DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

December 6, 2022

Administrator
Compassion Connect, LLC
3201 84th Street West
Bloomington, MN 55431

RE: Project Number(s) SL37958015 - Amended State Form - Tag 0660

Dear Administrator:

This is your **official notice** that you have been **granted your assisted living facility license.** Your license effective and expiration dates remain the same as on your provisional license. Your updated status will be listed on the license certificate at renewal and **this letter serves as proof** in the meantime. If you have not received a letter from us with information regarding renewing your license within 60 days prior to your expiration date, please contact us at (651) 201-5273 or by email at Health.assistedliving@state.mn.us.

On November 28, 2022, the Minnesota Department of Health completed a follow-up evaluation of your facility to determine if orders from the September 14, 2022, evaluation were corrected. This follow-up evaluation 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 this letter and the results of this visit with the President of your organization's Governing Body. If you have any questions, please contact me.

Sincerely,

Paul T. Spencer

Paul Spencer, Supervisor
State Rapid Response Team
85 East Seventh Place, Suite 220
P.O. Box 64970
St. Paul, MN 55164-0970
Telephone: 651-201-4222 Fax: 651-281-9796

PMB

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	37958	A. BUILDING: _____ B. WING _____	R 11/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPASSION CONNECT LLC	3201 84TH STREET WEST BLOOMINGTON, MN 55431

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{0 000}	Initial Comments Initial comments On November 28, 2022, the Minnesota Department of Health conducted a licensing order follow-up related to correction orders issued for survey SL37958015. Compassion Connect was found to be in substantial compliance with state regulations. AMENDED: On December 6, 2022, the correction orders were amended to rescind tag identification 0660. No changes were made to the other correction orders and the time period of correction and time period for appeals on the remaining orders is not changed	{0 000}		
{0 460} SS=F	144G.41 Subdivision 1 Minimum requirements (5) provide a means for residents to request assistance for health and safety needs 24 hours per day, seven days per week; (6) allow residents the ability to furnish and decorate the resident's unit within the terms of the assisted living contract; (7) permit residents access to food at any time; (8) allow residents to choose the resident's visitors and times of visits; (9) allow the resident the right to choose a roommate if sharing a unit; (10) notify the resident of the resident's right to have and use a lockable door to the resident's unit. The licensee shall provide the locks on the unit. Only a staff member with a specific need to enter the unit shall have keys, and advance notice must be given to the resident before entrance, when possible. An assisted living	{0 460}		

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{0 460}	Continued From page 1 facility must not lock a resident in the resident's unit; This MN Requirement is not met as evidenced by: Not assessed.	{0 460}		
{0 630} SS=F	144G.42 Subd. 6 (b) Compliance with requirements for reporting ma (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. This MN Requirement is not met as evidenced by: Not assessed.	{0 630}		
{0 650} SS=F	144G.42 Subd. 8 Employee records (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: (1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules; (2) records of orientation, required annual training	{0 650}		

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{0 650}	Continued From page 2 and infection control training, and competency evaluations; (3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision; (4) documentation of annual performance reviews that identify areas of improvement needed and training needs; (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 (6) documentation of the background study as required under section 144.057. (b) Each employee record must be retained for at least three years after a paid employee, volunteer, or contractor ceases to be employed by, provide services at, or be under contract with the facility. If a facility ceases operation, employee records must be maintained for three years after facility operations cease. This MN Requirement is not met as evidenced by: Not assessed.	{0 650}		
{0 680} SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness (a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently;	{0 680}		

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{0 680}	Continued From page 3 (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing tenant residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by: Not assessed.	{0 680}		
{0 810} SS=F	144G.45 Subd. 2 (b)-(f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) employee actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Employees of assisted living facilities shall	{0 810}		

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{0 810}	Continued From page 4 receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill. This MN Requirement is not met as evidenced by:	{0 810}		
{01320} SS=F	144G.60 Subd. 4 (a) Unlicensed personnel (a) Unlicensed personnel providing assisted living services must have: (1) successfully completed a training and competency evaluation appropriate to the services provided by the facility and the topics listed in section 144G.61, subdivision 2, paragraph (a); or (2) demonstrated competency by satisfactorily completing a written or oral test on the tasks the unlicensed personnel will perform and on the topics listed in section 144G.61, subdivision 2, paragraph (a); and successfully demonstrated competency on topics in section 144G.61, subdivision 2, paragraph (a), clauses (5), (7), and (8), by a practical skills test.	{01320}		

