=D                                                        | <p>144G.70 Subd. 4 (f) Service plan, implementation and revisions to</p> <p>(f) The service plan must include:</p> <p>(1) a description of the services to be provided, the fees for services, and the frequency of each service, according to the resident's current assessment and resident preferences;</p> <p>(2) the identification of staff or categories of staff who will provide the services;</p> <p>(3) the schedule and methods of monitoring assessments of the resident;</p> <p>(4) the schedule and methods of monitoring staff</p>                                                                                                                                                                                                                                                                                                                                                                                                                 | 01650                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01650                                                                | <p>Continued From page 69</p> <p>providing services; and<br/>(5) a contingency plan that includes:<br/>(i) the action to be taken if the scheduled service cannot be provided;<br/>(ii) information and a method to contact the facility;<br/>(iii) the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency; and<br/>(iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure the service plan included the required content for one of four residents (R5).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>R5 was admitted to the licensee and began receiving assisted living services on November 9,</p> | 01650                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01650                                                                | <p>Continued From page 70</p> <p>2022.</p> <p>R5's diagnoses included depression, mood disorder, traumatic brain injury, seizures, and hydrocephalus.</p> <p>R5's Exhibit 2: Service Plan, dated November 9, 2022, was signed by R5 and licensed assisted living director/ clinical nurse supervisor (LALD/CNS)-A, however nothing else on the document was completed and it lacked the following content:</p> <ul style="list-style-type: none"><li>- a description of the services to be provided;</li><li>- fees for services;</li><li>- the frequency of each service;</li><li>- identification of staff or categories of staff who will provide the services;</li><li>- the schedule and methods of monitoring assessments;</li><li>- the schedule and methods of monitoring staff providing services;</li><li>- the action to be taken if the scheduled service cannot be provided;</li><li>- information and a method to contact the facility;</li><li>- the names and contact information of persons the resident wishes to have notified in an emergency;</li><li>- identification of who has authority to sign for the resident in an emergency; and</li><li>- the circumstances in which emergency medical services are not to be summoned.</li></ul> <p>On July 18, 2024, at 12:20 p.m., LALD/CNS-A presented R5's medical record to the surveyor for review. LALD/CNS-A stated they knew they were behind in documentation and all documents that were completed for R5 were in the record. LALD/CNS-A verified R5's service plan lacked the above required information.</p> | 01650                                                                  |                                                                                                                          |  |                                                     |



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| 01650                                                                | <p>Continued From page 71</p> <p>The licensee's Service Plan policy, dated February 24, 2022, indicated an individualized service plan would be implemented for all residents. The service plan would include:</p> <ul style="list-style-type: none"><li>- a description of the services to be provided;</li><li>- the fees for services and the frequency of each service, according to the resident's current review or assessment and resident preferences;</li><li>- identification of the staff or categories of staff who will provide the services;</li><li>- the schedule and methods of monitoring reviews or assessments of the resident;</li><li>- the schedule and method of monitoring staff providing services;</li><li>- action to be taken if the scheduled service cannot be provided;</li><li>- information and method for a resident or resident's representative to contact the facility;</li><li>- names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition;</li><li>- the identification of and information as to who has the authority to sign for the resident in an emergency; and</li><li>- circumstances in which emergency medical services are not to be summoned and declarations made by the resident related to health care directives.</li></ul> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p> | 01650                                                                  |                                                                                                                          |  |                                                     |
| 01700<br>SS=D                                                        | <p>144G.71 Subd. 2 Provision of medication management services</p> <p>(a) For each resident who requests medication</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 01700                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01700                                                                | <p>Continued From page 72</p> <p>management services, the facility shall, prior to providing medication management services, have a registered nurse, licensed health professional, or authorized prescriber under section 151.37 conduct an assessment to determine what medication management services will be provided and how the services will be provided. This assessment must be conducted face-to-face with the resident. The assessment must include an identification and review of all medications the resident is known to be taking. The review and identification must include indications for medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues.</p> <p>(b) The assessment must identify interventions needed in management of medications to prevent diversion of medication by the resident or others who may have access to the medications and provide instructions to the resident and legal or designated representatives on interventions to manage the resident's medications and prevent diversion of medications. For purposes of this section, "diversion of medication" means misuse, theft, or illegal or improper disposition of medications.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) conducted a face-to-face medication management assessment, prior to providing medication management services, to include all required content for one of four residents (R3).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a</p> | 01700                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01700                                                                | <p>Continued From page 73</p> <p>resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>R3 was admitted to the licensee and began receiving assisted living services on June 8, 2022.</p> <p>R3's diagnoses included anxiety, depression, rheumatoid arthritis, and post-traumatic stress disorder.</p> <p>R3's Exhibit 2: Service Plan, dated June 8, 2022, indicated R3 received medication administration, weekly blood pressure monitoring, meal preparation, housekeeping, shopping, and laundry.</p> <p>On July 15, 2024, at 2:00 p.m., the surveyor observed unlicensed personnel (ULP)-B prepare and administer medication to R3.</p> <p>On July 17, 2024, at 1:44 p.m., licensed assisted living director/ clinical nurse supervisor (LALD/CNS)-A stated the medication assessment was completed on admission for each new resident. LALD/CNS-A stated the medication assessment was part of the document used for admission assessments.</p> <p>The assessment used for admission assessments of R2, R4, and R5 was titled Resident Evaluation. Page seven, eight, and nine of the Resident Evaluation included a section titled medication assessment. The section</p> | 01700                                                                  |                                                                                                                          |  |                                                     |



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| NAME OF PROVIDER OR SUPPLIER<br><br><b>HEALING HOME SERVICES LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1073 26TH AVENUE SOUTH EAST<br/>MINNEAPOLIS, MN 55414</b>                    |  |                                                     |
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| 01700                                                                | <p>Continued From page 74</p> <p>included the required content of the medication assessment.</p> <p>R3's admission assessment, dated June 8, 2022, was completed on a five-page document titled Client Evaluation. The document did not include a medication assessment.</p> <p>On July 17, 2024, at 1:55 p.m., LALD/CNS-A confirmed R3's record lacked a medication management assessment.</p> <p>The licensee's Assessment of Medications policy dated February 24, 2022, indicated that prior to providing medication management services the RN would provide a face-to-face assessment to determine what medication management services would be provided. The assessment included:</p> <ul style="list-style-type: none"><li>- medication reconciliation;</li><li>- indication for each medication;</li><li>- therapeutic effectiveness;</li><li>- side effects;</li><li>- desired effects;</li><li>- actual or potential drug interactions;</li><li>- duplicate drug therapy;</li><li>- non-adherence with drug therapy;</li><li>- need for laboratory monitoring with specific medications;</li><li>- allergic reactions;</li><li>- changes in condition that contraindicate continued administration of the medication;</li><li>- any difficulties with taking the medication;</li><li>- resident preferences in how to take medications; and</li><li>- interventions needed to prevent potential medication diversion.</li></ul> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7)</p> | 01700                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>HEALING HOME SERVICES LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1073 26TH AVENUE SOUTH EAST<br/>MINNEAPOLIS, MN 55414</b>                    |  |                                                     |
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| 01700                                                                | Continued From page 75<br><br>days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 01700                                                                  |                                                                                                                          |  |                                                     |
| 01710<br>SS=F                                                        | <b>144G.71 Subd. 3 Individualized medication monitoring and reas</b><br><br>The assisted living facility must monitor and reassess the resident's medication management services as needed under subdivision 2 when the resident presents with symptoms or other issues that may be medication-related and, at a minimum, annually.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to monitor and reassess the resident's medication management services at least annually for four of four residents (R2, R3, R4, and R5). In addition, the licensee failed to ensure the registered nurse (RN) conducted an accurate medication assessment for one of four residents (R3).<br><br>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to 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).<br><br>The findings include:<br><br>ANNUAL MEDICATION ASSESSMENT<br>R2<br>R2 was admitted to the licensee and began receiving assisted living services on June 12, | 01710                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01710                                                                | <p>Continued From page 76</p> <p>2023.</p> <p>R2's diagnoses included diabetes, schizophrenia, and benign prostatic hyperplasia.</p> <p>R2's Exhibit 2: Service Plan, dated June 8, 2023, indicated R2 received medication administration, assistance with dressing, meal preparation, daily monitoring of vital signs, weight, and blood glucose, housekeeping, shopping, and laundry.</p> <p>R2's medication administration record (MAR) dated July, 2024, indicated R2 was receiving alfuzosin 10 milligram (mg) one tablet by mouth daily, vitamin D3 1000 unit two tablets daily, ferrous sulfate 325 mg one tablet three times per week, levocarnitine 330 mg two tablets three times daily with meals, metformin 500 mg four tablets daily, omeprazole 20 mg one capsule daily, polyethylene glycol 3350 one 17 gram (gm) scoop of powder mixed with a full glass of water daily, risperidone 3 mg one tablet twice daily, sennosides-docusate sodium 8.6/50 mg one tablet twice daily, atorvastatin 20 mg one tablet at bedtime, clonazepam 0.5 mg one tablet at bedtime, clozapine 100 mg three tablets at bedtime, divalproex 500 mg three tablets at bedtime, melatonin 3 mg one tablet at bedtime, atropine sulfate ophthalmic solution United States Pharmacopeia standards (USP) 1 percent (%) one drop under each side of tongue at bedtime, aluminum and magnesium hydroxide-simethicone 200-200-20 mg thirty milliliters (ml) three times daily as needed for gastro intestinal upset, and bisacodyl 10 mg suppository daily as needed for constipation.</p> <p>On July 16, 2024, at 11:00 a.m., the surveyor observed unlicensed personnel (ULP)-B prepare and administer R2's medications.</p> | 01710                                                                  |                                                                                                                          |  |                                                     |



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| 01710                                                                | <p>Continued From page 77</p> <p><b>R3</b><br/>R3 was admitted to the licensee and began receiving assisted living services on June 8, 2022.</p> <p>R3's diagnoses included anxiety, depression, rheumatoid arthritis, and post-traumatic stress disorder.</p> <p>R3's Exhibit 2: Service Plan, dated June 8, 2022, indicated R3 received medication administration, weekly blood pressure monitoring, meal preparation, housekeeping, shopping, and laundry.</p> <p>R3's medication administration record (MAR) dated July, 2024, indicated R3 was receiving gabapentin 300 mg one capsule three times daily, valacyclovir 1000 mg one tablet daily, loratadine 10 mg one tablet daily, famotidine 20 mg one tablet twice daily, multivitamin one tablet daily, Advair hydrofluoroalkane (HFA) 115-21 micrograms (mcg) actuation inhaler two puffs inhaled by mouth twice daily, mirtazapine 15 mg one tablet at bed time, acetaminophen 500 mg one to two tablets as needed, naproxen 500 mg one tablet by mouth every twelve hours as needed for pain, Ventolin HFA aerosol (AER) inhale one to two puffs by mouth every four hours as needed for shortness of breath or wheezing, hydroxyzine hydrochloride 25 mg one tablet every six hours as needed for anxiety and sleep, and ibuprofen 600 mg as needed.</p> <p>On July 15, 2024, at 2:06 p.m., the surveyor observed ULP-B prepare and administer R3's medications.</p> <p><b>R4</b></p> | 01710                                                                  |                                                                                                                          |  |                                                     |



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| 01710                                                                | <p>Continued From page 78</p> <p>R4 was admitted to the licensee and began receiving assisted living services on February 6, 2023.</p> <p>R4's diagnoses included history of cerebrovascular accident (CVA), hemiplegia affecting non-dominant side, major depressive disorder, hypertension, chronic hepatitis C, and polysubstance abuse.</p> <p>R4's Exhibit 2: Service Plan, dated June 12, 2023, indicated R4 received medication administration, weekly blood pressure monitoring, assistance with buttons and zippers, grooming as needed, meal preparation, housekeeping, shopping, and laundry.</p> <p>R4's medication administration record (MAR) dated July 2024, indicated R4 was receiving aspirin 81 mg daily, amlodipine 5 mg daily, Tenormin 25 mg daily, Lipitor 20 mg daily, amitriptyline 50 mg every evening, and quetiapine 100 mg every night.</p> <p>R5</p> <p>R5 was admitted to the licensee and began receiving assisted living services on November 9, 2022.</p> <p>R5's diagnoses included depression, mood disorder, traumatic brain injury, seizures, and hydrocephalus.</p> <p>R5's record did not include a completed service plan.</p> <p>R5's medication administration record (MAR) dated July 2024, indicated R5 was receiving divalproex 500 mg three tablets daily and cyclobenzaprine 10 mg as needed for muscle</p> | 01710                                                                                                 |                                                                                                                          |  |                                                        |



