Electronically Delivered

June 26, 2024

Licensee
Peoples Choice Home Care Services LLC
1241 Dennis Street
Maplewood, MN 55119

RE: Project Number(s) SL39660015

Dear Licensee:

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.

The Minnesota Department of Health completed an initial survey on June 6, 2024, for the purpose assessing compliance with state licensing statutes. At the time of the survey, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G.

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

STATE CORRECTION ORDERS
The enclosed State Form documents the state correction orders. The Department of Health documents state correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Home Care 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 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
Per Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document actions taken to comply with the correction orders within the time period outlined on the state form; however, plans of correction are not required to be submitted for approval.

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the resident(s)/employee(s) identified in the correction order.

- Identify how the area(s) of noncompliance was corrected for all of the provider's residents/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 correction order under Minn. Stat. § 144G.91, Subd. 8, Free from Maltreatment is associated with a maltreatment determination by the Office of Health Facility Complaints. If maltreatment is substantiated, you will receive a separate letter with the reconsideration process under Minn. Stat. § 626.557.

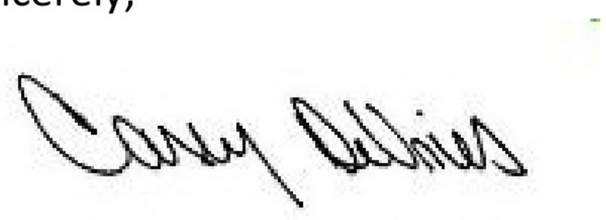
To submit a reconsideration request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

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,



Casey DeVries, Supervisor
State Evaluation Team
Email: Casey.DeVries@state.mn.us
Telephone: 651-201-5917 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
	39660	A. BUILDING: _____ B. WING _____	06/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEOPLES CHOICE HOME CARE SERVICES LL	1241 DENNIS STREET MAPLEWOOD, MN 55119

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments ******ATTENTION****** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL39660015-0 On June 3, 2024, through June 6, 2024, the Minnesota Department of Health conducted an initial survey at the above provider, and the following correction orders are issued. At the time of the survey, there was one resident; one receiving services under the provider's provisional Assisted Living Faciltity 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. 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 SUBDIVISION 1-3.	
0 680 SS=F	144G.42 Subd. 10 Disaster planning and emergency preparedness	0 680		

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0 680	Continued From page 1 (a) The facility must meet the following requirements: (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency; (2) post an emergency disaster plan prominently; (3) provide building emergency exit diagrams to all residents; (4) post emergency exit diagrams on each floor; and (5) have a written policy and procedure regarding missing residents. (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site. (c) The facility must meet any additional requirements adopted in rule. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to maintain a written emergency preparedness (EP) plan with all the required content as defined in Appendix Z. This had the potential to affect all residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when	0 680		

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0 680	Continued From page 2 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: The licensee's emergency disaster preparedness plan lacked evidence of the following required content: -roles under a waiver declared by secretary, and; -tribal contact information. On June 3, 2024, at 2:02 p.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-C stated they were responsible for the EP plan, and believed it contained all the required information. The licensee's Emergency Preparedness policy dated August 5, 2024, indicated [licensee] would have an EP plan in place to assure the safety and well-being of residents and staff during periods of an emergency. No further information provided. 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	0 810		

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0 810	Continued From page 3 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. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to develop the fire safety and evacuation plan with required content, make the plan readily available, provide required training and drills. 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	0 810		

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0 810	Continued From page 4 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). The findings include: On June 5, 2024, at 1:10 p.m., licensed assisted living director/ clinical nurse supervisor (LALD/ CNS)-C, provided documents on the fire safety and evacuation plan (FSEP), fire safety and evacuation training, and evacuation drills for the facility. FIRE SAFETY AND EVACUATION PLAN The licensee FSEP evacuation plan failed to include location and number of resident rooms. Resident room numbers and locations are required to be included on the evacuation floor plan map for use by occupants to evacuate during a fire or similar emergency. During an interview on June 5, 2024, at 2:15 p.m., LALD/ CNS-C, stated the evacuation floor plan did not include resident room numbers as required for use by occupants to evacuate during a fire or similar emergency. TIME PERIOD FOR CORRECTION: Seven (7) days	0 810		
01880 SS=F	144G.71 Subd. 19 Storage of medications An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments	01880		

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01880	Continued From page 5 according to the manufacturer's directions and permit only authorized personnel to have access. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to store prescription medication securely to permit only authorized personnel to have access. 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 3, 2024 at 10:22 a.m., the surveyor observed the following medications in a medication cabinet in the common area of the assisted living facility (ALF) for R1; amlodipine 10 milligram (mg) one tablet by mouth once daily, aspirin 81 mg chew and swallow one tablet by mouth once daily, divalproex sodium 750 mg three tablets by mouth twice daily, Eliquis 5 mg one tablet by mouth twice daily, escitalopram oxalate 10 mg one tablet by mouth once daily, gabapentin capsule 100 mg two capsules by mouth twice daily, atorvastatin calcium 40 mg one tablet by mouth once daily, acetaminophen 150mg/5 milliliters (ml) take 29 ml by mouth every four hours as needed for fever, Melatonin 3 mg 1 tablet by mouth once daily at bedtime, Simethicone 80 mg chew and swallow tablet by mouth four times daily as needed, and trazodone	01880		