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{01320}	Continued From page 5 Unlicensed personnel who only provide assisted living services listed in section 144G.08, subdivision 9, clauses (1) to (5), shall not perform delegated nursing or therapy tasks. This MN Requirement is not met as evidenced by: Not assessed.	{01320}		
{01370} SS=F	144G.61 Subd. 2 (a) Training and evaluation of unlicensed personn (a) Training and competency evaluations for all unlicensed personnel must include the following: (1) documentation requirements for all services provided; (2) reports of changes in the resident's condition to the supervisor designated by the facility; (3) basic infection control, including blood-borne pathogens; (4) maintenance of a clean and safe environment; (5) appropriate and safe techniques in personal hygiene and grooming, including: (i) hair care and bathing; (ii) care of teeth, gums, and oral prosthetic devices; (iii) care and use of hearing aids; and (iv) dressing and assisting with toileting; (6) training on the prevention of falls; (7) standby assistance techniques and how to perform them; (8) medication, exercise, and treatment reminders; (9) basic nutrition, meal preparation, food safety, and assistance with eating; (10) preparation of modified diets as ordered by a	{01370}		

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{01370}	Continued From page 6 licensed health professional; (11) communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family; (12) awareness of confidentiality and privacy; (13) understanding appropriate boundaries between staff and residents and the resident's family; (14) procedures to use in handling various emergency situations; and (15) awareness of commonly used health technology equipment and assistive devices. This MN Requirement is not met as evidenced by: Not assessed.	{01370}		
{01380} SS=F	144G.61 Subd. 2 (b) Training and evaluation of unlicensed personn (b) In addition to paragraph (a), training and competency evaluation for unlicensed personnel providing assisted living services must include: (1) observing, reporting, and documenting resident status; (2) basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel; (3) reading and recording temperature, pulse, and respirations of the resident; (4) recognizing physical, emotional, cognitive, and developmental needs of the resident; (5) safe transfer techniques and ambulation; (6) range of motioning and positioning; and (7) administering medications or treatments as required.	{01380}		

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{01380}	Continued From page 7 This MN Requirement is not met as evidenced by: Not assessed.	{01380}		
{01430} SS=F	144G.62 Subd. 3 Supervision of staff (a) Staff who only provide assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), must be supervised periodically where the services are being provided to verify that the work is being performed competently and to identify problems and solutions to address issues relating to the staff's ability to provide the services. The supervision of the unlicensed personnel must be done by staff of the facility having the authority, skills, and ability to provide the supervision of unlicensed personnel and who can implement changes as needed, and train staff. (b) Supervision includes direct observation of unlicensed personnel while the unlicensed personnel are providing the services and may also include indirect methods of gaining input such as gathering feedback from the resident. Supervisory review of staff must be provided at a frequency based on the staff person's competency and performance. This MN Requirement is not met as evidenced by: Not assessed.	{01430}		
{01440} SS=F	144G.62 Subd. 4 Supervision of staff providing delegated nurs (a) Staff who perform delegated nursing or therapy tasks must be supervised by an appropriate licensed health professional or a registered nurse according to the assisted living	{01440}		

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{01440}	Continued From page 8 facility's policy where the services are being provided to verify that the work is being performed competently and to identify problems and solutions related to the staff person's ability to perform the tasks. Supervision of staff performing medication or treatment administration shall be provided by a registered nurse or appropriate licensed health professional and must include observation of the staff administering the medication or treatment and the interaction with the resident. (b) The direct supervision of staff performing delegated tasks must be provided within 30 calendar days after the date on which the individual begins working for the facility and first performs the delegated tasks for residents and thereafter as needed based on performance. This requirement also applies to staff who have not performed delegated tasks for one year or longer. This MN Requirement is not met as evidenced by: Not assessed.	{01440}		

Electronically Delivered

December 6, 2022

Administrator
Compassion Connect, LLC
3201 84th Street West
Bloomington, MN 55431

RE: Project Number(s) SL37958015 - Amended State Form - Tag 0660

Dear Administrator:

The Minnesota Department of Health completed an evaluation on September 14, 2022, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the evaluation, the Minnesota Department of Health 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.

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

IMPOSITION OF FINES
In accordance with Minn. Stat. § 144G.31, Subd. 4, fines and enforcement actions may be imposed based on the level and scope of the violations and 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.20, Subd. 4 (a)(5), the Department of Health imposes fine amounts of either $1,000 or $5,000 to licensees who are found to be responsible for maltreatment. The Department of Health imposes 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. The Department of Health 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 (a)(5)(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.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, no immediate fines are assessed.

