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

Electronically Delivered

December 5, 2024

Licensee
New Horizon Assisted Living
5916 71st Avenue North
Brooklyn Center, MN  55429

RE: Project Number(s) SL36417015

Dear Licensee:

On October 28, 2024, the Minnesota Department of Health completed a follow-up survey of your facility to determine if orders from the August 13, 2024, survey were corrected. This follow-up survey verified that the facility is in substantial compliance.

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

Please feel free to call me with any questions.

Sincerely,

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

JMD

Electronically Delivered

September 12, 2024

Licensee
New Horizon Assisted Living
5916 71st Avenue North
Brooklyn Center, MN  55429

RE:  Project Number(s) SL36417015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on August 13, 2024, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

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

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

The correction order documentation should include the following:

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

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

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

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

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

If you have any questions, please contact me.

Sincerely,

Jessie Chenze, Supervisor
State Evaluation Team
Email: Jessie.Chenze@state.mn.us
Telephone: 218-332-5175 Fax: 1-866-890-9290

HHH

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 36417 | A. BUILDING: _____ B. WING _____ | 08/13/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| NEW HORIZON ASSISTED LIVING | 5916 71ST AVENUE NORTH BROOKLYN CENTER, MN 55429 |

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| 0 000 | Initial Comments<br><br>******ATTENTION******<br><br>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)<br><br>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.<br><br>Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.<br><br>INITIAL COMMENTS:<br><br>SL36417015<br><br>On August 12, 2024, through August 13, 2024, the Minnesota Department of Health conducted a full survey at the above provider, and the following correction orders are issued. At the time of the survey, there were four residents; all receiving services under the provider's Assisted Living license. | 0 000 | Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators ' findings is the Time Period for Correction.<br><br>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.<br><br>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.<br><br>THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3. | |
| 0 480 SS=F | 144G.41 Subd 1 (13) (i) (B) Minimum requirements | 0 480 | | |

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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:<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:<br><br>Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated August 12, 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 | | |
| 0 550 SS=F | 144G.41 Subd. 7 Resident grievances; reporting maltreatment<br><br>All facilities must post in a conspicuous place information about the facilities' grievance | 0 550 | | |

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| 0 550 | Continued From page 2<br><br>procedure, and the name, telephone number, and email contact information for the individuals who are responsible for handling resident grievances. The notice must also have the contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities and must have information for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center. The notice must also state that if an individual has a complaint about the facility or person providing services, the individual may contact the Office of Health Facility Complaints at the Minnesota Department of Health.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to post in a conspicuous place, information about the facility's grievance procedure with the required content. This had the potential to affect all of the licensee's four current 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 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>During the facility tour with licensed assisted living director (LALD)-B on August 12, 2024, at | 0 550 | | |

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| 0 550 | Continued From page 3<br><br>11:50 a.m., the surveyor observed the licensee's grievance procedure posted on a wall, above a desk in the common area. The licensee lacked a posting to include all of the required content about the facility's grievance procedure to include the contact information for the state and applicable regional Office of Ombudsman for Long Term Care (OOLTC) and for the Office of Ombudsman for Mental Health and Developmental Disabilities (OOMHDD), the contact information for the Minnesota Adult Abuse Reporting Center (MAARC), and did not state that if an individual had a complaint about the facility or person providing services, the individual may contact the Office of Health Facility Complaints (OHFC) at the Minnesota Department of Health (MDH), as required.<br><br>On August 12, 2024, at 11:55 a.m., LALD-B stated the grievance procedure did not include the required information, and should have.<br><br>The licensee's Complaint/Grievance Posting policy, undated, indicated the licensee would post, in a conspicuous place, information about the complaint/grievance procedure, and the name, telephone number, and email contact information for the individual(s) who were responsible for handling resident complaint/grievances. The policy also indicated, the posting would also include the contact information for the OOLTC, the OOMHDD, and MAARC.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-One (21) days | 0 550 | | |

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| 0 650 | Continued From page 4 | 0 650 | | |
| 0 650 SS=D | 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:<br>Based on interview and record review, the licensee failed to maintain a current employee record for each paid employee for one of four employees (registered nurse (RN)-E).<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 | 0 650 | | |