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| 01710                                                                | <p>Continued From page 79</p> <p>spasm or headache.</p> <p>R2, R3, R4, and R5's records lacked monitoring and reassessment of medication management services at least annually for the following:</p> <ul style="list-style-type: none"><li>- documentation the assessment was conducted face-to-face with the resident;</li><li>- identification and review of all medications the resident is known to be taking, which included indications for medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues; and</li><li>- identification of interventions needed in management of medications.</li></ul> <p>On July 17, 2024, at 1:44 p.m., licensed assisted living director/ clinical nurse supervisor (LALD/CNS)-A stated they completed a medication management assessment on admission for each resident. LALD/CNS-A stated they had not been reviewing or updating the medication assessment after admission. LALD/CNS-A verified R2, R3, R4, and R5 records lacked monitoring and reassessment of medication management services annually as required for the above content.</p> <p>ACCURATE MEDICATION ASSESSMENT</p> <p>R3 was admitted to the licensee and began receiving assisted living services on June 8, 2022.</p> <p>R3's diagnoses included anxiety, depression, rheumatoid arthritis, and post-traumatic stress disorder.</p> <p>R3's Exhibit 2: Service Plan, dated June 8, 2022, indicated R3 received medication administration, weekly blood pressure monitoring, meal preparation, housekeeping, shopping, and</p> | 01710                                                                  |                                                                                                                          |  |                                                     |



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| 01710                                                                | <p>Continued From page 80</p> <p>laundry.</p> <p>R3's medication administration record (MAR) dated July, 2024, indicated R3 was receiving gabapentin 300 mg one capsule three times daily, valacyclovir 1000 mg one tablet daily, loratadine 10 mg one tablet daily, famotidine 20 mg one tablet twice daily, multivitamin one tablet daily, Advair hydrofluoroalkane (HFA) 115-21 micrograms (mcg) actuation inhaler two puffs inhaled by mouth twice daily, mirtazapine 15 mg one tablet at bed time, acetaminophen 500 mg one to two tablets as needed, naproxen 500 mg one tablet by mouth every twelve hours as needed for pain, Ventolin HFA aerosol (AER) inhale one to two puffs by mouth every four hours as needed for shortness of breath or wheezing, hydroxyzine hydrochloride 25 mg one tablet every six hours as needed for anxiety and sleep, and ibuprofen 600 mg as needed.</p> <p>On July 15, 2024, at 11:30 a.m., during the facility tour, the surveyor observed one Ventolin HFA inhaler on R3's dresser in R3's room unlocked and unsecured. R3 stated they keep their Ventolin HFA inhaler with them to use on their own when they need it. R3 states they take it with them when they leave their room or the facility but keep it on the dresser when they are in their room.</p> <p>R3's Medication Profile dated July 1, 2022, indicated R3 received Ventolin HFA 90 mcg/ actuation inhaler one to two puffs by mouth every four hours if needed for shortness of breath or wheezing. The Medication Profile indicated the inhaler was used for the purpose of preventing and treating wheezing and shortness due to asthma and could cause side-effects of nervousness, shaking, headache, mouth/ throat</p> | 01710                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>HEALING HOME SERVICES LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1073 26TH AVENUE SOUTH EAST<br/>MINNEAPOLIS, MN 55414</b>                    |  |                                                     |
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| 01710                                                                | <p>Continued From page 81</p> <p>dryness, changes in taste, cough, nausea, or dizziness.</p> <p>R3's Medication Management Plan dated June 8, 2022, indicated all medications would be set up by the RN and were administered by unlicensed personnel three times daily. The plan lacked specification of routes of medication unlicensed personnel would administer. The plan indicated all medications would be kept in a double locked office. In the section of the plan that required a notation about when medication reconciliation would be completed, LALD/CNS- A specifically wrote, "only when client is moving out right".</p> <p>On July 17, 2024, at 3:07 p.m., LALD/CNS-A stated they had assessed R3's ability to self-administer their Ventolin HFA inhaler by watching them use the inhaler. LALD/CNS-A stated they had not documented this observation.</p> <p>The licensee's Assessment of Medications policy, dated February 24, 2022, indicated the RN would complete a face-to-face assessment prior to providing medication management services to determine what services would be provided and how they would be implemented. The assessment would include identification of all medications used by the resident, medication reconciliation, and interventions needed in management of medications to prevent the potential for diversion. The policy indicated the medication reassessment would occur if the resident had new symptoms, problems or concerns that may be related to medications, with any new prescription, over the counter or herbal product use, and annually.</p> <p>No further information was provided.</p> | 01710                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>HEALING HOME SERVICES LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1073 26TH AVENUE SOUTH EAST<br/>MINNEAPOLIS, MN 55414</b> |                                                                                                                          |  |                                                     |
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| 01710                                                                | Continued From page 82                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 01710                                                                                                 |                                                                                                                          |  |                                                     |
|                                                                      | TIME PERIOD FOR CORRECTION: Seven (7) days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                       |                                                                                                                          |  |                                                     |
| 01730<br>SS=F                                                        | 144G.71 Subd. 5 Individualized medication management plan<br><br>(a) For each resident receiving medication management services, the assisted living facility must prepare and include in the service plan a written statement of the medication management services that will be provided to the resident. The facility must develop and maintain a current individualized medication management record for each resident based on the resident's assessment that must contain the following:<br>(1) a statement describing the medication management services that will be provided;<br>(2) a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions;<br>(3) documentation of specific resident instructions relating to the administration of medications;<br>(4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis;<br>(5) identification of medication management tasks that may be delegated to unlicensed personnel;<br>(6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and<br>(7) any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions. | 01730                                                                                                 |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>HEALING HOME SERVICES LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1073 26TH AVENUE SOUTH EAST<br/>MINNEAPOLIS, MN 55414</b> |                                                                                                                          |  |                                                        |
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| 01730                                                                | <p>Continued From page 83</p> <p>(b) The medication management record must be current and updated when there are any changes.</p> <p>(c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to develop and maintain a current individualized medication management record for each resident to include all required content for four or four residents (R2, R3, R4, and R5).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>R2<br/>R2 was admitted to the licensee and began receiving assisted living services on June 12, 2023.</p> <p>R2's diagnoses included diabetes, schizophrenia, and benign prostatic hyperplasia.</p> <p>R2's Exhibit 2: Service Plan, dated June 8, 2023, indicated R2 received medication administration, assistance with dressing, meal preparation, daily monitoring of vital signs, weight, and blood</p> | 01730                                                                                                 |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| 01730                                                                | <p>Continued From page 84</p> <p>glucose, housekeeping, shopping, and laundry.</p> <p>On July 16, 2024, at 11:00 a.m., the surveyor observed unlicensed personnel (ULP)-B prepare and administer levocarnitine 330 mg two tablets and sennosides-docusate sodium 8.6/50 mg one tablet twice daily from medication cards and from a bubble pack set up from the pharmacy alfuzosin 10 mg one tablet, vitamin D3 1000 unit two tablets, metformin 500 mg four tablets, omeprazole 20 mg one capsule, and risperidone 3 mg one tablet.</p> <p>R2's Medication Management Plan, dated June 12, 2023, and undated Medication Profile lacked the following content:</p> <ul style="list-style-type: none"><li>- a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions;</li><li>- documentation of specific resident instructions relating to the administration of medications;</li><li>- identification of medication management tasks that may be delegated to unlicensed personnel;</li><li>- procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and</li><li>- any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions.</li></ul> <p>R3</p> <p>R3 was admitted to the licensee and began receiving assisted living services on June 8, 2022.</p> | 01730                                                                                                 |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01730                                                                | <p>Continued From page 85</p> <p>R3's diagnoses included anxiety, depression, rheumatoid arthritis, and post-traumatic stress disorder.</p> <p>R3's Exhibit 2: Service Plan, dated June 8, 2022, indicated R3 received medication administration, weekly blood pressure monitoring, meal preparation, housekeeping, shopping, and laundry.</p> <p>On July 15, 2024, at 2:00 p.m., the surveyor observed ULP-B prepare and administer gabapentin 300 mg from a bubble pack set up from the pharmacy.</p> <p>On July 16, 2024, at 12:20 p.m., the surveyor observed ULP-D prepare and administer gabapentin 300 mg one capsule, valacyclovir 1000 mg one tablet, loratadine 10 mg one tablet, famotidine 20 mg one tablet, and multivitamin one tablet daily from one bubble pack pre-set up by the pharmacy to R3. ULP-D handed R3 their Advair HFA inhaler and R3 administered two puffs themselves.</p> <p>R3's Medication Management Plan, dated June 8, 2022, and Medication Profile, dated July 1, 2022, lacked the following content:</p> <ul style="list-style-type: none"><li>- a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions;</li><li>- documentation of specific resident instructions relating to the administration of medications; and</li><li>- any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions.</li></ul> | 01730                                                                                                 |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01730                                                                | <p>Continued From page 86</p> <p><b>R4</b><br/>R4 was admitted to the licensee and began receiving assisted living services on February 6, 2023.</p> <p>R4's diagnoses included history of cerebrovascular accident (CVA), hemiplegia affecting non-dominant side, major depressive disorder, hypertension, chronic hepatitis C, and polysubstance abuse.</p> <p>R4's Exhibit 2: Service Plan, dated February 6, 2023, indicated R4 received medication administration, weekly blood pressure monitoring, assistance with buttons and zippers, grooming as needed, meal preparation, housekeeping, shopping, and laundry.</p> <p>R4's record did not include a Medication Profile. R4's Medication Management Plan, dated February 6, 2023, lacked the following content:</p> <ul style="list-style-type: none"><li>- a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions;</li><li>- documentation of specific resident instructions relating to the administration of medications;</li><li>- identification of medication management tasks that may be delegated to unlicensed personnel; and</li><li>- any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions.</li></ul> <p><b>R5</b><br/>R5 was admitted to the licensee and began</p> | 01730                                                                                                 |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| 01730                                                                | <p>Continued From page 87</p> <p>receiving assisted living services on November 9, 2022.</p> <p>R5's diagnoses included depression, mood disorder, traumatic brain injury, seizures, and hydrocephalus.</p> <p>R5's record did not include a completed service plan.</p> <p>R5's Medication Management Plan, dated November 9, 2022, and Medication Profile dated, September 6, 2022, lacked the following content:</p> <ul style="list-style-type: none"><li>- a statement describing the medication management services that will be provided;</li><li>- a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions;</li><li>- documentation of specific resident instructions relating to the administration of medications;</li><li>- identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis;</li><li>- identification of medication management tasks that may be delegated to unlicensed personnel;</li><li>- procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and</li><li>- any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions.</li></ul> <p>On July 18, 2024, at 12:30 p.m., LALD/CNS-A stated they completed medication management plans and provided verbal direction to ULPs but</p> | 01730                                                                  |                                                                                                                          |  |                                                     |



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| 01730                                                                | <p>Continued From page 88</p> <p>might be missing some of the required pieces in their documentation.</p> <p>The licensee's Assessment of Medications policy, dated February 24, 2022, indicated the RN would develop an individualized medication management plan based on the medication management assessment conducted prior to providing medication management services. The plan would include the following elements:</p> <ul style="list-style-type: none"><li>- description of medication management services to be provided;</li><li>- description of medication storage based on resident need, preference, risk of diversion and per manufacturer's direction;</li><li>- documentation procedures;</li><li>- procedures for verification that medications are administered as prescribed;</li><li>- procedures for monitoring medication use to prevent complications or adverse reactions;</li><li>- identification of person(s) responsible for monitoring medication supplies and ensuring refills are ordered in a timely manner;</li><li>- identification of medication management tasks delegated to unlicensed staff; and</li><li>- procedures for notifying the registered nurse or licensed health profession regarding problems arising with medication management services.</li></ul> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p> | 01730                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>36747</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   |  | (X3) DATE SURVEY COMPLETED<br><br><b>07/18/2024</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>HEALING HOME SERVICES LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1073 26TH AVENUE SOUTH EAST<br/>MINNEAPOLIS, MN 55414</b>                    |  |                                                     |
| (X4) ID<br>PREFIX<br>TAG                                             | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ID<br>PREFIX<br>TAG                                                    | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                            |
| 01760                                                                | Continued From page 89                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 01760                                                                  |                                                                                                                          |  |                                                     |
| 01760<br>SS=F                                                        | <p><b>144G.71 Subd. 8 Documentation of administration of medication</b></p> <p>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.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure medications were administered as prescribed; failed to ensure medication administration was documented accurately to include the time of administration; failed to ensure the Medication Administration Record (MAR) contained documentation of the reason and follow-up when medication was not administered as prescribed; and failed to ensure the MAR documentation included the signature and title of person administering medications.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect</p> | 01760                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01760                                                                | <p>Continued From page 90</p> <p>a large portion or all of the residents).</p> <p>The findings include:</p> <p><b>RESIDENTS RECEIVING MEDICATION<br/>MANAGEMENT SERVICES</b></p> <p><b>R2</b><br/>R2 was admitted to the licensee and began<br/>receiving assisted living services on June 12,<br/>2023.</p> <p>R2's diagnoses included diabetes, schizophrenia,<br/>and benign prostatic hyperplasia.</p> <p>R2's Exhibit 2: Service Plan, dated June 8, 2023,<br/>indicated R2 received medication administration,<br/>assistance with dressing, meal preparation, daily<br/>monitoring of vital signs, weight, and blood<br/>glucose, housekeeping, shopping, and laundry.</p> <p><b>R3</b><br/>R3 was admitted to the licensee and began<br/>receiving assisted living services on June 8,<br/>2022.</p> <p>R3's diagnoses included anxiety, depression,<br/>rheumatoid arthritis, and post-traumatic stress<br/>disorder.</p> <p>R3's Exhibit 2: Service Plan, dated June 8, 2022,<br/>indicated R3 received medication administration,<br/>weekly blood pressure monitoring, meal<br/>preparation, housekeeping, shopping, and<br/>laundry.</p> <p><b>R4</b><br/>R4 was admitted to the licensee and began<br/>receiving assisted living services on February 6,<br/>2023.</p> | 01760                                                                     |                                                                                                                          |  |                                                        |