DOCUMENTATION OF ACTION TO COMPLY
Per Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document any action taken to comply with the correction order by the correction order date. A copy of the provider's records documenting those actions may be requested for follow-up evaluations. The licensee is not required to submit a plan of correction 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 issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by the Department of Health within 15 calendar days of the correction order receipt date.

A state licensing order under Minn. Stat. § 144G.91, Subd. 8, Free from Maltreatment is associated with a maltreatment determination by the Office of Health Facility Complaints. If maltreatment is substantiated, you will receive a separate letter with the reconsideration process under Minn. Stat. § 626.557. Please email general reconsideration requests to: **Health.HRD.Appeals@state.mn.us**.

Please address your cover letter for general reconsideration requests to:
Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place
St. Paul, MN 55164-0970

Free from Maltreatment reconsideration requests should be addressed to:
Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place
St. Paul, MN 55164-0970

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in this letter and the results of this visit with the President of your organization's Governing Body. If you have any questions, please contact me.

Sincerely,

Paul Spencer, Supervisor
State Rapid Response Team
85 East Seventh Place, Suite 220
P.O. Box 64970
St. Paul, MN 55164-0970
Telephone: 651-201-4222 Fax: 651-281-9796

PMB

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0 000	Initial Comments Initial comments ******ATTENTION****** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER ******AMENDMENT TO TAG 0470****** In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether a violation is corrected requires compliance with all requirements provided at the statute number indicated below. When a Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL37958015 On September 12, 2022, the Minnesota Department of Health conducted a provisional assisted living facility survey at the above provider, and the following correction orders are issued. At the time of the survey, there was one resident receiving services under the provider's provisional Assisted Living license. The following immediate correction order is issued. Correction orders with a period to correct that are not immediate may be issued at a later date during the survey. ----------	0 000	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Home Care/Assisted Living License Providers. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors ' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144A.474 subd. 11 (b) (1) (2) -or- 144G.31 subd. 1, 2 and 3	

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0 000	Continued From page 1 On September 12, 20212 through September 14, 2022, , the Minnesota Department of Health conducted a licensing evaluation at the above provider, and the following correction orders are issued. At the time of the licensing evaluation there was one of resident(s) under the provider's provisional assisted Living Facility license. --- AMENDED: On December 6, 2022, the correction orders were amended to rescind tag identification 0660. No changes were made to the other correction orders and the time period of correction and time period for appeals on the remaining orders is not changed	0 000		
0 460 SS=F	144G.41 Subdivision 1 Minimum requirements (5) provide a means for residents to request assistance for health and safety needs 24 hours per day, seven days per week; (6) allow residents the ability to furnish and decorate the resident's unit within the terms of the assisted living contract; (7) permit residents access to food at any time; (8) allow residents to choose the resident's visitors and times of visits; (9) allow the resident the right to choose a roommate if sharing a unit; (10) notify the resident of the resident's right to have and use a lockable door to the resident's unit. The licensee shall provide the locks on the unit. Only a staff member with a specific need to enter the unit shall have keys, and advance	0 460		

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0 460	Continued From page 2 notice must be given to the resident before entrance, when possible. An assisted living facility must not lock a resident in the resident's unit; This MN Requirement is not met as evidenced by: Based on interviews, and record review, the licensee failed to provide a means for the residentt (R1) to request assistance for health and safety needs 24 hours per day, seven days per week. This had the potential to affect the one resident residing in the facility. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: On September 12, 2022, at 9:57 a.m., during the entrance conference licensed assisted living director (LALD)-A stated the facility had no call light system for residents to request assistance. R1 was admitted to the facility on May 4, 2022, with diagnoses including high blood pressure, anemia (low red blood cells), Type II Diabetes, and pain in the back and knee. R1 history included a history of dizziness with a fall in April 2022 and balance problem while walking. R1's general safety it to activate the emergency call system but did not indicate what number to call and what she would use as means to call the emergency call system.	0 460		

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	37958	A. BUILDING: _____ B. WING _____	09/14/2022