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| 0 650 | Continued From page 5<br><br>limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).<br><br>The findings include:<br><br>On August 13, 2024, at 3:21 p.m., clinical nurse supervisor (CNS)-A stated RN-E was employed by another facility but had been helping at this facility, as needed, when CNS-A was not available.<br><br>RN-E had a start date of February 1, 2023, to provide RN services and on-call services, as needed.<br><br>RN-E's record lacked the following required content:<br>- documentation of annual performance reviews that identify areas of improvement needed and training needs; and<br>- for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings.<br><br>On August 13, 2024, at 3:33 p.m., CNS-A stated there was no performance evaluation for RN-E, and stated RN-E had not provided her tuberculosis screening results, dated January 27, 2023, until today when CNS-A contacted her.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-One (21) days | 0 650 | | |
| 0 680 SS=F | 144G.42 Subd. 10 Disaster planning and emergency preparedness | 0 680 | | |

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| 0 680 | Continued From page 6<br><br>(a) The facility must meet the following requirements:<br>(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;<br>(2) post an emergency disaster plan prominently;<br>(3) provide building emergency exit diagrams to all residents;<br>(4) post emergency exit diagrams on each floor; and<br>(5) have a written policy and procedure regarding missing residents.<br>(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.<br>(c) The facility must meet any additional requirements adopted in rule.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review the licensee failed to post an emergency preparedness plan prominently. 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 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 | 0 680 | | |

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| 0 680 | Continued From page 7<br><br>are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).<br><br>The findings include:<br><br>During the facility tour with licensed assisted living director (LALD)-B on August 12, 2024, at 11:50 a.m., the surveyor observed the facility's layout included one residential-type home, with a main level entrance, three resident apartments, a bathroom, a common area, dining room and kitchen. The lower level basement included an additional resident bedroom, a bathroom, an office, and a common area. Although emergency exit diagrams were posted throughout the facility and on the inside of residents' apartments, there was no evidence of signage posted or information regarding the licensee's emergency plan posted prominently, as required.<br><br>On August 12, 2024, at 11:55 a.m., LALD-B stated the binder that contained the Emergency Preparedness Plan was in the basement office which was kept locked, and although staff had keys to the office, the plan was not readily available for staff, residents, or visitors.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-One (21) days | 0 680 | | |
| 0 820 SS=F | 144G.45 Subd. 2 (g) Fire protection and physical environment<br><br>(g) Existing construction or elements, including assisted living facilities that were registered as housing with services establishments under | 0 820 | | |

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| 0 820 | Continued From page 8<br><br>chapter 144D prior to August 1, 2021, shall be permitted to continue in use provided such use does not constitute a distinct hazard to life. Any existing elements that an authority having jurisdiction deems a distinct hazard to life must be corrected. The facility must document in the facility's records any actions taken to comply with a correction order, and must submit to the commissioner for review and approval prior to correction.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation and interview, the licensee failed to provide facilities that were not a distinct hazard to life. This had the potential to directly affect all residents and staff.<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 potential to affect a large portion or all of the residents).<br><br>Findings include:<br><br>On a facility tour on August 12, 2024, between 11:00 a.m. and 12:30 p.m. with the licensed assisted living director (LALD)-B, it was observed that cigarette butts were discarded on the ground outside the front door and back door of the residence. There were approved containers provided in both locations.<br><br>The surveyor explained to the LALD-B, that all cigarette butts shall be properly discarded into an | 0 820 | | |