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| 01760                                                                | <p>Continued From page 91</p> <p>R4's diagnoses included history of cerebrovascular accident (CVA), hemiplegia affecting non-dominant side, major depressive disorder, hypertension, chronic hepatitis C, and polysubstance abuse.</p> <p>R4's Exhibit 2: Service Plan, dated June 12, 2023, indicated R4 received medication administration, weekly blood pressure monitoring, assistance with buttons and zippers, grooming as needed, meal preparation, housekeeping, shopping, and laundry.</p> <p>R5<br/>R5 was admitted to the licensee and began receiving assisted living services on November 9, 2022.</p> <p>R5's diagnoses included depression, mood disorder, traumatic brain injury, seizures, and hydrocephalus.</p> <p>R5's record did not include a completed service plan.</p> <p>MEDICATIONS NOT ADMINISTERED AND DOCUMENTED AS PRESCRIBED<br/>R2<br/>R2- Medication was prescribed but not administered.</p> <p>R2's Unsigned After Visit Summary, dated July 3, 2024, with R2's primary physician indicated R2 had the following medication on their medication list:<br/>- polyethylene glycol 3350 17-gram (gm) scoop of powder dissolve 17 Gm in eight ounces of liquid and drink daily hold for loose stools.</p> <p>R2's MAR for July 2024 included, in a column</p> | 01760                                                                  |                                                                                                                          |  |                                                     |



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| 01760                                                                | <p>Continued From page 92</p> <p>titled medication/ dose/ route/ frequency, polyethylene glycol 3350 17 grams (gm) per scoop powder take one 17 gm capful and mix with full glass of water every day as directed for constipation. The next column indicated an administration time of PRN (as needed). On July 17, 2024, the surveyor observed the MAR to include no initials indicating the polyethylene glycol 3350 had not been administered any day during the month of July. Additional MARs in R2's record included the same time and direction for the medication. R2's MAR, dated March 2024, indicated the daily polyethylene glycol 3350 was not administered any of the thirty-one days. R2's MAR, dated April 2024, indicated the daily polyethylene glycol 3350 was administered on April 1, 2, and 3 but no other days. R2's MAR dated May 2024, did not include the daily polyethylene glycol 3350 or any of the other medications on the same page other months. R2's MAR dated June 2024, indicated the daily polyethylene glycol 3350 was not administered any of the thirty days of the month.</p> <p>The MARs lacked indication of a specific time to administer the daily polyethylene glycol 3350, specification of 8 ounces of water to mix the powder with, and direction for staff to hold the medication if R2 was having loose stools.</p> <p>The surveyor observed R2's morning medication administration on July 16 and 17, 2024. The ULPs did not administer daily polyethylene glycol 3350 during the observed medication passes.</p> <p>R2- Timed medications administered two hours late, medication administered but not documented, and medication documented but not administered.</p> | 01760                                                                  |                                                                                                                          |  |                                                     |



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| 01760                                                         | Continued From page 93<br><br>On July 16, 2024, at 11:00 a.m., the surveyor observed ULP-B wash their hands in the kitchen. Then ULP-B went to the medication cabinet and got a bubble pack card indicated as R2's stool softener 8.6/50 mg, two levocarnitine 330 mg tablets in packaging that tore away from the other tablets and had backing that peeled away to remove each individual tablet, and one bubble pack set up by pharmacy labeled with R2's name, the date of July 16, 2024, Tuesday morning, and list of medications included in the bubble pack. The medications were one tablet of alfuzosin extended release (ER) 10 mg, four tablets of metformin ER 500 mg, one capsule of omeprazole 20 mg, one tablet of risperidone 3 mg, and two tablets of vitamin D3 25 mcg. ULP-B set the medications down on the kitchen counter and opened R2's binder that contained R2's July MAR. ULP-B opened the MAR, looked at the list of medications, and used a pen to write a dot on the box corresponding with July 16 and 9:00 a.m. medications. ULP-B did not look at the medication labels while entering dots on the MAR. Then ULP-B put the medications they had gathered into a medication cup, brought the medication cup and a glass of water to R2 in the living room. R2 swallowed the medications, drank the water, and handed the empty cup and glass back to ULP-B. ULP-B disposed of the cup and set the glass on the counter in the kitchen by the sink. Then ULP-B washed their hands. ULP-B documented their initials in the boxes on page one of the MAR they had put dots in. Then ULP-B closed the binder the MAR was in. The surveyor asked ULP-B about page two of the MAR. ULP-B stated the medications after page one were all evening and night medications. The surveyor requested to review the MAR with ULP-B. | 01760                                                           |                                                                                                                          |                          |                                              |



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| 01760                                                                | <p>Continued From page 94</p> <p>ULP-B administered the following medications:</p> <ul style="list-style-type: none"><li>- alfuzosin 10 milligram (mg) one tablet;</li><li>- metformin 500 mg extended-release four tablets;</li><li>- omeprazole 20 mg one capsule;</li><li>- risperidone 3 mg one tablet;</li><li>- vitamin D3 1000 units two tablets;</li><li>- levocarnitine 330 mg two tablets; and</li><li>- sennosides-docusate sodium 8.6/50 mg one tablet.</li></ul> <p>ULP-B signed off on administering the following medications 9:00 a.m. dose for July 16, 2024, on the July 2024 MAR.</p> <ul style="list-style-type: none"><li>- alfuzosin 10 milligram (mg) one tablet;</li><li>- metformin 500 mg extended-release four tablets;</li><li>- vitamin D3 1000 units two tablets;</li><li>- levocarnitine 330 mg two tablets; and</li><li>- ferrous sulfate 325 mg tablet.</li></ul> <p>The ferrous sulfate 325 mg tablet directions were for one tablet by mouth every Monday, Wednesday, and Friday. July 16, 2024, was a Tuesday and this medication was not included in the pharmacy bubble pack. Bubble packs specified for Monday, Wednesday, and Fridays included the ferrous sulfate tablet.</p> <p>ULP-B administered but did not sign off the following medications that were on page 2 of the MAR:</p> <ul style="list-style-type: none"><li>- omeprazole 20 mg one capsule;</li><li>- risperidone 3 mg one tablet; and</li><li>- sennosides-docusate sodium 8.6/50 mg one tablet.</li></ul> <p>The surveyor and ULP-B compared the labels on the medications administered with the MAR. ULP-B was not able to match the bubble pack label of stool softener 8.6/50 mg with the MAR</p> | 01760                                                                  |                                                                                                                          |  |                                                     |



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| 01760                                                                | <p>Continued From page 95</p> <p>listing of sennosides-docusate sodium 8.6/50 mg one tablet. The surveyor suggested asking LALD/CNS-A if there was something ULP-B was uncertain about related to medications. LALD/CNS-A came into the kitchen and reviewed the MAR with ULP-B. LALD/CNS-A had ULP-B sign off the second page of the MAR for the medications they had administered.</p> <p>The surveyor showed LALD/CNS-A the sign off for ferrous sulfate. ULPs had signed off the three time per week medication everyday July 1 to 16. LALD/CNS-A stated they might highlight the days for ferrous sulfate to be administered. The surveyor asked if comparing the medication label to the MAR was an expectation of ULPs administering medications. LALD/CNS-A stated the ULPs were expected to compare the medication label to the MAR before removing the medication from the packaging.</p> <p>R3<br/>R3- Timed Medications three hours late, medication ordered but not administered, and medications administered but not documented.</p> <p>On July 16, 2024, at 12:10 p.m., the surveyor observed ULP-B prepare and administer R3's scheduled 9:00 a.m. medications. ULP-B washed their hands and removed one pharmacy set up bubble pack from the medication cabinet. The bubble pack indicated it was for Tuesday morning July 16, 2024, and contained one tablet famotidine 20 mg; one capsule gabapentin 300 mg; one tablet loratadine 10 mg; one tablet multivitamin; and one tablet valacyclovir 1 gm. ULP-B set the medication bubble pack on the kitchen counter, opened the July MAR. R3 was standing in the kitchen asking for their medications and wanted to go outside for a</p> | 01760                                                                  |                                                                                                                          |  |                                                     |



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| NAME OF PROVIDER OR SUPPLIER<br><br><b>HEALING HOME SERVICES LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1073 26TH AVENUE SOUTH EAST<br/>MINNEAPOLIS, MN 55414</b> |                                                                                                                          |  |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                             | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ID<br>PREFIX<br>TAG                                                                                   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                               |
| 01760                                                                | <p>Continued From page 96</p> <p>cigarette. ULP-B did not compare the bubble pack label to the MAR. ULP-B opened the bubble pack and handed it to R3. R3 swallowed the medications and drank their coffee.</p> <p>ULP-B administered the following medications:</p> <ul style="list-style-type: none"><li>- gabapentin 300 mg one capsule;</li><li>- valacyclovir 1000 mg one tablet;</li><li>- loratadine 10 mg one tablet;</li><li>- famotidine 20 mg one tablet; and</li><li>- multivitamin one tablet.</li></ul> <p>ULP-B signed off on administering the following medications 9:00 a.m. dose July 16, 2024, on the July 2024 MAR:</p> <ul style="list-style-type: none"><li>- gabapentin 300 mg one capsule;</li><li>- valacyclovir 1000 mg one tablet;</li><li>- loratadine 10 mg one tablet;</li><li>- multivitamin one tablet; and</li><li>- Advair hydrofluoroalkane (HFA) 115-21 micrograms (mcg) actuation inhaler two puffs inhaled by mouth.</li></ul> <p>ULP-B administered but did not sign off the following medication:</p> <ul style="list-style-type: none"><li>- famotidine 20 mg one tablet.</li></ul> <p>On July 16, 2024, at 12:14 p.m., ULP-B stated that R3 did not want their Advair inhaler today. ULP-B stated they had asked them earlier.</p> <p>On July 16, 2024, at 12:15 p.m., R3 stated they knew they were supposed to take their Advair HFA inhaler every day, but they knew when they needed it and only took it then. R3 stated they ask staff for the Advair HFA when they need it, staff bring it to them, and they take it.</p> <p>R3- Inhaler procedure not followed.</p> | 01760                                                                                                 |                                                                                                                          |  |                                                        |



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| NAME OF PROVIDER OR SUPPLIER<br><br><b>HEALING HOME SERVICES LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1073 26TH AVENUE SOUTH EAST<br/>MINNEAPOLIS, MN 55414</b>                    |  |                                                     |
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| 01760                                                                | <p>Continued From page 97</p> <p>On July 17, 2024, at 12:20 p.m., ULP-D prepared and administered R3's morning medications. After R3 swallowed the oral medications and drank some soda from an open can that was in his room, ULP-D handed R3 his Advair HFA inhaler. R3 administered two puffs directly from inhaler apparatus without a spacer. ULP-D did not offer water for R3 to rinse their mouth after using the inhaler.</p> <p>Advair HFA Manufacturer Instructions, dated July 2023, indicated the inhaler user should rinse their mouth with water without swallowing after each dose of Advair HFA.</p> <p><b>TIMED MEDICATION TOO CLOSE TOGETHER R3</b></p> <p>R3's Medication and Treatment Orders, dated August 29, 2023, and signed by R3's primary physician indicated see list for medications. R3's Medication List from clinic, dated August 29, 2023, and stapled to the orders indicated R3 received gabapentin 300 mg one capsule three times a day.</p> <p>On July 16, 2024, at 12:10 p.m., the surveyor observed ULP-B prepare and administer R3's 9:00 a.m. medications. The medications included one gabapentin 300 mg capsule.</p> <p>On July 16, 2024, at 2:30 p.m., the surveyor observed ULP-D prepare and administer R3's gabapentin 300 mg capsule.</p> <p>On July 17, 2024, at 12:20 p.m., the surveyor observed ULP-D prepare and administer R3's 9:00 a.m. medications. The medications included one gabapentin 300 mg capsule.</p> <p>On July 17, 2024, at 2:00 p.m., the surveyor</p> | 01760                                                                  |                                                                                                                          |  |                                                     |