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0 460	Continued From page 3 R1's Care plan, last updated July 19, 2022, indicated R1 was able to communicate and make her needs known. The care plan indicated R1 was a risk for falls due and was encouraged to call out for assistance when needed or to us her personal cell phone to call the staff at the facility to request assistance. During an interview on September 12, 2022, at 10:00 a.m., LALD-A stated if R1 required assistance from staff she would verbally call out for staff or R1 would use her personal cell phone to call the facility number to request assistance. No specific policy was provided for summoning devices. TIME PERIOD FOR CORRECTION: Seven (7) days	0 460		
0 470 SS=F	144G.41 Subdivision 1 Minimum requirements (11) develop and implement a staffing plan for determining its staffing level that: (i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility; (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 (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; (12) ensure that one or more persons are available 24 hours per day, seven days per week,	0 470		

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0 470	Continued From page 4 who are responsible for responding to the requests of residents for assistance with health or safety needs. Such persons must be: (i) awake; (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; (iii) capable of communicating with residents; (iv) capable of providing or summoning the appropriate assistance; and (v) capable of following directions; This MN Requirement is not met as evidenced by: Amended level: Based on interview and record review the licensee failed to ensure awake throughout the night staff which affected one of one residents (R1) reviewed. 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). Findings include: R1's medical record was reviewed. R1's diagnoses included diabetes and schizophrenia. R1's service plan dated May 5, 2022, indicated R1 required assistance with medication administration.	0 470		

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0 470	Continued From page 5 The licensee did not have a call system in place to summon staff. During an interview on September 12, 2022, at 9:45 a.m., the program (PD)-A stated the licensee has staff coverage for 24 hours a day, however the staff are not awake on the overnights. PD-A stated the regulations reviewed online indicated awake staff for facilities with 12 or more residents. PD-A stated she was taking an assisted living license course through Leading Age. The course was both an online and zoom. The instuctor for the zoom portion verbally stated for smaller facilities sleep staff was allowed. PD-A provided an email of the state regulations, dated 2014, where regulations prior to August 2021 stated sleep staff was allowed at that time. The facility-provided Staff Schedule dated September 2022, indicated the licensee had three 8 hour shifts with and the overnight shift was scheduled from 11:00 p.m. to 7:00 a.m. TIME PERIOD FOR CORRECTION: Immediate	0 470		
0 630 SS=F	144G.42 Subd. 6 (b) Compliance with requirements for reporting ma (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	0 630		

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0 630	Continued From page 6 and other vulnerable adults. For purposes of the abuse prevention plan, abuse includes self-abuse. This MN Requirement is not met as evidenced by: Based on interview, and record review, the licensee failed to address areas of potential abuse to other vulnerable adults (VA) on the individual abuse prevention plan (IAPP) for one of one resident (R1) with records reviewed. This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death) and was issued at a 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). The findings include: R1: R1 admitted to the licensee on May 5, 2022, with the diagnoses of post-traumatic stress syndrome, depression, Schizophrenia, and anxiety. Admission assessment, not dated, failed to identify if R1 posed a risk of abusing other vulnerable adults (VA); and statements of the specific measures to be taken to minimize the risk of abuse to that person and other VAs. R1's IAPP dated May 4, 2022, indicated R1 did not pose a risk to others by physical aggression,	0 630		

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0 630	Continued From page 7 and did not have threatening or sexually inappropriate behaviors. This same document indicated R1 has mental illnesses for which she is taking medication to control. This same document indicated R1 can be non-compliant with medications. During an interview on September 14, 2022, at 9:32 a.m., Program Director (PD)-A verified R1's vulnerability risk to others was not identified on the IAPP. Review of services delivered from August 1, 2022, through September 14, 2022, indicated all three shifts monitor for symptoms of auditory and visual hallucinations and paranoia. The licensee's Vulnerable Adult policy, dated August 1, 2021, indicated the resident's risk of abusing other vulnerable adults within the residence shall be assessed. The vulnerable adult status assessment shall be documented in the clinical record. An IAPP shall be established for each VA for whom assisted living services are provided. TIME PERIOD FOR CORRECTION: Seven (7) Days	0 630		
0 650 SS=F	144G.42 Subd. 8 Employee records (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:	0 650		

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0 650	Continued From page 8 (1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules; (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision; (4) documentation of annual performance reviews that identify areas of improvement needed and training needs; (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 (6) documentation of the background study as required under section 144.057. (b) Each employee record must be retained for at least three years after a paid employee, volunteer, or contractor ceases to be employed by, provide services at, or be under contract with the facility. If a facility ceases operation, employee records must be maintained for three years after facility operations cease. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure employee records contained the required content for one of one unlicensed personnel (ULP)-D, and one of one licensed staff (registered nurse (RN)-C) with employee records reviewed. This had the potential to affect all residents in the facility. 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	0 650		

