Electronically Delivered

July 17, 2024

Licensee
Carextra Home Health LLC
544 Arthur Street
Eden Prairie, MN 55343

RE: Project Number(s) SL35979015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on June 26, 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.

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

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

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

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

The correction order documentation should include the following:

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

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

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

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

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

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

If you have any questions, please contact me.

Sincerely,

Jess Schoenecker, Supervisor
State Evaluation Team
Email: Jess.Schoenecker@state.mn.us
Telephone: 651-201-3789 Fax: 1-866-890-9290

AH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35979	A. BUILDING: _____ B. WING _____	06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREXTRA HOME HEALTH LLC	544 ARTHUR STREET EDEN PRAIRIE, MN 55343

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments *****ATTENTION****** ASSSITED LIVING PROVIDER LICENSING CORRECTION ORDER In accordance with Minnesota Statutes, section 144G.01 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: Project # SL35979015 On June 24, 2024, through June 26, 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 two residents; two 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 License Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3.	
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements (13) offer to provide or make available at least the	0 480		

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0 480	Continued From page 1 following services to residents: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated June 24, 2024, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection. TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		
0 800 SS=F	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the	0 800		

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0 800	Continued From page 2 residents in accordance with a maintenance and repair program. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain the facility's physical environment in a continuous state of good repair and operation regarding the health, safety, and well-being of the residents. This had the potential to directly affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: On a facility tour on June 24, 2024, at 2:15 p.m., with licensed assisted living director (LALD)-C, the surveyor made the following observations of facility disrepair: The emergency escape window hardware in unoccupied resident room number 4 came disconnected when window was opened. The window opened to the required clear opening size but would not close because the hardware disconnected from the window sash. There was a keyed interior deadbolt lock on the door leading outside from the basement. Exterior doors are required to be maintained openable	0 800		

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0 800	Continued From page 3 from the inside for use without the need for a key, tool, or special knowledge. The bi-fold door was off its track and propped up in the opening providing access to the furnace and water heater area in the basement hallway. The window crank handle was missing in the main floor public bathroom. The window is required to be maintained as openable for ventilation of the bathroom with no ventilation fan installed. The water heater was plugged into an extension cord providing power to the water heater exhaust vent fan. Electrical extension cords are required to be used for temporary power only and not for permanently installed appliances. Power supply for permanently installed appliances shall be in accordance to manufactures instructions. There were rotten, loose boards on the bottom step leading to the back yard of the deck outside resident room number 1. There was a hole cut through the fire-resistant garage wall separation between the assisted living and garage for a vent with a screen installed. There was also a hole cut through the garage fire-resistant wall between the assisted living and the garage on the front wall in front of the vehicle. The fire-resistant drywall membrane on the garage side of the fire-resistant wall separating the assisted living from the garage is required to be maintained with tight fitting minimum ½ inch thick drywall. During a facility tour on June 24, 2024, at 2:30 p.m., LALD-C, verified the above listed observations while accompanying on the tour.	0 800		

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0 800	Continued From page 4 TIME PERIOD FOR CORRECTION: Seven (7) days	0 800		
01620 SS=F	144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring (c) Resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services. Ongoing resident reassessment and monitoring must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the last date of the assessment. (d) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review. (e) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) conducted ongoing resident monitoring and reassessment to include all areas required on the uniform assessment tool	01620		

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01620	Continued From page 5 for two of two residents (R1 and R2). This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). The findings include: On June 25, 2024, at 9:03 a.m., the surveyor observed unlicensed personnel (ULP)-B administer oral medications to R1 and R2. R1 R1 was admitted to the licensee and began receiving assisted living services on April 1, 2024. R1's diagnoses included anxiety, post traumatic stress disorder (PTSD), and substance abuse. R1's Service plan dated April 1, 2024, indicated R1 received assistance with meals, medication administration, behavior management, and housekeeping. R1's Resident Evaluation assessment, undated, lacked registered nurse (RN) signature and R1's Nurse Reassessment Visit dated April 13, 2024, lacked ongoing resident monitoring and reassessment to include all areas required on the uniform assessment tool. R2 R2 admitted to the licensee on April 1, 2021, under the comprehensive home care license and	01620		