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| 01760                                                                | <p>Continued From page 98</p> <p>observed ULP-D prepare and administer R3's gabapentin 300 mg capsule.</p> <p>On July 18, 2024, at 2:30 p.m., LALD/CNS-A stated there should be at least eight hours in between R3's three times daily gabapentin doses. LALD/CNS-A stated they had directed ULP's to administer the 2:00 p.m. dose of gabapentin later when R3 takes their 9:00 a.m. dose late. LALD/CNS-A stated the ULP's should figure out how late the 9:00 a.m. dose was and give the 2:00 p.m. dose that much later, then the 10:00 p.m. dose that much later also so the doses are not too close together. LALD/CNS-A stated this direction should have been noted on the MAR but confirmed it was not. LALD/CNS-A stated it had been on a past MAR and not carried forward.</p> <p>DOCUMENTATION OF INITIALS ON DATES ADMINISTERED</p> <p>R2</p> <p>R2's July 2024 MAR lacked documentation for the following scheduled medication doses:</p> <ul style="list-style-type: none"><li>- levocarnitine 330 mg two tablets three times daily scheduled for 2:00 p.m. on July 13;</li><li>- levocarnitine 330 mg two tablets three times daily scheduled for 9:00 p.m. on July 1, 2, 3, 4, 12, 13, 14, 15, 16, and 17;</li><li>- metformin 500 mg extended-release four tablets daily scheduled for 9:00 a.m. on July 6, 7, and 14;</li><li>- risperidone 3 mg one tablet twice daily scheduled for 8:00 p.m. on July 1;</li><li>- sennosides-docusate sodium 8.6/50 mg one tablet twice daily scheduled for 8:00 p.m. on July 1;</li><li>- atorvastatin 20 mg one tablet at bedtime scheduled for 8:00 p.m. on July 1;</li><li>- clonazepam 0.5 mg one tablet at bedtime scheduled for 8:00 p.m. on July 1;</li><li>- clozapine 100 mg three tablets at bedtime</li></ul> | 01760                                                                  |                                                                                                                          |  |                                                     |



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| 01760                                                                | <p>Continued From page 99</p> <p>scheduled for 8:00 p.m. on July 1;<br/>- divalproex 500 mg three tablets at bedtime<br/>scheduled for 8:00 p.m. on July 1;<br/>- melatonin 3 mg one tablet by at bedtime<br/>scheduled for 8:00 p.m. on July 1; and<br/>- atropine sulfate ophthalmic solution United<br/>States Pharmacopeia standards (USP) 1 percent<br/>(%) one drop under each side of tongue at<br/>bedtime scheduled for 8:00 p.m. on July 1, 2024.</p> <p>R2's June 2024 MAR lacked documentation for<br/>the following scheduled medication doses:<br/>- levocarnitine 330 mg two tablets three times<br/>daily scheduled for 2:00 p.m. on June 27;<br/>- levocarnitine 330 mg two tablets three times<br/>daily scheduled for 9:00 p.m. on June 3, 4, 5, 6,<br/>7, 8, 9, 10,11, 12, 13, 14, 15, 16, 17, 18, 19, 20,<br/>21, 22, 23, 24, 25, 26, 27, 28, 29, and 30;<br/>- risperidone 3 mg one tablet twice daily<br/>scheduled for 9:00 a.m. on June 1 and 2;<br/>- risperidone 3 mg one tablet twice daily<br/>scheduled for 8:00 p.m. on June 3 and 6;<br/>- sennosides-docusate sodium 8.6/50 mg one<br/>tablet twice daily scheduled for 9:00 a.m. on June<br/>1, 2, 7, 8, 9, 10, 15, 16, 22, 23, 26, 29, and 30;<br/>- sennosides-docusate sodium 8.6/50 mg one<br/>tablet twice daily scheduled for 8:00 p.m. on June<br/>3 and 13;<br/>- atorvastatin 20 mg one tablet at bedtime<br/>scheduled for 8:00 p.m. on June 3, 9, 10, 11, 12,<br/>13, and 22;<br/>- clonazepam 0.5 mg one tablet at bedtime<br/>scheduled for 8:00 p.m. on June 3;<br/>- melatonin 3 mg one tablet at bedtime scheduled<br/>for 8:00 p.m. on June 11, 12, and 13; and<br/>- atropine sulfate ophthalmic solution United<br/>States Pharmacopeia standards (USP) 1 percent<br/>(%) one drop under each side of tongue at<br/>bedtime scheduled for 8:00 p.m. on June 11, 12,<br/>and 13, 2024.</p> | 01760                                                                  |                                                                                                                          |  |                                                     |



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| NAME OF PROVIDER OR SUPPLIER<br><br><b>HEALING HOME SERVICES LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1073 26TH AVENUE SOUTH EAST<br/>MINNEAPOLIS, MN 55414</b>                    |  |                                                     |
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| 01760                                                                | <p>Continued From page 100</p> <p><b>R3</b><br/>R3's July 2024 MAR lacked documentation for the following scheduled medication doses:</p> <ul style="list-style-type: none"><li>- gabapentin 300 mg one capsule three times daily scheduled for 9:00 a.m. on July 12, 13, and 14;</li><li>- gabapentin 300 mg one capsule three times daily scheduled for 2:00 p.m. on July 2 and 14;</li><li>- gabapentin 300 mg one capsule three times daily scheduled for 10:00p.m. on July 1, 15, 16, and 17;</li><li>- valacyclovir 1000 mg one tablet once daily scheduled for 9:00 a.m. on July 6, 7, 12, 13, and 14;</li><li>- loratadine 10 mg one tablet once daily scheduled for 9:00 a.m. on July 12, 13, and 14;</li><li>- famotidine 20 mg one tablet once daily scheduled for 9:00 a.m. on July 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, and 16;</li><li>- multivitamin one tablet daily scheduled for 9:00 a.m. on July 5, 6, 7, 12, 13, and 14;</li><li>- mirtazapine 15 mg one capsule once daily scheduled for 10:00 p.m. on July 1, 8, 9, 10, 11, 12, 15, 16, and 17;</li><li>- Advair hydrofluoroalkane (HFA) 115-21 micrograms (mcg) actuation inhaler two puffs inhaled by mouth scheduled for 9:00 a.m. on July 3, 12, 13, and 14; and</li><li>- Advair hydrofluoroalkane (HFA) 115-21 micrograms (mcg) actuation inhaler two puffs inhaled by mouth scheduled for 10:00 p.m. on July 1, 8, 9, 10, 11, 12, 15, 16, and 17, 2024.</li></ul> <p>R3's June 2024 MAR lacked documentation for the following scheduled medication doses:</p> <ul style="list-style-type: none"><li>- gabapentin 300 mg one capsule three times daily scheduled for 9:00 a.m. on June 29 and 30;</li><li>- gabapentin 300 mg one capsule three times daily scheduled for 2:00 p.m. on June 14, 15, 16,</li></ul> | 01760                                                                  |                                                                                                                          |  |                                                     |



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| 01760                                                                | <p>Continued From page 101</p> <p>21, 22, 23, 27, 28, 29, and 30;<br/>- gabapentin 300 mg one capsule three times daily scheduled for 10:00p.m. on June 1, 2, 3, 6, 7, 8, 9, 21, 22, 28, 29, and 30;<br/>- valacyclovir 1000 mg one tablet once daily scheduled for 9:00 a.m. on June 23, 28, 29, and 30;<br/>- loratadine 10 mg one tablet once daily scheduled for 9:00 a.m. on June 28, 29, and 30;<br/>- multivitamin one tablet daily scheduled for 9:00 a.m. on June 22, 23, 28, 29, and 30;<br/>- mirtazapine 15 mg one capsule once daily scheduled for 10:00 p.m. on June 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 12, 13, 21, 28, 29, and 30;<br/>- Advair hydrofluoroalkane (HFA) 115-21 micrograms (mcg) actuation inhaler two puffs inhaled by mouth scheduled for 9:00 a.m. on June 29 and 30; and<br/>- Advair hydrofluoroalkane (HFA) 115-21 micrograms (mcg) actuation inhaler two puffs inhaled by mouth scheduled for 10:00 p.m. on June 1, 2, 3, 6, 7, 8, 9, 21, 22, and 25, 2024.</p> <p>R4<br/>R4's July 2024 MAR lacked documentation for the following scheduled medication doses:<br/>-Tenormin 25 mg one tablet daily scheduled at 9:00 a.m. on July 5, 6, and 7;<br/>- amitriptyline 50 mg one tablet every evening scheduled for 10:00 p.m. on July 1, 8, and 16;<br/>and<br/>- quetiapine 100 mg one tablet every night scheduled for 10:00 p.m. on July 1, 8, and 17, 2024.</p> <p>R4's June MAR lacked documentation for the following scheduled medication doses:<br/>- Lipitor 20 mg one tablet daily scheduled for 9:00 a.m. on June 1, 2, 9, and 27;<br/>- amitriptyline 50 mg one tablet every evening</p> | 01760                                                                  |                                                                                                                          |  |                                                     |



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| NAME OF PROVIDER OR SUPPLIER<br><br><b>HEALING HOME SERVICES LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1073 26TH AVENUE SOUTH EAST<br/>MINNEAPOLIS, MN 55414</b>                    |  |                                                     |
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| 01760                                                                | <p>Continued From page 102</p> <p>scheduled for 10:00 p.m. on June 3, 4, 6, 7, 13, 26, and 27; and</p> <p>- quetiapine 100 mg one tablet every night scheduled for 10:00 p.m. on June 3, 4, 6, 13, and 21, 2024.</p> <p>R5<br/>R5's July 2024 MAR lacked documentation for the following scheduled medication doses:</p> <p>- divalproex extended release (ER) 500 mg three tablets daily scheduled for AM on July 1, 2, 10, 11, 12, 13, 14, and 15, 2024.</p> <p>DOCUMENTATION AND FOLLOW UP OF PRN (AS NEEDED); MEDICATION NOT GIVEN AS PRESCRIBED</p> <p>R3<br/>R3's MAR dated June 2024, indicated R3 received hydroxyzine hydrochloride (hcl) one 25 mg tablet every six hours as needed for anxiety and sleep on the following dates and times: June 11 at 2:30 p.m., June 12 at 2:00 p.m., June 13 at 2:00 p.m., June 14 at 2:00 p.m., June 15, at 2:00 p.m., June 16 at 2:00 p.m., June 18 at a time not specified on the MAR, June 19 at 2:00 p.m., and June 20 at 2:00 p.m. The MAR and progress notes did not contain any additional information on why the hydroxyzine hcl was requested, administered, or if R3 had any relief from the medication.</p> <p>R5<br/>R5- Medications not administered, not documented, and limited amount of follow up with the Physician.</p> <p>On July 15, 2024, at 1:30 p.m., the surveyor and LALD/CNS-A reviewed the contents of the medication cabinet. There was a large packaging bag that LALD/CNS-A stated contained</p> | 01760                                                                  |                                                                                                                          |  |                                                     |



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| 01760                                                                | <p>Continued From page 103</p> <p>medications to be destroyed. Included in the bag were full unperforated bubble pack pages from the pharmacy with R5's daily divalproex dose from February, March, April, May, and June. Each page contained a four-week supply of medication. Each daily dose contained two divalproex extended release (ER) tablets. The page for February had one dose removed, the rest of the medication for four weeks were still intact. The page for March had one dose removed. The pages for April, May and June had no doses removed.</p> <p>On July 17, 2024, at 3:30 p.m., LALD/CNS-A stated R5 usually refused their medication. LALD/CNS-A stated they had requested the physician change the divalproex order from scheduled to as needed since R5 did not take it. LALD/CNS-A stated the physician had refused stating a medication for seizure prevention must be scheduled. LALD/CNS-A stated R5 had not had seizures since shortly after moving into facility in 2022.</p> <p>On July 17, 2024, at 3:30 p.m., the surveyor and LALD/CNS-A reviewed R5's medication and July MAR. The medication page for July did not have any doses removed from it. The directions for medication/ dose/ route/ frequency on the MAR indicated to administer three divalproex 500 mg tablets by mouth daily. The pharmacy bubble packs contained two divalproex 500 mg tablets in each dose. There were no initials in the corresponding date boxes for July 1, 2, 10, 11, 12, 13, 14, and 15. There were initials that were circled indicating the medication had been offered but refused on July 8, 9, and 16. There were initials indicating the medication had been given on July 3, 4, 5, 6, 7, and 17. There was no documentation of recognizing or reporting of the</p> | 01760                                                                  |                                                                                                                          |  |                                                     |