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0 650	Continued From page 9 resident's health or safety, but was not likely to cause serious injury, impairment, or death), 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). The findings include: Program Director (PD)-A was hired on May 5, 2022. PD-A's employee record lacked evidence of: -verification of required health screening upon hire RN-C was hired on May 5, 2022. RN-C began providing assisted living services to licensee's resident May 5, 2022. RN-C's employee record lacked evidence of: -orientation regarding 144G statues instituted August 1, 2021 -verification of required health screening upon hire -the required eight hours of initial dementia care training -a dated job description ULP-D was hired on May 5, 2022. ULP-D began providing assisted living services to licensee's resident May 5, 2022. ULP-D's employee record lacked evidence of: -orientation regarding 144G statutes instituted August 1, 2021 -verification of required health screening upon hire -the required chest x-ray, blood test, or two-step Mantoux prior to starting care for resident	0 650		

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0 650	Continued From page 10 -documentation During an interview on September 13, 2022, at 10:46 a.m., PD-A stated a Tuberculin (TB) test is required prior to working on the floor. PD-A stated she was not aware of a two-step Mantoux or a health screening for active TB symptoms. PD-A stated no staff have documented screening for active TB symptoms in their employee files. PD-A stated 144G training for staff had not been completed. The licensee's Assisted Living Orientation Training & Competencies Manual, not dated, identified staff tuberculosis (TB) screening for all staff whose essential job functions require work within the same air space of clients shall be screened and tested for tuberculosis prior to the staff being exposed to clients. New staff shall be screened for active signs of TB using the Baseline RB Screening Toll, have a two-step Mantoux conducted with results documented on the Baseline TB Screening Tool or an approved blood test, and no staff shall be permitted to begin work where the work involves sharing the air space with clients until the TB screen is negative and the results of the 1st step Mantoux are negative or an approved blood test result is negative and documented. Staff TB screening results shall be kept in each employee's medical file. The licensee's Overview of Assisted Living Statute, not dated, indicated personnel employed by a licensee or providing services under a contract, must be licensed, registered, or certified as required by the state and/or must meet the training and evaluation requirements of the statutes and rules. Each applicant for a license and persons who provide direct care, supervise	0 650		

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0 650	Continued From page 11 direct care, or manage services for a licensee must be oriented to assisted living requirements prior to services to residents. TIME PERIOD TO CORRECT: Twenty-One (21) Days	0 650		
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness (a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing tenant residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by:	0 680		

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0 680	Continued From page 12 Based on interview and document review, the licensee failed to develop a written emergency disaster plan with all the required content and post an emergency disaster plan prominently. This had the potential to affect the resident, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: On September 12, at 9:57 a.m., during an entrance conference with the Program Director (PD)-A, the surveyor requested the facility's Emergency Preparedness and Disaster Plan Policy. Review of Compassion Connects Emergency Guide, undated, lacked the following required contact: - a description of the facilities approach to meeting the health/safety/security needs of the staff and residents; - process for EP cooperation with state and local EP officials/organizations. - a thoroughly completed risk assessment; - arrangements/contracts to re-establish utility services; and - a description of the population served by the licensee. - development of policies/procedures to address: - procedure for tracking staff and residents;	0 680		

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0 680	Continued From page 13 - subsistence needs for staff and residents during an emergency; - evacuation plan; - shelter in place; - a medical record documentation system to preserve resident information, security, and availability; - emergency staffing strategies to; - development of arrangements with other facilities and providers to receive residents if needed; and - the facilities role in providing care and treatment at alternative sites. - a communication plan that included: - arrangement with other facilities; - names and contact information for staff, resident physicians, other facilities; - contact information for federal, state, tribal, local EP staff, ombudsman; - primary and alternative means for communicating with facility staff, federal, state, regional and local emergency management agencies; - a method of sharing information and medical documentation for residents; and - a means to provide information regarding the facility's needs, and its ability to provide assistance to include information about their occupancy. - emergency preparedness training and documentation of training On September 13, 2022, at 10:46 a.m., during an interview PD-A stated the provided emergency preparedness manual did not contain all the information required. The licensee's policy titled Emergency Preparedness Manual, revised on July 2021, developed by Home Care Consultants, LLC.	0 680		

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0 680	Continued From page 14 TIME PERIOD FOR CORRECTION: Twenty-One (21) Days	0 680		
0 810 SS=F	144G.45 Subd. 2 (b)-(f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) employee actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill.	0 810		