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| 0 820 | Continued From page 9<br><br>approved container and that cigarette smoking should take place in the designated area away from the structure.<br><br>The deficient conditions were visually verified by the LALD-B accompanying on the tour.<br><br>TIME PERIOD FOR CORRECTION: Two (2) days. | 0 820 | | |
| 0 940 SS=C | 144G.50 Subd. 2 (e; 5-7) Contract information<br><br>(5) 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>(i) whether the facility is enrolled with the commissioner of human services to provide customized living services under medical assistance waivers;<br>(ii) whether the facility has an agreement to provide housing support under section 256I.04, subdivision 2, paragraph (b);<br>(iii) whether there is a limit on the number of people residing at the facility who can receive customized living services or participate in the housing support program at any point in time. If so, the limit must be provided;<br>(iv) 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;<br>(v) a statement that medical assistance waivers provide payment for services, but do not cover the cost of rent;<br>(vi) a statement that residents may be eligible for assistance with rent through the housing support program; and | 0 940 | | |

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|---|---|---|---|---|
| 0 940 | Continued From page 10<br><br>(vii) 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;<br>(6) the contact information to obtain long-term care consulting services under section 256B.0911; and<br>(7) the toll-free phone number for the Minnesota Adult Abuse Reporting Center.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to execute a written contract with the required content for two of two residents (R1, R2). This had the potential to affect all residents residing in the facility.<br><br>This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).<br><br>The findings include:<br><br>R1's Service Plan, dated January 26, 2023, indicated R1 received services including bathing reminders, grooming, dressing, meal assistance, medication management, socialization, laundry, and housekeeping.<br><br>R2's Service Plan, dated January 11, 2023, indicated R2 received services including bathing reminders, dressing, grooming, behavior monitoring, meal assistance, medication administration, vital monitoring, socialization, | 0 940 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 36417 | A. BUILDING: _____ B. WING _____ | 08/13/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| NEW HORIZON ASSISTED LIVING | 5916 71ST AVENUE NORTH BROOKLYN CENTER, MN 55429 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| 0 940 | Continued From page 11<br>laundry, and housekeeping.<br><br>R1 and R2's Resident Contract for Assisted Living, signed by R1 on January 26, 2023, and signed by R2 on January 11, 2023, lacked the following required content:<br>- whether the facility is enrolled with the commissioner of human services to provide customized living services under medical assistance waivers; and<br>- whether the facility has an agreement to provide housing support under section 256I.04, subdivision 2, paragraph (b).<br><br>On August 13, 2024, at 4:35 p.m., licensed assisted living director (LALD)-B stated he wasn't aware that the contract was developed without the required contents, and stated all residents were given the same contract.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-One (21) days | 0 940 | | |
| 01830 SS=D | 144G.71 Subd. 14 Renewal of prescriptions<br><br>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.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the facility failed to renew prescriptions at least every 12 months for one of two residents (R2). | 01830 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 36417 | A. BUILDING: _____ B. WING _____ | 08/13/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| NEW HORIZON ASSISTED LIVING | 5916 71ST AVENUE NORTH BROOKLYN CENTER, MN 55429 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| 01830 | Continued From page 12<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).<br><br>The findings include:<br><br>R2's record lacked an annual renewal of prescriber orders for medications.<br><br>R2's diagnoses included attention deficit hyperactivity disorder (ADHD) (difficulty with paying attention, hyperactivity, and impulsivity), Oppositional Defiance Disorder (hostile behavior toward others), Tourette's syndrome (involuntary, repetitive movements and sounds), autism spectrum (developmental disabilities caused by differences in the brain), and post traumatic stress disorder (mental health condition triggered by a terrifying event).<br><br>R2's Service Plan, dated January 11, 2023, indicated R2 received services including bathing reminders, dressing, grooming, behavior monitoring, meal assistance, medication administration, vital monitoring, socialization, laundry, and housekeeping.<br><br>R2's Assessment, dated July 18, 2024, under Medications, indicated R2 was unable to safely self-administer and required medication administration by facility staff.<br><br>On August 12, 2024, at 1:58 p.m., the surveyor | 01830 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 36417 | A. BUILDING: _____ B. WING _____ | 08/13/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| NEW HORIZON ASSISTED LIVING | 5916 71ST AVENUE NORTH BROOKLYN CENTER, MN 55429 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| 01830 | Continued From page 13<br><br>observed while unlicensed personnel (ULP)-C demonstrated the process of administering R2's oral medication.<br><br>R2's Med (medication) Admin (administration) Summary, dated August 2024, included the following medications:<br>- fluoxetine (antidepressant) 20 mg (milligrams) one capsule by mouth every morning;<br>- methylphenidate (treats ADHD) 10 mg take 1.5 tablets twice daily; and<br>- trazodone (antidepressant/antianxiety) 50 mg take 1-2 tablets by mouth for sleep.<br><br>R2's most current signed prescriber orders, dated March 15, 2023, included all of the above medications; however, was 151 days past the annual renewal date requirement.<br><br>On August 13. 2024, at 4:35 p.m., clinical nurse supervisor (CNS)-A stated R2 attended a clinic appointment on March 27, 2024, and she assumed the paperwork that was returned by R2's provider had signed prescriber orders; however, stated she could not find any faxes or current orders with provider signature.<br><br>The licensee's Medication & Treatment Orders - Renewal policy, dated August 1, 2021, indicated resident who receive medication management services by the licensee would have current physician prescribed medication orders on record, and must be renewed at least every 12 months or more frequently as required.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days | 01830 | | |