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| 01760                                                                | <p>Continued From page 104</p> <p>discrepancy between the MAR indicating three tablets and the pharmacy sending two tablets.</p> <p>On July 17, 2024, at 3:30 p.m., via telephone interview ULP-B stated they had administered R5's two tablets of divalproex ER 500 mg that morning. ULP-B did not know the exact time it was administered but stated it was before R5 left for his job at 6:00 a.m. The MAR box that indicated the time for administration had 10:00 p.m. crossed out and AM written but no specific hour. ULP-B stated the pharmacy dose for today was still in the cabinet because they took the pills from an old card.</p> <p>The surveyor was unable to locate documentation about time the medication had been administered, refusals, or collaboration with the physician. The MAR did not have a signature page, any note pages, or notes on the front or back of the page. R5's record did not contain any completed or blank progress notes. In addition, only the MAR for July was in the record. None of the past twenty months R5 had resided at facility were available for review during survey.</p> <p>On July 17, 2024, at 3:30 p.m., LALD/CNS-A stated they had pulled all the MARs from R5's record and brought them to the office at owner (O)-G's house.</p> <p>On July 18, 2024, at 2:20 p.m., LALD/CNS-A stated R5 had not returned home after work on July 17, 2024. LALD/CNS-A stated R5 stayed at their mom's house and went from there to work the morning of July 18, 2024. As of July 18, 2024, at 2:20 p.m., R5 had not been home since prior to 6:00 a.m. on July 17, 2024.</p> <p>On July 18, 2024, at 2:20 p.m., R5's MAR for July</p> | 01760                                                                  |                                                                                                                          |  |                                                     |



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| 01760                                                                | <p>Continued From page 105</p> <p>2024 did not contain any documentation for the AM dose of three divalproex extended release 500 mg tablets. LALD/CNS-A stated the MAR should have initials circled and a note indicating why the medication was not administered as scheduled. At this time, the record still did not contain any blank or completed progress note pages. No previous MARs were available for review.</p> <p><b>SIGNATURE AND TITLE OF PERSON ADMINISTERING MEDICATIONS</b><br/>The MAR forms used by the facility indicated on page one that staff initial when medication administered and sign on signature sheet. The MARs for R2, R3, R4, and R5 did not contain a signature sheet. Some staff were signing their name in the blank space at the bottom of the MAR. No signatures included staff title.</p> <p>On July 16, 2024, at 11:15 a.m., LALD/CNS-A stated there should be a signature page at the end of the MAR but must have missed including it in printing or copying at some point.</p> <p>On July 16, 2024, at 10:30 a.m. when the surveyor requested to review medication errors from the past six months, LALD/CNS-A stated the facility had never had a medication error.</p> <p>On July 18, 2024, at 1:37 p.m., LALD/CNS-A stated they receive calls from ULPs with questions about medications but did not recall any specific times. LALD/CNS-A stated when they receive a call, they direct the ULP on what to do and follow up with them later. LALD/CNS-A stated they did not have an on-call log or document the calls any place in the resident record. LALD/CNS-A stated the ULP should enter a progress note when they call the RN but</p> | 01760                                                                  |                                                                                                                          |  |                                                     |



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| 01760                                                                | Continued From page 106<br><br>LALD/CNS-A had not enforced that practice.<br><br>The licensee's Medication Documentation policy dated February 24, 2022, indicated each medication administered by facility staff would be documented in the resident's clinical record. Documentation will be complete, accurate and legible to include the resident's name, medication name, dosage, route, date and time of administration, and the signature and title of staff administering the medication. When administration of medications was not completed staff would document the reason why the medication was not administered, follow up procedures to meet the resident's needs, appropriate notification to RN, what the RN instructed regarding missed dosages, and complete a medication Error report, if appropriate. For PRN medications, documentation would include the reason for the medication and follow-up to determine its effectiveness.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days | 01760                                                                  |                                                                                                                          |  |                                                     |
| 01820<br>SS=F                                                        | 144G.71 Subd. 13 Prescriptions<br><br>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.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 01820                                                                  |                                                                                                                          |  |                                                     |



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| 01820                                                                | <p>Continued From page 107</p> <p>licensee failed to obtain a current written or electronically recorded prescription for all prescribed medications that the assisted living was managing for three of four residents (R2, R4, and R5). In addition, the licensee failed to obtain clarification on a duplicate order for two different doses from the same provider on the same day for one of four residents (R5).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>R2<br/>R2 was admitted to the licensee and began receiving assisted living services on June 12, 2023.</p> <p>R2's diagnoses included diabetes, schizophrenia, and benign prostatic hyperplasia.</p> <p>R2's Exhibit 2: Service Plan, dated June 8, 2023, indicated R2 received medication administration, assistance with dressing, meal preparation, daily monitoring of vital signs, weight, and blood glucose, housekeeping, shopping, and laundry.</p> <p>On July 16, 2024, at 11:00 a.m., the surveyor observed unlicensed personnel prepare and administer medications for R2.</p> <p>R2's medication administration record (MAR) dated July 2024, indicated R2 received the</p> | 01820                                                                  |                                                                                                                          |  |                                                     |



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| 01820                                                                | <p>Continued From page 108</p> <p>following medications:</p> <ul style="list-style-type: none"><li>- alfuzosin 10 milligram (mg) one tablet by mouth daily;</li><li>- vitamin D3 1000 units two tablets by mouth daily;</li><li>- ferrous sulfate 325 mg one tablet by mouth every Monday, Wednesday, and Friday;</li><li>- levocarnitine 330 mg two tablets by mouth three times daily with meals;</li><li>- metformin 500 mg extended-release four tablets by mouth daily;</li><li>- omeprazole 20 mg one capsule by mouth daily;</li><li>- polyethylene glycol 3350 one 17-gram (gm) scoop of powder mixed with a full glass of water every day as directed;</li><li>- risperidone 3 mg one tablet by mouth twice daily;</li><li>- sennosides-docusate sodium 8.6/50 mg one tablet by mouth twice daily;</li><li>- atorvastatin 20 mg one tablet by mouth at bedtime;</li><li>- clonazepam 0.5 mg one tablet by mouth at bedtime;</li><li>- clozapine 100 mg three tablets by mouth at bedtime;</li><li>- divalproex 500 mg three tablets by mouth at bedtime;</li><li>- melatonin 3 mg one tablet by mouth at bedtime;</li><li>- atropine sulfate ophthalmic solution United States Pharmacopeia standards (USP) 1 percent (%) one drop under each side of tongue at bedtime;</li><li>- aluminum and magnesium hydroxide-simethicone 200-200-20 mg thirty milliliters (ml) three times daily as needed for gastrointestinal upset; and</li><li>- bisacodyl 10 mg suppository daily as needed for constipation.</li></ul> <p>R2's Medication and Treatment Orders- Assisted</p> | 01820                                                                  |                                                                                                                          |  |                                                     |



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| 01820                                                                | <p>Continued From page 109</p> <p>Living, dated June 12, 2023, and signed by R2's primary physician included a section for medication dosage route, frequency, times, and duration. In that section R2's primary physician wrote see AVS (after visit summary). R2's record did not include an AVS from on or prior to June 12, 2023.</p> <p>R2's Physician Standing Orders were signed by R2's primary physician on June 12, 2023. The standing orders included obtaining a urinalysis for increased incontinence, urinary frequency, altered mental status, confusion, delirium, sudden onset of weakness, falls without medical reason, and burning with urination; cold packs prn (as needed) sprains, bumps, contusions; influenza vaccine if not allergic to eggs prn at resident request; over the counter (OTC) antacid by mouth every four hours as needed for heartburn or epigastric distress; acetaminophen 650 mg tablet or suppository every four hours as needed for temperature over 99.9 degrees or pain; OTC cough drops, Robitussin or Tussex by mouth every four hours as needed for cough according to label directions; OTC antidiarrheal medication by mouth after each loose stool as needed and may use Imodium according to label directions, but notify physician if diarrhea persists for longer than 48 hours; OTC laxative by mouth or rectal suppository every day as needed for constipation: May use Milk of Magnesia or glycerin suppository according to label directions; antibiotic ointment and dressing to minor cuts and scrapes; and transparent dressing to skin tears or abrasions.</p> <p>R2's Unsigned After Visit Summary, dated July 3, 2024, with R2's primary physician indicated R2 had the following medications on their medication list:</p> | 01820                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01820                                                                | <p>Continued From page 110</p> <ul style="list-style-type: none"><li>- acetaminophen 325 mg two tablets by mouth every six hours while awake;</li><li>- glipizide extended release (XL) 10 mg one tablet by mouth daily;</li><li>- alfuzosin 10 milligram (mg) one tablet by mouth daily;</li><li>- vitamin D3 1000 units two tablets by mouth daily;</li><li>- ferrous sulfate 325 mg one tablet by mouth every Monday, Wednesday, and Friday;</li><li>- levocarnitine 330 mg two tablets by mouth three times daily with meals;</li><li>- metformin 500 mg extended-release four tablets by mouth daily;</li><li>- omeprazole 20 mg one capsule by mouth daily;</li><li>- polyethylene glycol 3350 17-gram (gm) scoop of powder dissolve 17 Gm in eight ounces of liquid and drink daily hold for loose stools;</li><li>- risperidone 3 mg one tablet by mouth twice daily;</li><li>- risperidone 1 mg one tablet by mouth daily as needed for anxiety, agitation, or psychosis;</li><li>- sennosides-docusate sodium 8.6/50 mg one tablet by mouth twice daily hold for loose stools;</li><li>- atorvastatin 20 mg one tablet by mouth at bedtime;</li><li>- clonazepam 0.5 mg one tablet by mouth at bedtime;</li><li>- clozapine 100 mg three tablets by mouth at bedtime;</li><li>- divalproex 500 mg three tablets by mouth at bedtime;</li><li>- melatonin 3 mg one tablet by mouth at bedtime;</li></ul> <p>and</p> <ul style="list-style-type: none"><li>- atropine sulfate ophthalmic solution United States Pharmacopeia standards (USP) 1 percent (%) one drop under each side of tongue at bedtime.</li></ul> <p>The unsigned AVS from July 3, 2024, indicated</p> | 01820                                                                  |                                                                                                                          |  |                                                     |



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| 01820                                                                | <p>Continued From page 111</p> <p>there were three medications possibly ordered but not included on R2's current MAR and two additional medications on R2's MAR with specific instructions from the physician not included on R2's current MAR.</p> <ul style="list-style-type: none"><li>- acetaminophen 325 mg two tablets by mouth every six hours while awake;</li><li>- glipizide extended release (XL) 10 mg one tablet by mouth daily;</li><li>- risperidone 1 mg one tablet by mouth daily as needed for anxiety, agitation, or psychosis;</li><li>- polyethylene glycol 3350 17-gram (gm) scoop of powder with specification to dissolve 17 Gm in eight ounces of liquid and drink daily with instruction to hold for loose stools; and</li><li>- sennosides-docusate sodium 8.6/50 mg one tablet by mouth twice daily with instruction to hold for loose stools.</li></ul> <p>On July 17, 2024, at 1:52 p.m., LALD/CNS-A looked through R2's medical record and stated the AVS referred to on the June 12, 2023, orders should have been kept right with the Medication and Treatment Orders- Assisted Living and the Physician Standing Orders from the same date that were stapled together. LALD/CNS-A stated they thought they had recently obtained new orders for R2 but were not able to locate those either. LALD/CNS-A stated the orders might be mixed up with other documents needing to be filed or someplace else in the facility. LALD/CNS-A stated, "it's not in here but I'm sure I have it somewhere".</p> <p>On July 18, 2024, at 1:00 p.m., after reviewing other documents and locations within the facility, LALD/CNS-A stated they were not able to locate any orders for R2.</p> <p>R4</p> | 01820                                                                  |                                                                                                                          |  |                                                     |