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0 810	Continued From page 15 This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide the required fire safety training for residents and staff, and failed to conduct required evacuation drills. This had the potential to affect all staff, residents, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). On September, 12 2022 between 11:45 AM to 12:30 PM, the Program Director (PD)-A failed to provide the following documents for review: 1. The licensee failed to provide employee training logs for fire safety and evacuation. 2. The licensee failed to provide resident training logs for fire safety and evacuation. 3. The licensee failed to provide documentation showing that the required fire drills were being conducted. The (PD)-A verbally confirmed survey staff observations during the facility tour. No additional information was provided TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810		

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01320	Continued From page 16	01320		
01320 SS=F	144G.60 Subd. 4 (a) Unlicensed personnel (a) Unlicensed personnel providing assisted living services must have: (1) successfully completed a training and competency evaluation appropriate to the services provided by the facility and the topics listed in section 144G.61, subdivision 2, paragraph (a); or (2) demonstrated competency by satisfactorily completing a written or oral test on the tasks the unlicensed personnel will perform and on the topics listed in section 144G.61, subdivision 2, paragraph (a); and successfully demonstrated competency on topics in section 144G.61, subdivision 2, paragraph (a), clauses (5), (7), and (8), by a practical skills test. Unlicensed personnel who only provide assisted living services listed in section 144G.08, subdivision 9, clauses (1) to (5), shall not perform delegated nursing or therapy tasks. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure one of one unlicensed personnel (ULP)-D completed training and competency evaluation in all required training topics. This had the potential to affect all the resident(s) living in the facility. This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client'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 clients).	01320		

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	37958	A. BUILDING: _____ B. WING _____	09/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPASSION CONNECT LLC	3201 84TH STREET WEST BLOOMINGTON, MN 55431

(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
01320	Continued From page 17 Findings include: ULP-D's hire date was May 5, 2022. ULP-D's employment record lacked documentation the ULP completed all the required training and competency topics listed in 144G.61, subdivision 2. Missing documentation of ULP-D's training included: -Documentation requirements for all services provided -reports of changes in resident's condition to the supervisor designated by the facility, -maintenance of a clean and safe environment, -assisting with toileting, -training on the prevention of falls, -standby assistance techniques and how to perform them, -basic nutrition, meal preparation, food safety, and assistance with eating, -awareness of confidentiality and privacy, -understanding boundaries between staff and residents and the resident's family, -procedures to use in handling various emergency situations, -observing, reporting, and documenting resident status, -basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel, -recognizing physical, emotional, cognitive, and developmental needs of the resident, -safe transfer techniques and ambulation, -range of motion and positioning On September 13, 2022, at 10:46 a.m., Program Director (PD)-A stated the training is provided by	01320		

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01320	Continued From page 18 the nurse and no computer-based training was in place. PD-A stated employee training is tracked on paper. PD-A provided a copy of a blank orientation checklist. PD-A stated the orientation checklist was used to track orientation training. PD-A stated the facility is moving towards computer passed documentation of training, but currently verified ULP-D did not have the required documentation in their employee file. On September 13, 2022, at 10:46 a.m., the surveyor requested a copy of ULP-Ds orientation checklist, but the licensee did not provide one. The licensee policy titled Assisted Living Orientation - ULP Staff, Document No.: HRM-5.0, undated, indicated newly hired ULP will receive orientation and training on topics required by Minnesota statutes and rules for assisted living organizations. In addition to training all staff receive, ULPs who are not a registered nursing assistant (NAR) will receive additional training on the following topics with a written or oral competency test. In addition to training all staff receive, ULPs who are not a NAR will receive additio9nal training with a written or oral competency test AND a skill demonstration. TIME PERIOD TO CORRECT: Twenty-one (21) days	01320		
01370 SS=F	144G.61 Subd. 2 (a) Training and evaluation of unlicensed personn (a) Training and competency evaluations for all unlicensed personnel must include the following: (1) documentation requirements for all services	01370		

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01370	Continued From page 19 provided; (2) reports of changes in the resident's condition to the supervisor designated by the facility; (3) basic infection control, including blood-borne pathogens; (4) maintenance of a clean and safe environment; (5) appropriate and safe techniques in personal hygiene and grooming, including: (i) hair care and bathing; (ii) care of teeth, gums, and oral prosthetic devices; (iii) care and use of hearing aids; and (iv) dressing and assisting with toileting; (6) training on the prevention of falls; (7) standby assistance techniques and how to perform them; (8) medication, exercise, and treatment reminders; (9) basic nutrition, meal preparation, food safety, and assistance with eating; (10) preparation of modified diets as ordered by a licensed health professional; (11) communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family; (12) awareness of confidentiality and privacy; (13) understanding appropriate boundaries between staff and residents and the resident's family; (14) procedures to use in handling various emergency situations; and (15) awareness of commonly used health technology equipment and assistive devices. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure one of one unlicensed	01370		