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01880	Continued From page 6 0.5 mg tablet once daily as needed for sleep. On June 3, 2024, at 10:54 a.m., the surveyor observed the ALF was comprised of a two-story home. The upper level had a common area, dining area, kitchen area, and a hallway leading to resident rooms. There was a dividing wall which was floor to ceiling between the common and kitchen area. In the common area was a computer desk, sofa, and a medication cabinet with keys in the lock. The medication cabinet was against the dividing wall. Staff could not see the medication cabinet while in the kitchen. The surveyed observed ULP-B remove medications from a pillbox for R1 and placed them into a medication cup. ULP-B walked to the computer desk, opened the electronic medication administration record (EMAR) and verified the medications to be administrated to R1. With the keys in the medication cabinet, ULP-B walked to the dining area where R1 was eating breakfast and administered the medications. ULP-B then entered the kitchen. The medication cabinet was left unsecured, with no staff members able to visualize the medication cabinet. On June 3, 2024, at 10:59 a.m., the surveyor observed ULP-B walk to the computer desk, open the EMAR and document the medication administration to R1. ULP-B locked the medication cabinet, removed the keys and placed them into the computer desk drawer. ULP-B walked to the kitchen. The keys were unsecured and not in sight of staff members. On June 3, 2024, at 11:13 a.m., the surveyor observed licensed assisted living direct/clinical nurse supervisor (LALD/CNS)-C open the medication cabinet, remove a white binder, and close the medication cabinet. With the keys in the	01880		

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01880	Continued From page 7 lock, LALD/CNS-C walked to the dining area and sat down at the dining table. ULP-B walked from the computer desk to the kitchen. The medication cabinet was left unsecured, with no staff members able to visualize the medication cabinet. On June 3, 2024, at 11:30 a.m., the surveyor observed ULP-B return to the computer desk. ULP-B requested the keys from LALD/CNS-C. LALD/CNS-C stated the keys were in the medication cabinet, "you can just leave it open". ULP-B removed the keys from the medication cabinet and walked into the kitchen. The medication cabinet was left unsecured, with no staff members able to visualize the medication cabinet. On June 3, 2024, at 11:31 a.m., the surveyor observed ULP-B lock the medication cabinet, then walk to the computer desk and placed the keys into the unsecured computer desk drawer. On June 3, 2024, at 11:42 a.m., ULP-B stated medications should be stored in a closed container and locked. ULP-B stated the clinical nurse supervisor (CNS) trained them to place the medication cabinet keys in the drawer. ULP-B stated they did not think R1 would reach for the keys, and the keys were safe in the computer desk drawer. On June 3, 2024, at 11:45 a.m., LALD/CNS-C stated the medication cabinet should be always locked, and the keys were secured when they were in the computer desk drawer. LALD/CNS-C stated staff members were trained to place the keys in the computer desk drawer. LALD/CNS-C stated [licensee] only had one resident and if there were more residents in the ALF, they would	01880		

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01880	Continued From page 8 train staff to always carry the keys. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01880		

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

Type: Full
Date: *06/10/24*
Time: 15:18:07
Report: 8058241139

Food and Beverage Establishment Inspection Report

Location:

Peoples Choice Homecare
1241 Dennis St
Maplewood, MN55119
Ramsey County, 62

Establishment Info:

ID #: N1241
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #:
ID #:

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

No NEW orders were issued during this inspection.

Surface and Equipment Sanitizers

Hot Water: = --- at 160 Degrees Fahrenheit
Location: DISH MACHINE
Violation Issued: No

Food and Equipment Temperatures

Process/Item: CHEESE
Temperature: 41 Degrees Fahrenheit - Location: COOLER
Violation Issued: No

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

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

INSPECTION WRITTEN AS UNLICENSED DUE TO ERROR WITHIN LICENSING PROGRAM

RESIDENTIAL KITCHEN WITH NON COMMERCIAL APPLIANCES AND FINISHES

ACTUAL INSPECTION TOOK PLACE 6/3/24

HRD INSPECTOR KEITH LANGLEY

Type: Full
Date: *06/10/24*
Time: 15:18:07
Report: 8058241139
Peoples Choice Homecare

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 8058241139 of 06/10/24.

Certified Food Protection Manager: ADEOLU ODEDINA

Certification Number: 112960 Expires: 09/20/25

Inspection report reviewed with person in charge and emailed.

Signed: _____
Establishment Representative

Signed: _____
Aaron Gertz
Sanitarian 3
MDH Metro Office
651 201 4500
health.foodlodging@state.mn.us