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| 01820                                                                | <p>Continued From page 112</p> <p>R4 was admitted to the licensee and began receiving assisted living services on February 6, 2023.</p> <p>R4's diagnoses included history of cerebrovascular accident (CVA), hemiplegia affecting non-dominant side, major depressive disorder, hypertension, chronic hepatitis C, and polysubstance abuse.</p> <p>R4's Exhibit 2: Service Plan, dated June 12, 2023, indicated R4 received medication administration, weekly blood pressure monitoring, assistance with buttons and zippers, grooming as needed, meal preparation, housekeeping, shopping, and laundry.</p> <p>R4's medication administration record (MAR) dated July 2024, indicated R4 received the following medications:</p> <ul style="list-style-type: none"><li>- aspirin enteric coated (EC) 81 mg one tablet by mouth daily;</li><li>- amlodipine 5 mg one tablet by mouth daily;</li><li>- Tenormin 25 mg one tablet by mouth daily;</li><li>- Lipitor 20 mg one tablet by mouth daily;</li><li>- amitriptyline 50 mg one tablet by mouth every evening; and</li><li>- quetiapine 100 mg one tablet by mouth every night.</li></ul> <p>R4's After Visit Summary (AVS), dated February 9, 2023, was signed by R4's primary provider and indicated orders for the following medications:</p> <ul style="list-style-type: none"><li>- acetaminophen 500 milligrams (mg) one to two tablets by mouth three times a day as needed for pain, not to exceed 3000 mg of acetaminophen in a twenty-four-hour period;</li><li>- aspirin enteric coated (EC) 81 mg one tablet by mouth daily;</li><li>- amlodipine 5 mg one tablet by mouth daily;</li></ul> | 01820                                                                  |                                                                                                                          |  |                                                     |



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| 01820                                                                | <p>Continued From page 113</p> <p>- Tenormin 25 mg one tablet by mouth daily;<br/>- Lipitor 20 mg one tablet by mouth daily; and<br/>- amitriptyline 50 mg one tablet by mouth every evening.</p> <p>R4's record lacked an order for:<br/>- quetiapine 100 mg one tablet by mouth every night.</p> <p>On July 18, 2024, at 1:15 p.m., licensed assisted living director/ clinical nurse supervisor (LALD/CNS)-A stated all the documents for R4 were in their medical record and LALD/CNS-A was not able to locate any additional orders.</p> <p>R5<br/>R5 was admitted to the licensee and began receiving assisted living services on November 9, 2022.</p> <p>R5's diagnoses included depression, mood disorder, traumatic brain injury, seizures, and hydrocephalus.</p> <p>R5's record did not include a completed service plan.</p> <p>R5's MAR, dated July 2024 indicated R5 received the following medication:<br/>- divalproex extended release (ER) 500 mg three tablets by mouth daily; and<br/>- Cyclobenzaprine 10 mg tablet as needed for muscle spasm or headache.</p> <p>R5's Medication and Treatment Orders- Assisted Living, dated July 5, 2023, indicated R5 had an order for the following medication:<br/>-divalproex sodium extended release 500 mg two tablets to equal 1000 mg by mouth and noted twenty-four-hour tablet as the duration. The order</p> | 01820                                                                  |                                                                                                                          |  |                                                     |



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| 01820                                                                | <p>Continued From page 114</p> <p>did not indicate a frequency or specific time for the medication.</p> <p>R5's Patient Information document from clinic, dated July 5, 2023, was manually signed in ink by the same provider that signed R5's Medication and Treatment Orders on July 5, 2023. The patient information document indicated current medications included:<br/>-divalproex sodium extended-release twenty-four-hour tablet 500 mg take three tablets to equal 1500 mg by mouth daily.</p> <p>R5's record lacked documentation of the order discrepancy dated July 5, 2023, and lacked a new order with the clarified dose for R5's divalproex sodium of 1000 mg or 1500 mg daily.</p> <p>R5's record lacked an order for Cyclobenzaprine 10 mg tablet as needed for muscle spasm or headache.</p> <p>On July 18, 2024, at 1:44 p.m., LALD/CNS-A stated physician orders were obtained on admission and renewed yearly. LALD/CNS-A stated they keep track of when new orders are needed on their personal phone calendar application.</p> <p>The licensee's Prescriber's Orders policy, dated February 24, 2022, indicated written orders from an authorized prescriber would be obtained for all medications and treatment with which the assisted living facility assists residents, including over the counter medications. In addition, medication and treatment orders would be renewed at least every year or when changes occur.</p> <p>No further information was provided.</p> | 01820                                                                  |                                                                                                                          |  |                                                     |



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| 01820                                                                | Continued From page 115                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 01820                                                                  |                                                                                                                          |  |                                                     |
| 01830<br>SS=F                                                        | <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p> <p><b>144G.71 Subd. 14</b> Renewal of prescriptions</p> <p>Prescriptions must be renewed at least every 12 months or more frequently as indicated by the assessment in subdivision 2. Prescriptions for controlled substances must comply with chapter 152.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on interview and record review, the licensee failed to ensure prescriptions were renewed at least every 12 months for three of four residents (R2, R4, and R5).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p><b>R2</b><br/>R2 was admitted to the licensee and began receiving assisted living services on June 12, 2023.</p> <p>R2's diagnoses included diabetes, schizophrenia, and benign prostatic hyperplasia.</p> <p>R2's Exhibit 2: Service Plan, dated June 8, 2023,</p> | 01830                                                                  |                                                                                                                          |  |                                                     |



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| 01830                                                                | <p>Continued From page 116</p> <p>indicated R2 received medication administration, assistance with dressing, meal preparation, daily monitoring of vital signs, weight, and blood glucose, housekeeping, shopping, and laundry.</p> <p>R2's Physician Standing Orders dated June 12, 2023, indicated the following orders for R2:</p> <ul style="list-style-type: none"><li>- obtain a urinalysis for increased incontinence, urinary frequency, altered mental status, confusion, delirium, sudden onset of weakness, falls without medical reason, and burning with urination;</li><li>- cold packs as needed for sprains, bumps, contusions;</li><li>- influenza vaccine if not allergic to eggs as needed at resident request;</li><li>- over the counter (OTC) antacid by mouth every four hours as needed for heartburn or epigastric distress;</li><li>- acetaminophen 650 mg tablet or suppository every four hours as needed for temperature over 99.9 degrees or pain;</li><li>- OTC cough drops, Robitussin or Tussex by mouth every four hours as needed for cough according to label directions;</li><li>- OTC antidiarrheal medication by mouth after each loose stool as needed and may use Imodium according to label directions, notify physician if diarrhea persists for longer than 48 hours;</li><li>- OTC laxative by mouth or rectal suppository every day as needed for constipation and may use Milk of Magnesia or glycerin suppository according to label directions;</li><li>- antibiotic ointment and dressing to minor cuts and scrapes; and</li><li>- transparent dressing to skin tears or abrasions.</li></ul> <p>R2's record lacked renewal of above standing orders on or before June 12, 2024.</p> | 01830                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>HEALING HOME SERVICES LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1073 26TH AVENUE SOUTH EAST<br/>MINNEAPOLIS, MN 55414</b>                    |  |                                                     |
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| 01830                                                                | <p>Continued From page 117</p> <p><b>R4</b><br/>R4 was admitted to the licensee and began receiving assisted living services on February 6, 2023.</p> <p>R4's diagnoses included history of cerebrovascular accident (CVA), hemiplegia affecting non-dominant side, major depressive disorder, hypertension, chronic hepatitis C, and polysubstance abuse.</p> <p>R4's Exhibit 2: Service Plan, dated June 12, 2023, indicated R4 received medication administration, weekly blood pressure monitoring, assistance with buttons and zippers, grooming as needed, meal preparation, housekeeping, shopping, and laundry.</p> <p>R4's After Visit Summary (AVS), dated February 9, 2023, was signed by R4's primary provider that indicated orders for the following medications:<br/>- acetaminophen 500 milligrams (mg) one to two tablets by mouth three times a day as needed for pain, not to exceed 3000 mg of acetaminophen in a twenty-four-hour period;<br/>- aspirin enteric coated (EC) 81 mg one tablet by mouth daily;<br/>- amlodipine 5 mg one tablet by mouth daily;<br/>- Tenormin 25 mg one tablet by mouth daily;<br/>- Lipitor 20 mg one tablet by mouth daily; and<br/>- amitriptyline 50 mg one tablet by mouth every evening.</p> <p>On July 18, 2024, at 1:15 p.m., licensed assisted living director/ clinical nurse supervisor (LALD/CNS)-A stated all the documents for R4 were in their medical record and LALD/CNS-A was not able to locate any additional orders.</p> | 01830                                                                  |                                                                                                                          |  |                                                     |



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| 01830                                                                | <p>Continued From page 118</p> <p>R5<br/>R5 was admitted to the licensee and began receiving assisted living services on November 9, 2022.</p> <p>R5's diagnoses included depression, mood disorder, traumatic brain injury, seizures, and hydrocephalus.</p> <p>R5's record did not include a completed service plan.</p> <p>R5's Physician Standing Orders, dated July 5, 2023, indicated the following orders for R5:</p> <ul style="list-style-type: none"><li>- obtain a urinalysis for increased incontinence, urinary frequency, altered mental status, confusion, delirium, sudden onset of weakness, falls without medical reason, and burning with urination;</li><li>- cold packs as needed for sprains, bumps, contusions;</li><li>- influenza vaccine if not allergic to eggs as needed at resident request;</li><li>- over the counter (OTC) antacid by mouth every four hours as needed for heartburn or epigastric distress;</li><li>- acetaminophen 650 mg tablet or suppository every four hours as needed for temperature over 99.9 degrees or pain;</li><li>- OTC cough drops, Robitussin or Tussex by mouth every four hours as needed for cough according to label directions;</li><li>- OTC antidiarrheal medication by mouth after each loose stool as needed and may use Imodium according to label directions, notify physician if diarrhea persists for longer than 48 hours;</li><li>- OTC laxative by mouth or rectal suppository every day as needed for constipation and may use Milk of Magnesia or glycerin suppository</li></ul> | 01830                                                                                                 |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| 01830                                                                | <p>Continued From page 119</p> <p>according to label directions;<br/>- antibiotic ointment and dressing to minor cuts and scrapes; and<br/>- transparent dressing to skin tears or abrasions.</p> <p>R5's record lacked renewal of above standing orders on or before July 5, 2024.</p> <p>On July 18, 2024, at 1:44 p.m., LALD/CNS-A stated physician orders should be renewed every twelve months. LALD/CNS-A stated they keep track of when orders are due for renewal on their personal phone calendar application. LALD/CNS-A stated they thought they had kept up to date with orders but were not able to locate any more recent orders.</p> <p>The licensee's Prescriber's Orders policy, dated February 24, 2022, indicated written orders from an authorized prescriber would be obtained for all medications and treatment with which the assisted living facility assists residents, including over the counter medications. In addition, medication and treatment orders would be renewed at least every year or when changes occur.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p> | 01830                                                                  |                                                                                                                          |  |                                                     |
| 01880<br>SS=D                                                        | <p>144G.71 Subd. 19 Storage of medications</p> <p>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.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 01880                                                                  |                                                                                                                          |  |                                                     |



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| 01880                                                                | <p>Continued From page 120</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to store all medications in a securely locked location for one of four residents (R3).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>R3 was admitted to the licensee and began receiving assisted living services on June 8, 2022.</p> <p>R3's diagnoses included anxiety, depression, rheumatoid arthritis, and post-traumatic stress disorder.</p> <p>R3's Exhibit 2: Service Plan, dated June 8, 2022, indicated R3 received medication administration, weekly blood pressure monitoring, meal preparation, housekeeping, shopping, and laundry.</p> <p>R3's Medication Management Plan, dated June 8, 2022, indicated R3's medications would be stored in double locked office.</p> <p>On July 15, 2024, at 11:30 a.m., during the facility tour, the surveyor observed a two-week twice</p> | 01880                                                                  |                                                                                                                          |  |                                                     |