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01370	Continued From page 20 personnel (ULP)-D completed training and competency evaluation in all required training topics. This had the potential to affect all the resident(s) living in the facility. This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client'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 clients). Findings include: ULP-D's hire date was May 5, 2022. ULP-D's employment record lacked evidence of the following education and/or competencies had been completed prior to providing direct care: -documentation requirements for all services provided; -reports of changes in resident's condition to the supervisor designated by the facility, maintenance of a clean and safe environment; -assisting with toileting; -training on the prevention of falls; -standby assistance techniques and how to perform them; -basic nutrition, meal preparation, food safety, and assistance with eating; -awareness of confidentiality and privacy; -understanding boundaries between staff and residents and the resident's family; -procedures to use in handling various emergency situations Observation on September 13, 2022, at 9:00 a.m., ULP-D prepared morning meal for resident (R)-1.	01370		

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01370	Continued From page 21 On September 13, 2022, at 10:46 a.m., PD-A verified the above listed topics were lacking from ULP-D's employee file. The licensee's Essential Guide Assissted Living in Minnesota, dated July 2021, first edition, section 3, Staffing, orientation & Training and Development, starting on page 63, indicated all staff providing and supervising direct services must complete an orientation following the topics listed.in section 144G.61, subdivision 2.	01370		
01380 SS=F	144G.61 Subd. 2 (b) Training and evaluation of unlicensed personn (b) In addition to paragraph (a), training and competency evaluation for unlicensed personnel providing assisted living services must include: (1) observing, reporting, and documenting resident status; (2) basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel; (3) reading and recording temperature, pulse, and respirations of the resident; (4) recognizing physical, emotional, cognitive, and developmental needs of the resident; (5) safe transfer techniques and ambulation; (6) range of motioning and positioning; and (7) administering medications or treatments as required. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure one of one unlicensed personnel (ULP)-D completed training and	01380		

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01380	Continued From page 22	01380		

competency evaluation in all required training topics. This had the potential to affect all the resident(s) living in the facility.

This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client'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 clients).

Findings include:

ULP-D's hire date was May 5, 2022. ULP-D's employment record lacked evidence of the following education and/or competencies had been completed prior to providing direct care:

-observing, reporting, and documenting resident status;
- basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel;
- reading and recording temperature, pulse, and respirations of the resident;
- recognizing physical, emotional, cognitive, and developmental needs of the resident;
- safe transfer techniques and ambulation;
- range of motioning and positioning; and
- administering medications or treatments as required.

On September 13, 2022, at 10:46 a.m., PD-A verified the above listed topics were lacking from ULP-D's employee file.

The licensee's Essential Guide Assisted Living in

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01380	Continued From page 23 Minnesota, dated July 2021, first edition, section 3, Staffing, orientation & Training and Development, starting on page 63, indicated all staff providing and supervising direct services must complete an orientation following the topics listed.in section 144G.61, subdivision 2 (b) TIME PERIOD FOR CORRECTION: Twenty-One (21) Days	01380		
01430 SS=F	144G.62 Subd. 3 Supervision of staff (a) Staff who only provide assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), must be supervised periodically where the services are being provided to verify that the work is being performed competently and to identify problems and solutions to address issues relating to the staff's ability to provide the services. The supervision of the unlicensed personnel must be done by staff of the facility having the authority, skills, and ability to provide the supervision of unlicensed personnel and who can implement changes as needed, and train staff. (b) Supervision includes direct observation of unlicensed personnel while the unlicensed personnel are providing the services and may also include indirect methods of gaining input such as gathering feedback from the resident. Supervisory review of staff must be provided at a frequency based on the staff person's competency and performance. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure documentation of direct supervision of unlicensed personnel (ULP-D) for	01430		