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

Type: Full
Date: *08/12/24*
Time: 13:00:00
Report: 8041241150

# Food and Beverage Establishment Inspection Report



**Location:**
New Horizon Assisted Living
5916 71st Avenue North
Brooklyn Park, MN55429
Hennepin County, 27

**Establishment Info:**
ID #: 0039110
Risk:
Announced Inspection: No

**License Categories:**

Expires on: / /

**Operator:**

Phone #: 7637178142
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.

**3-300B Protection from Contamination: cross-contamination, eggs**

***3-302.11A(1)*** ***** Priority 1 *****

MN Rule 4626.0235A(1) Separate raw animal foods during storage, preparation, holding, and display from ready-to-eat foods to prevent cross-contamination.

UNPASTEURIZED SHELL EGGS AND PACKAGE OF RAW BACON ABOVE READY-TO-EAT FOODS IN THE REFRIGERATOR. CORRECTED ON SITE. EGGS AND BACON WERE MOVED TO BOTTOM DRAWER IN REFRIGERATOR DURING INSPECTION.

*Comply By: 08/12/24*

**3-500C Microbial Control: date marking**

***3-501.17B*** ***** Priority 2 *****

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

TCS FOODS OPENED MORE THAN 24 HOURS AGO (DELI MEAT, HOT DOGS, MILK) NOT DATE MARKED. DATE MARKING REQUIREMENTS REVIEWED DURING INSPECTION.

*Comply By: 08/12/24*

**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 FOOD THERMOMETER ON SITE.

*Comply By: 08/19/24*

Type: Full
Date: *08/12/24*
Time: 13:00:00
Report: 8041241150
New Horizon Assisted Living

# Food and Beverage Establishment Inspection Report

**Food and Equipment Temperatures**

Process/Item: Cold Holding
Temperature: 40 Degrees Fahrenheit - Location: kitchen refrigerator: hot dog
Violation Issued: No

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

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

Inspection was completed with Sarah Amaya. LoAnn DeGagne was the Health Regulation Division Nurse Evaluator. Facility had three residents on site at time of inspection.

This establishment has a residential kitchen. Food must be prepared for same day service only. The kitchen has wood cabinets with a hollow base, solid surface countertop, vinyl flooring and a painted popcorn ceiling.

A two basin sink is located in the kitchen with one basin designated for handwashing. Establishment has an NSF-residential LG dishwasher that has a high temp cycle. Dishwasher was recently tested and achieved a utensil surface temp. of at least 160F for sanitizing dishes.

Discussed the following:
- Employee illness policy and logging requirements
- Reportable diseases
- Handwashing
- Glove-use and bare hand contact
- Food storage and preventing cross contamination
- Date marking
- Restrictions concerning serving a highly susceptible population
- Vomit clean up process

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

I acknowledge receipt of the Minnesota Department of Health inspection report number 8041241150 of 08/12/24.

Certified Food Protection Manager: Sarah Amaya

Certification Number: fm112918 Expires: 09/13/25

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

Signed: _____
Sarah Amaya
CNS/Director

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