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| 01880                                                                | <p>Continued From page 121</p> <p>daily medication set up box and two Advair hydrofluoroalkane (HFA) inhalers on the dresser in R3's bedroom. The medication box contained unidentified medications in seven of the twenty-eight boxes. The inhalers were both open in the boxes and used. One of the inhalers expired on March 4, 2023, and the other expired on January 23, 2024.</p> <p>On July 15, 2024, at 11:30 a.m., R3 stated the medications and inhalers had been in a box family brought him but was unsure how long they had been there in his room. R3 stated, "I don't know, two days, two weeks, two months."</p> <p>On July 15, 2024, at 11:30 a.m., licensed assisted living director/ clinical nurse supervisor (LALD/CNS)-A stated the medications should not be out on the dresser in R3's room and they were not aware of them until now. LALD/CNS-A removed the medication box and two inhalers from the room with R3's consent.</p> <p>The licensee's policy Storage/ Control of Medications, dated February 24, 2022, indicated when licensee was providing medication storage all prescription drugs would be securely locked in substantially constructed compartments. In addition, only authorized nursing personnel have access to the locked cabinet.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p> | 01880                                                                  |                                                                                                                          |  |                                                     |
| 01910<br>SS=F                                                        | <p>144G.71 Subd. 22 Disposition of medications</p> <p>(a) Any current medications being managed by</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 01910                                                                  |                                                                                                                          |  |                                                     |



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| 01910                                                                | <p>Continued From page 122</p> <p>the assisted living facility must be provided to the resident when the resident's service plan ends or medication management services are no longer part of the service plan. Medications for a resident who is deceased or that have been discontinued or have expired may be provided for disposal.</p> <p>(b) The facility shall dispose of any medications remaining with the facility that are discontinued or expired or upon the termination of the service contract or the resident's death according to state and federal regulations for disposition of medications and controlled substances.</p> <p>(c) Upon disposition, the facility must document in the resident's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to provide documentation in the resident's record regarding the disposition of medication to include the medication name, strength, prescription number, quantity, date of disposition, and the names of staff involved in the deposition for all unused expired medications. This had the potential to affect all four residents at the facility.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all</p> | 01910                                                                  |                                                                                                                          |  |                                                     |



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| NAME OF PROVIDER OR SUPPLIER<br><br><b>HEALING HOME SERVICES LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1073 26TH AVENUE SOUTH EAST<br/>MINNEAPOLIS, MN 55414</b>                    |  |                                                     |
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| 01910                                                                | <p>Continued From page 123</p> <p>of the residents).</p> <p>The findings include:</p> <p>On July 15, 2024, at 1:17 p.m., the surveyor observed a large plastic shipping bag on the top shelf of the medication cabinet. LALD/CNS-A stated the bag contained medications that needed to be destroyed. The bag contained individual dose packs of medications set up and dated by the pharmacy that residents had not taken.</p> <p>Some of the medications included in the bag to be destroyed were:</p> <p>R2- October 25, 2023, dose pack containing three tablets of divalproex extended release 500 milligram (mg) tablets, one tablet of melatonin 3 mg, one tablet of clonazepam 0.5 mg, one tablet of atorvastatin 20 mg, one tablet of risperidone 3 mg, and one tablet of stool softener 8.6-50 mg.</p> <p>R3- May 4, 2024, dose pack containing one capsule of gabapentin 300 mg.</p> <p>R3- March 18, 2024, dose pack containing one tablet famotidine 20 mg, one capsule gabapentin 300 mg, one tablet loratadine 10 mg, one tablet multivitamin, and one tablet valacyclovir 500 mg.</p> <p>R3- April 24, 2024, dose pack containing one tablet famotidine 20 mg, one capsule gabapentin 300 mg, and one tablet mirtazapine 15 mg.</p> <p>R4- June 23, 2024, dose pack containing one tablet amitriptyline 50 mg and one tablet quetiapine 100 mg.</p> <p>R5- February 2024- page of dose packs each containing two tablets of divalproex extended release 500 mg- only one dose removed from the four-week supply- thirty-eight tablets total</p> | 01910                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>HEALING HOME SERVICES LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1073 26TH AVENUE SOUTH EAST<br/>MINNEAPOLIS, MN 55414</b>                    |  |                                                     |
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| 01910                                                                | <p>Continued From page 124</p> <p>remained on the page.</p> <p>R5- March 2024- page of dose packs each containing two tablets of divalproex extended release 500 mg- only one dose removed from the four-week supply-thirty-eight tablets total remained on the page.</p> <p>R5- May 2024- page of dose packs each containing two tablets of divalproex extended release 500 mg- no doses removed from the four-week supply- forty tablets total remained on the page.</p> <p>R5- June 2024- page of dose packs each containing two tablets of divalproex extended release 500 mg- no tablets removed from the four-week supply- forty tablets total remained on the page.</p> <p>On July 15, 2024, at 1:30 p.m., LALD/CNS-A stated they did not have a schedule they followed for medication destruction. They destroyed them when the bag got full and did not recall the date of the last time they destroyed medications.</p> <p>On July 18, 2024, at 12:45 p.m., LALD/ CNS A stated they had destroyed all the medications in the bag from medication cabinet. LALD/CNS-A stated they and ULP-E worked together in destroying the medications on the evening of July 15, 2024.</p> <p>On July 18, 2024, at 12:50 p.m., the surveyor requested to review the medication destruction records for medications that had been destroyed on July 15, 2024. LALD/CNS-A stated they did not document any of the medications that were destroyed. In addition, LALD/CNS-A stated they had never documented destruction of</p> | 01910                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01910                                                                | Continued From page 125<br><br>medications since the facility opened.<br><br>The licensee's Disposition and Disposal of Medications policy, dated February 24, 2022, indicated disposal and disposition of discontinued medications for residents would be completed in a safe manner by appropriate personnel. Upon disposition, licensee would document the following information in the clinical record:<br>- name, strength, and prescription number of medication;<br>- quantity;<br>- method of disposition or to whom the medications were given;<br>- date of disposition;<br>- name(s)/signature(s) of staff or other individuals involved in disposition; and<br>- if applicable, to whom the medications were given.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days | 01910                                                                  |                                                                                                                          |  |                                                     |
| 01940<br>SS=D                                                        | 144G.72 Subd. 3 Individualized treatment or therapy managemen<br><br>For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following:<br>(1) a statement of the type of services that will be                                                                                                                                                                                                                                              | 01940                                                                  |                                                                                                                          |  |                                                     |



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| 01940                                                                | <p>Continued From page 126</p> <p>provided;<br/>(2) documentation of specific resident instructions relating to the treatments or therapy administration;<br/>(3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel;<br/>(4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and<br/>(5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to ensure an individualized treatment and therapy management plan was developed with all the required information for one of one resident with treatments(R2).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> | 01940                                                                  |                                                                                                                          |  |                                                     |



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| 01940                                                                | <p>Continued From page 127</p> <p>R2 was admitted to the licensee and began receiving assisted living services on June 12, 2023.</p> <p>R2's diagnoses included diabetes, schizophrenia, and benign prostatic hyperplasia.</p> <p>R2's Exhibit 2: Service Plan, dated June 12, 2023, indicated R2 received medication administration, assistance with dressing, meal preparation, daily monitoring of vital signs, weight, and blood glucose, housekeeping, shopping, and laundry.</p> <p>On July 17, 2024, at 11:42 a.m., the surveyor observed unlicensed personnel (ULP)-D assist R2 in checking R2's blood glucose level by scanning the freestyle libre device in R2's arm with R2's cell phone to obtain a result of 130.</p> <p>On July 17, 2024, at 11:45 a.m., licensed assisted living director/ clinical nurse supervisor (LALD/CNS)-A stated they changed the freestyle libre sensor in R2's arm about every two weeks.</p> <p>On July 17, 2024, at 1:44 p.m., LALD/CNS-A stated treatment management plans were developed on admission of a new resident or with a change. LALD/CNS-A stated examples requiring development of a treatment plan included blood glucose or blood pressure monitoring ordered by the physician.</p> <p>R2's Treatment Plan, dated June 12, 2023, was completed by LALD/CNS-A and indicated, "no treatment per M.D. (medical doctor)".</p> <p>On July 18, 2024, at 1:40 p.m., LALD/CNS-A stated they had not developed a treatment plan</p> | 01940                                                                  |                                                                                                                          |  |                                                     |



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| 01940                                                                | <p>Continued From page 128</p> <p>for R2 because they had not thought of blood glucose monitoring as a treatment. LALD/CNS-A stated they should have developed a treatment plan for blood glucose monitoring for R2.</p> <p>The licensee's Treatment and Therapy Management policy, dated February 24, 2022, indicated the registered nurse would develop an individualized treatment or therapy management plan for each resident receiving treatment or therapy services prior to the initiation of those services. The plan would address:</p> <ul style="list-style-type: none"><li>- type of service to be provided;</li><li>- procedures for documentation;</li><li>- procedures for monitoring to prevent possible complications;</li><li>- identification of treatment or therapy tasks delegated to unlicensed personnel; and</li><li>- procedures for notifying the RN when a problem arises related to the treatment or therapy service.</li></ul> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p> | 01940                                                                  |                                                                                                                          |  |                                                     |
| 01950<br>SS=D                                                        | <p><b>144G.72 Subd. 4</b> Administration of treatments and therapy</p> <p>Ordered or prescribed treatments or therapies must be administered by a nurse, physician, or other licensed health professional authorized to perform the treatment or therapy, or may be delegated or assigned to unlicensed personnel by the licensed health professional according to the appropriate practice standards for delegation or assignment. When administration of a treatment or therapy is delegated or assigned to unlicensed personnel, the facility must ensure that the</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 01950                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01950                                                                | <p>Continued From page 129</p> <p>registered nurse or authorized licensed health professional has:</p> <p>(1) instructed the unlicensed personnel in the proper methods with respect to each resident and the unlicensed personnel has demonstrated the ability to competently follow the procedures;</p> <p>(2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's record; and</p> <p>This MN Requirement is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) provided specific written instructions for each resident's treatment and documented those instructions in the resident's record for one of one resident with a treatment (R2) and instructed unlicensed personnel (ULP) in proper methods including documentation of demonstrated ability of unlicensed personnel to competently follow the procedure.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>R2 was admitted to the licensee and began receiving assisted living services on June 12, 2023.</p> <p>R2's diagnoses included diabetes, schizophrenia,</p> | 01950                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01950                                                                | <p>Continued From page 130</p> <p>and benign prostatic hyperplasia.</p> <p>R2's Exhibit 2: Service Plan, dated June 12, 2023, indicated R2 received medication administration, assistance with dressing, meal preparation, daily monitoring of vital signs, weight, and blood glucose, housekeeping, shopping, and laundry.</p> <p>On July 17, 2024, at 11:42 a.m., the surveyor observed ULP-D assist R2 in checking R2's blood glucose level by scanning the freestyle libre device in R2's arm with R2's cell phone to obtain a result of 130.</p> <p><b>SPECIFIC INSTRUCTIONS</b><br/>R2's record included a document titled Diabetic Flow Sheet. The instructions written on the document by LALD/CNS-A indicated, "please do and check BS (blood sugar) every morning". The ULP documented the date, time, blood glucose results, and the ULP's initials on the document.</p> <p>R2's record lacked clarification with the physician of therapeutic parameters for R2's blood glucose level, and instructions for ULP's to know what blood glucose results were considered too low or two high for R2 and specifically when the nurse should be notified. The record also lacked instructions for ULPs for troubleshooting common issues with the freestyle libre device such as the sensor being pulled out of place and not functioning.</p> <p>On July 18, 2024, at 1:40 p.m., LALD/CNS-A stated ULPs were directed to check R2's blood glucose daily before breakfast. LALD/CNS-A stated ULPs should notify them if blood glucose was below 120 or above 200. LALD/CNS-A stated the physician had mentioned 200 but</p> | 01950                                                                  |                                                                                                                          |  |                                                     |