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01430	Continued From page 24 one of three staff records reviewed. This had the potential to affect one of one resident with record review. 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). Findings include: ULP-D's was hired on May 5, 2022. ULP-D's employee record lacked documentation of direct supervision to verify the ULP performed competently and to identify problems and solutions to address issues relating to the staff's ability to provide the services. During an interview on September 13, 2022, at 2:30 p.m., registered nurse (RN)-C verified the requested records did not exist and no periodic supervision had been completed or documented. The licensee's policy manual, Section 6, page 441, link titled Training Documentation, opened Documentation of Staff Orientation and Training, undated, indicated in each employee's personnel file a copy of dated training/competencies. The licensee's policy titled Supervision of Licensed and Unlicensed personnel, document No.: HRM-6.0, undated, indicated unlicensed staff will be supervised by designated supervisors to ensure that staff is performing their job duties competently, consistently, and according to standards that may apply. Supervision of ULPs	01430		

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01430	Continued From page 25 by an RN will be direct supervision of the staff performing a delegated task(s) within 30 calendar days after the staff member begins working and first performs the delegated resident task. The RN or appropriate licensed health professional will document supervision of staff in the personnel file. TIME PERIOD TO CORRECT: Twenty-one (21) Days	01430		
01440 SS=F	144G.62 Subd. 4 Supervision of staff providing delegated nurs (a) Staff who perform delegated nursing or therapy tasks must be supervised by an appropriate licensed health professional or a registered nurse according to the assisted living facility's policy where the services are being provided to verify that the work is being performed competently and to identify problems and solutions related to the staff person's ability to perform the tasks. Supervision of staff performing medication or treatment administration shall be provided by a registered nurse or appropriate licensed health professional and must include observation of the staff administering the medication or treatment and the interaction with the resident. (b) The direct supervision of staff performing delegated tasks must be provided within 30 calendar days after the date on which the individual begins working for the facility and first performs the delegated tasks for residents and thereafter as needed based on performance. This requirement also applies to staff who have not performed delegated tasks for one year or longer. This MN Requirement is not met as evidenced	01440		

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01440	Continued From page 26 by: Based on observation, interview and record review, the licensee failed to ensure a registered nurse (RN)-C conducted direct supervision of staff performing a delegated task within 30 days of providing services to residents for one of one unlicensed personnel (ULP)-D with records reviewed. 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). The findings include: ULP-D was hired by the licensee on May 5, 2022, to provide direct care to the licensee's residents. ULP-D's employee records lacked evidence that a RN conducted direct supervision of ULP-D performing delegated tasks within 30 days of providing services. Observation on September 13, 2022, at 9:08 a.m., ULP-D administered medications to R1. Interview on September 13, 2022, at 2:30 p.m., RN-C stated documentation of staff competencies have not been completed since staff hire date. The licensee's policy titled Delegation of Nursing Tasks, Document No. HRM-2.0, not dated, indicated the RN will verify the unlicensed	01440		

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01440	Continued From page 27 personnel has demonstrated the ability to competently follow the procedures for medication administration. The licensee's policy titled Supervision of Licensed and Unlicensed Personnel, Document No. HRM-6.0, not dated, indicated supervision of ULPs by an RN will be direct supervision of the staff performing delegated task(s) within 30 calendar days after the staff member begins working and first performs the delegated tasks. An RN or appropriate licensed health professional will document supervision of staff in the personnel file. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01440		

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

Type: Full
Date: *09/12/22*
Time: 10:30:46
Report: 8075221200

Food and Beverage Establishment Inspection Report

Location:
Compassion Connect LLC
3201 84th Street West
Bloomington, MN55420
Hennepin County, 27

Establishment Info:
ID #: 0040779
Risk:
Announced Inspection: Yes

License Categories:

Expires on: 12/31/22

Operator:

Phone #: 9525001165
ID #:

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

No NEW orders were issued during this inspection.

Food and Equipment Temperatures

Process/Item: Cold Holding
Temperature: 41 Degrees Fahrenheit - Location: fridge - bean sald
Violation Issued: No

Process/Item: Cold Holding
Temperature: 40 Degrees Fahrenheit - Location: fridge - beans
Violation Issued: No

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

Note: Facility prepares time/temperature control for safety food for same day service. In accordance with MN Rules, part 4626.0506, subpart G, facility is exempt from the equipment requirements of MN Rules, part 4626.0506, subpart A.

Food and Beverage Establishment Inspection Report

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

I acknowledge receipt of the Minnesota Department Of Health inspection report number 8075221200 of 09/12/22.

Certified Food Protection Manager: Keysi Jama Yusuf

Certification Number: FM109240 Expires: 01/12/25

Signed: _____
Establishment Representative

Signed: Erin Tibbetts

Erin Tibbetts
Public Health Sanitarian
Metro District Office
651-201-3987
erin.tibbetts@state.mn.us