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01620	Continued From page 6 began receiving assisted living services on August 1, 2021. R2's diagnoses included hypertension, ischemic heart attack, and obesity. R2's Service plan dated August 1, 2021, indicated R2 received assistance with dressing, grooming, showers, meals, medication administration, stand by assist, daily blood pressure check, behavior management, housekeeping, and laundry. R2 Progress Notes dated June 5, 2024, indicated " R2 discharged to home today, R2 will have skilled nurse visits for stasis ulcer and physical therapy for weakness", following a hospitalization. R2's Nurse Reassessment dated June 6, 2024, lacked ongoing resident monitoring and reassessment to include all areas required on the uniform assessment tool. On June 25, 2024, at 12:30 p.m. RN-A verified the R1 and R2's Nurse Reassessment lacked the required content of uniform assessment. RN-A stated they completed the uniform assessment tool during initial assessments, change of condition, and all ongoing assessments used a short form and was not aware of the uniform assessment tool was required every 90 days. Also, RN-A acknowledged R2 was discharged from hospital June 5, 2024, and R2's last assessment lacked assessment of activity daily of living and all the other areas required uniform assessment tool. Minnesota Administrative Rule 4659.0140, subpart 2, B., (3) dated August 11, 2021, indicated the nursing assessment or reassessment must be conducted using a	01620		

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01620	Continued From page 7 uniform assessment tool that complied with part 4659.0150. Minnesota Administrative Rule 4659.0150, subpart 2 dated August 11, 2021, indicated the required elements of the uniform assessment tool to comprehensively evaluate a resident's physical, mental, and cognitive needs. The licensee's 6.01 Comprehensive Nursing Assessment dated August 1, 2021, indicated RN will conduct a comprehensive assessment utilizing a uniform assessment tool. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01620		

Minnesota Department of Health
Environmental Health, FPLS
P.O. Box 64975
St. Paul, MN 55164-0975
6512014500

Type: Full
Date: *06/24/24*
Time: 13:00:00
Report: 1047241145

Food and Beverage Establishment Inspection Report

Location:
Carextra Home Health Llc
544 Arthur Street
Edina, MN55343
Hennepin County, 27

Establishment Info:
ID #: 0037469
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 5079902164
ID #:

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

The following orders were issued during this inspection.

4-600 Cleaning Equipment and Utensils

4-601.11C

MN Rule 4626.0840C Clean non-food contact surfaces of equipment and maintain free of accumulations of dust, dirt, food residue, and other debris.

CONTAINER OF SALT HAD BUILD UP OF FOOD DEBRIS.

Comply By: 06/25/24

Surface and Equipment Sanitizers

Chlorine: = 200 ppm at Degrees Fahrenheit
Location: Spray bottle
Violation Issued: No

Hot Water: = at 160 Degrees Fahrenheit
Location: Dishwasher
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cold Holding
Temperature: 39 Degrees Fahrenheit - Location: Fridge #1- milk
Violation Issued: No

Process/Item: Ambient Air
Temperature: 33 Degrees Fahrenheit - Location: Fridge #2
Violation Issued: No

Type: Full
Date: *06/24/24*
Time: 13:00:00
Report: 1047241145
Carextra Home Health Llc

Food and Beverage Establishment Inspection Report

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

The inspection was completed with the operator and reviewed with MDH Nurse Evaluator S. Hassan.

The establishment has a residential kitchen and serves food that is prepared that day. The kitchen has wood cabinets, tiled floor, painted walls, solid counter top, and a painted ceiling.

A two basin sink is located in the kitchen. A separate sink in the kitchen is designated for handwashing. A residential dish machine is located in the kitchen.

Discussed hand washing, ware washing, staff illness policy, temperature control, final cook temperatures, cleaning, serving highly susceptible populations, and food handling procedures.

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 1047241145 of 06/24/24.

Certified Food Protection Manager: Idil A. Mohamed

Certification Number: FM122749 Expires: 04/28/27

Inspection report reviewed with person in charge and emailed.

Signed:_____
Idil Mohamed
Director

Signed:_____
Holly Sievers
Public Health Sanitarian 2
Metro Office
6512015946
Holly.Sievers@state.mn.us