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| 01950                                                                | <p>Continued From page 131</p> <p>LALD/CNS-A had determined 120 because they did not want R2's blood glucose to get too low. LALD/CNS-A stated they had requested parameters for notification to the physician when R2 moved in on June 12, 2023, but had not received them. LALD/CNS-A stated the physician had directed the daily monitoring, notification if greater than 200, daily exercise, and that R2's diet should not include bread or coffee. None of the directives were indicated in writing in the medical record from the physician or documented by LALD/CNS-A.</p> <p>R2's Diabetic Flow Sheet indicated R2's blood glucose level was 108 on July 15, 2024, at 9:00 a.m. LALD/CNS-A stated they did not recall receiving communication on July 15, 2024, about a low blood glucose level.</p> <p>On July 18, 2024, at 1:45 p.m., ULP-D stated they would notify the nurse if R2's blood glucose result was below 110 or greater than 200. ULP-D stated they had been told that by the nurse but did not know where that direction was in writing.</p> <p><b>TRAINING AND SKILL COMPETENCY</b><br/>During review of employee records, the surveyor did not observe documentation of training or competency for blood glucose monitoring with freestyle libre.</p> <p>On July 18, 2024, at 1:45 p.m., LALD/CNS-A stated they had gone to Genoa Pharmacy with R2 to learn how to change and monitor blood glucose levels with the freestyle libre monitor. LALD/CNS-A stated they trained the ULPs individually at the facility by meeting them on their shift and showing them the device and supplies. LALD/CNS-A stated they did not document the training or complete a competency form for any</p> | 01950                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01950                                                                | <p>Continued From page 132</p> <p>demonstrations they had ULPs complete during training.</p> <p>The licensee's Treatment and Therapy Management policy, dated February 24, 2022, indicated if the registered nurse delegates treatments or therapies, the RN would monitor and evaluate its effectiveness on a regular basis.</p> <p>The licensee's Delegation of Assisted Living Tasks policy, dated February 24, 2022, indicated the RN was responsible for appropriately delegating tasks to employees who are competent and possess the knowledge and skills consistent with the complexity of the tasks. The RN may delegate procedures when the following have been completed:</p> <ul style="list-style-type: none"><li>- the RN has instructed the employee in the proper methods to perform the procedure with respect to each resident;</li><li>- the RN provided with written instructions specific to the resident;</li><li>- the employee demonstrated competence in the procedure;</li><li>- the procedure is documented in the resident's record; and</li><li>- the employee's competence is documented in their personnel file.</li></ul> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p> | 01950                                                                                                 |                                                                                                                          |  |                                                        |
| 01960<br>SS=D                                                        | <p>144G.72 Subd. 5 Documentation of administration of treatments</p> <p>Each treatment or therapy administered by an assisted living facility must be in the resident</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 01960                                                                                                 |                                                                                                                          |  |                                                        |



Minnesota Department of Health

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| 01960                                                                | <p>Continued From page 133</p> <p>record. The documentation must include the signature and title of the person who administered the treatment or therapy and must include the date and time of administration. When treatment or therapies are not administered as ordered or prescribed, the provider must document the reason why it was not administered and any follow-up procedures that were provided to meet the resident's needs.</p> <p>This MN Requirement is not met as evidenced by:<br/>Based on observation, interview, and record review, the licensee failed to document treatment procedure of managing blood glucose monitoring arm sensor for one of one resident (R2).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>R2 was admitted to the licensee and began receiving assisted living services on June 12, 2023.</p> <p>R2's diagnoses included diabetes, schizophrenia, and benign prostatic hyperplasia.</p> <p>R2's Exhibit 2: Service Plan, dated June 12, 2023, indicated R2 received medication administration, assistance with dressing, meal preparation, daily monitoring of vital signs, weight,</p> | 01960                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01960                                                                | <p>Continued From page 134</p> <p>and blood glucose, housekeeping, shopping, and laundry.</p> <p>R2's After Visit Summary (AVS), dated July 3, 2024, indicated R2 saw his primary physician in clinic on that date at 11:00 a.m. The AVS indicated a current medication list that included a Freestyle Libre 2 reader and Freestyle Libre 2 sensors to be changed every fourteen days to monitor blood glucose levels.</p> <p>On July 17, 2024, at 11:42 a.m., the surveyor observed unlicensed personnel (ULP)-D assist R2 in checking R2's blood glucose level by scanning the Freestyle Libre 2 sensor in R2's arm with R2's cell phone to obtain a result of 130.</p> <p>On July 17, 2024, at 11:45 a.m., licensed assisted living director/ clinical nurse supervisor (LALD/CNS)-A stated they changed the Freestyle Libre 2 sensor in R2's arm about every two weeks.</p> <p>On July 18, 2024, at 1:45 p.m., LALD/CNS-A stated they keep track of the two-week timeframe for changing of the Freestyle Libre 2 sensor on their personal cell phone. LALD/CNS-A stated they did not recall documenting changing R2's sensor but would have put it in notes if they did. The surveyor did not observe any notations of sensor changes in the medical record.</p> <p>The licensee's Treatment and Therapy Management policy, dated February 24, 2022, indicated that each staff member who administered a treatment or therapy was responsible for documenting this in the clinical record. In addition, when a treatment or therapy was not administered as ordered or prescribed, staff would document the reason and any</p> | 01960                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01960                                                                | Continued From page 135<br><br>follow-up procedures provided to meet the resident's needs.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 01960                                                                  |                                                                                                                          |  |                                                     |
| 01970<br>SS=D                                                        | 144G.72 Subd. 6 Treatment and therapy orders<br><br>There must be an up-to-date written or electronically recorded order from an authorized prescriber for all treatments and therapies. The order must contain the name of the resident, a description of the treatment or therapy to be provided, and the frequency, duration, and other information needed to administer the treatment or therapy. Treatment and therapy orders must be renewed at least every 12 months.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to ensure there were up to date written or electronically recorded orders from an authorized prescriber for all treatments and therapies for one of one resident with a treatment (R2).<br><br>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to 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). | 01970                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01970                                                                | <p>Continued From page 136</p> <p>The findings include:</p> <p>R2 was admitted to the licensee and began receiving assisted living services on June 12, 2023.</p> <p>R2's diagnoses included diabetes, schizophrenia, and benign prostatic hyperplasia.</p> <p>R2's Exhibit 2: Service Plan, dated June 12, 2023, indicated R2 received medication administration, assistance with dressing, meal preparation, daily monitoring of vital signs, weight, and blood glucose, housekeeping, shopping, and laundry.</p> <p>On July 17, 2024, at 11:42 a.m., the surveyor observed unlicensed personnel (ULP)-D assist R2 in checking his blood glucose level by scanning the Freestyle Libre device in R2's arm with R2's cell phone to obtain a result of 130.</p> <p>On July 17, 2024, at 11:45 a.m., licensed assisted living director/ clinical nurse supervisor (LALD/CNS)-A stated they changed the Freestyle Libre sensor in R2's arm about every two weeks.</p> <p>On July 17, 2024, at 1:44 p.m., the surveyor was not able to locate orders for blood glucose monitoring or changing of the Freestyle Libre sensor in R2's medical record.</p> <p>On July 17, 2024, at 1:46 p.m., LALD/CNS-A stated treatment orders were renewed annually.</p> <p>On July 17, 2024, at 1:52 p.m., LALD/CNS-A stated they were not able to locate the orders in the record. LALD/CNS-A stated they were certain they had signed orders and would continue to search for them.</p> | 01970                                                                  |                                                                                                                          |  |                                                     |



Minnesota Department of Health

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| 01970                                                                | <p>Continued From page 137</p> <p>On July 18, 2024, at 1:40 p.m., LALD/CNS-A stated they were not able to locate orders for blood glucose monitoring or Freestyle Libre sensor changes from R2's start of care on June 12, 2023, or annual orders that would have been renewed in June of 2024.</p> <p>The licensee's Treatment and Therapy Management policy, dated February 24, 2022, indicated the registered nurse (RN) would obtain orders or prescriptions for all treatments and therapies.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p> | 01970                                                                     |                                                                                                                          |  |                                                        |



Type: Full  
Date: 07/16/24  
Time: 10:00:00  
Report: 1043241179

## Food and Beverage Establishment Inspection Report

Page 1

**Location:**

Healing Home Services Llc  
1073 26th Avenue South East  
Minneapolis, MN55414  
Hennepin County, 27

**Establishment Info:**

ID #: 0037684  
Risk:  
Announced Inspection: No

**License Categories:**

Expires on: / /

**Operator:**

Phone #: 6517031401  
ID #:

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

The following orders were issued during this inspection.

### 4-300 Equipment Numbers and Capacities

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

MN Rule 4626.0705B Provide a readily accessible food temperature measuring device with a small diameter probe to measure the temperature in thin foods such as meat patties and fish fillets.

NO THIN PROBE THERMOMETER AVAILABLE. ADVISED STAFF TO PROVIDE. COMPLY WITH ABOVE RULE.

*Comply By: 07/16/24*

### 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.

NO TEST KIT AVAILABLE TO VERIFY THE UTENSIL SURFACE TEMPERATURE. ADVISED STAFF TO PROVIDE DISPOSABLE TEMPERATURE STRIPS/LABELS OR A MAXIMUM REGISTERING, SHOULD BE AT LEAST 150F FOR NSF/ANSI 184 DISH MACHINES OR 160F FOR ALL OTHERS. COMPLY WITH ABOVE RULE

*Comply By: 07/16/24*

### 5-200A Plumbing: approved materials/design

#### 5-203.11A **\*\* Priority 2 \*\***

MN Rule 4626.1070A Provide at least 1 handwashing sink, or the number of handwashing sinks necessary to allow for the convenient use by employees during food preparation, food dispensing, and warewashing; and in or adjacent to toilet rooms.

KITCHEN HAS A ONE COMPARTMENT SINK. STAFF WAS ADVISED TO REPLACE WITH A 2 COMPARTMENT SINK AND DESIGNATE ONE WELL FOR USE ONLY AS A HANDWASHING



Type: Full  
Date: 07/16/24  
Time: 10:00:00  
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Healing Home Services Llc

# Food and Beverage Establishment Inspection Report

Page 2

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SINK. COMPLY WITH ABOVE RULE. SEE COMMENT.

*Comply By: 08/16/24*

## 2-100 Supervision

### 2-102.12AMN

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

NO CFPM EMPLOYED. ADVISED STAFF TO PROVIDE. FACT SHEET PROVIDED WITH REPORT.  
COMPLY WITH ABOVE RULE.

*Comply By: 07/16/24*

## 4-200 Equipment Design and Construction

### 4-201.11GMN

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

CONTAINERS OF COOKED BEANS AND SOUP STORED IN THE KITCHEN COOLER DATE MARKED 7/15, DATE VERIFIED BY STAFF. ADVISED STAFF TO DISCARD FOODS AND DISCONTINUE PRACTICE. DISCARD LEFTOVERS AT THE END OF EACH DAY. COMPLY WITH ABOVE RULE.

*Comply By: 07/16/24*

## 6-500 Physical Facility Maintenance/Operation and Pest Control

### 6-501.11

MN Rule 4626.1515 Maintain the physical facilities in good repair.

A SMALL SECTION OF WALL BEHIND THE KITCHEN SINK FAUCET OBSERVED DAMAGED.  
ADVISED STAFF TO REPAIR. COMPLY WITH ABOVE RULE.

*Comply By: 07/16/24*

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## Surface and Equipment Sanitizers

Hot Water: = at 150 Degrees Fahrenheit

Location: DISH MACHINE

Violation Issued: No

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## Food and Equipment Temperatures

Process/Item: COLESLAW

Temperature: 40 Degrees Fahrenheit - Location: KITCHEN COOLER

Violation Issued: No

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Process/Item: BEANS

Temperature: 40 Degrees Fahrenheit - Location: KITCHEN COOLER

Violation Issued: No

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Process/Item: SOUP

Temperature: 40 Degrees Fahrenheit - Location: KITCHEN COOLER

Violation Issued: No

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Type: Full  
Date: 07/16/24  
Time: 10:00:00  
Report: 1043241179  
Healing Home Services Llc

# Food and Beverage Establishment Inspection Report

Process/Item: MILK  
Temperature: 40 Degrees Fahrenheit - Location: KITCHEN COOLER  
Violation Issued: No

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

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

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

Per staff, food is often cooked by the clients. Staff supervision must be provided to ensure proper food handling procedures and cooked temperatures.

Foods cooked in house must only be available for same day service for highly susceptible populations, discard any leftovers at the end of the day.

This facility has a residential kitchen with residential equipment. The kitchen finishes and surfaces are well maintained. Current NSF dish machine has a sanitizing option which must always be used when running a cycle, ensure utensil surface temperature reaches at least 150F or 160F for all other residential dish machines by using a test kit at least once a week.

\*\*\*Kitchen currently has a one compartment sink. A handwashing sink in the kitchen must be available by providing at least a two compartment sink with one compartment designated for handwashing or by installing a new, additional handwashing sink in the kitchen. If a new, additional sink will be installed for handwashing, contact MDH Health Regulation Division for remodeling approval. Sink in the bathroom must not be used as a handwashing sink for kitchen staff, all kitchen staff must wash their hands again upon entering the kitchen.

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

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



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# Food and Beverage Establishment Inspection Report

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**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 1043241179 of 07/16/24.

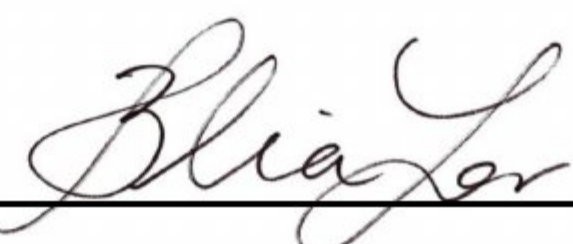
Certified Food Protection Manager: \_\_\_\_\_

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

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

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

Magrad Hussein  
PIC

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

Blia Lor  
Public Health Sanitarian I  
651-355-0641  
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