Electronically Delivered

June 13, 2025

Licensee
Haven Homes Assisted Living
4848 Gateway Boulevard
Maple Plain, MN 55359

RE: Project Number(s) SL37302016

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on May 2, 2025, 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 . . ."

**IMPOSITION OF FINES**

In accordance with Minn. Stat. § 144G.31, Subd. 4, fines and enforcement actions may be imposed based on the level and scope of the violations and may be imposed immediately with no opportunity to correct the violation first as follows:

Level 1: no fines or enforcement.
Level 2: a fine of $500 per violation, in addition to any enforcement mechanism authorized in § 144G.20 for widespread violations;
Level 3: a fine of $3,000 per violation per incident, in addition to any enforcement mechanism authorized in § 144G.20.
Level 4: a fine of $5,000 per incident, in addition to any enforcement mechanism authorized in

§ 144G.20.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, the following fines are assessed pursuant to this survey:

**St - 0 - 0775 - 144g.45 Subd. 2. (a) - Fire Protection And Physical Environment - $500.00**

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is $500.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

**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**

**REQUESTING A HEARING**

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

To submit a hearing request, please visit:

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

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

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,

Kelly Thorson

Kelly Thorson, Supervisor
State Evaluation Team
Email: Kelly.Thorson@state.mn.us
Telephone: 320-223-7336 Fax: 1-866-890-9290

HHH

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 37302 | A. BUILDING: _____ B. WING _____ | 05/02/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| HAVEN HOMES ASSISTED LIVING | 4848 GATEWAY BOULEVARD MAPLE PLAIN, MN 55359 |

| (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 |
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| 0 000 | Initial Comments<br><br>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)<br><br>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.<br><br>Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.<br><br>INITIAL COMMENTS:<br><br>SL37302016-0<br><br>On April 28, 2025, through May 1, 2025, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were 81 resident(s); 62 of whom were receiving services under the Assisted Living Facility with Dementia Care license. | 0 000 | Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators ' findings is the Time Period for Correction.<br><br>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.<br><br>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.<br><br>THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3. | |
| 0 650 SS=D | 144G.42 Subd. 8 (a) Staff records<br><br>(a) The facility must maintain current records of | 0 650 | | |

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| 0 650 | Continued From page 1<br><br>each paid staff member, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following infomation:<br>(1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules;<br>(2) records of orientation, required annual training and infection control training, and competency evaluations;<br>(3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision;<br>(4) documentation of annual performance reviews that identify areas of improvement needed and training needs;<br>(5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and<br>(6) documentation of the background study as required under section 144.057.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview and record review, the licensee failed to ensure employee records contained the required content for one of one employee (unlicensed personnel (ULP)-B) reviewed.<br><br>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the | 0 650 | | |

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| 0 650 | Continued From page 2<br>situation has occurred only occasionally).<br><br>The findings include:<br><br>ULP-B was hired on December 1, 2023, to perform direct care services to residents.<br><br>On April 29, 2025, at 6:55 a.m., the surveyor observed ULP-B provide morning cares to R4.<br><br>ULP-B's employee record lacked the following documentation of required training completed by a registered nurse (RN):<br>- handeling of resident complaints, reporting of complaints, where to report;<br>- consumer advocacy services;<br>- review of types of Assisted Living services the employee will provide and provider's scope of license;<br>- documentation requirements for all services provided;<br>- reports of changes in the resident's condition to the supervisor designated by the assisted living provider;<br>- maintenance of a clean and safe environment;<br>- hair care and bathing;<br>- care of teeth, gums, and oral prosthetic devices;<br>- care and use of hearing aids;<br>- dressing and assisting with toileting;<br>- training on the prevention of falls for providers working with the elderly or individuals at risk of falls;<br>- standby assistance techniques and how to perform them;<br>- medication, exercise, and treatment reminders<br>- basic nutrition, meal preparation, food safety, and assistance with eating;<br>-preparation of modified diets as ordered by a licensed health professional;<br>- communication skills that include preserving the | 0 650 | | |

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| 0 650 | Continued From page 3<br><br>dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family;<br>- procedures to utilize in handling various emergency situations;<br>- awareness of commonly used health technology equipment and assistive devices;<br>- basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel;<br>- reading and recording temperature, pulse, and respirations of the resident;<br>- recognizing physical, emotional, cognitive, and developmental needs of the client.<br>- safe transfer techniques and ambulation; and<br>- range of motioning and positioning.<br><br>On April 29, 2025, at 9:45 a.m., ULP-B stated, "I went through all my training with a nurse first, had to do all the skills in front of them so they could sign me off, then I shadowed with co-workers and then the nurse had to come back and watch me do the cares on a resident."<br><br>On April 30, 2025, at 10:04 a.m., clinical nurse supervisor (CNS)-D stated, "I think it would have been a clerical error and it was just getting overlooked, but she was trained, it just wasn't documented."<br><br>The licensee's Orientation and annual training-AL-MN policy, dated March, 29, 2019, indicated, all staff that perform direct assisted living services would complete orientation training to include the above mentioned training.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one | 0 650 | | |

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| 0 650 | Continued From page 4<br>(21) days | 0 650 | | |
| 0 775 SS=F | 144G.45 Subd. 2. (a) Fire protection and physical environment<br><br>Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation and interview, the licensee failed to maintain facility in compliance with Minnesota State Fire Code under Minnesota Rules Chapter 7511. This had the potential to affect all residents, staff, and visitors.<br><br>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) 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).<br><br>The findings include:<br><br>On April 30, 2025, from approximately 2:00 p.m. to 4:25 p.m., the surveyor toured the facility with the licensed assisted living director (LALD)-C and maintenance (M)-V. During the tour, the surveyor observed the following deficient conditions:<br><br>CONTROLLED EGRESS REMOTE RELEASE<br><br>The facility has controlled egress doors which release with activation of the fire alarm system, however no remote release signal or switch was | 0 775 | | |

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| 0 775 | Continued From page 5<br><br>present. LALD-C and M-V confirmed to the surveyor that the facility did not have ability to remotely signal to break power to door lock. The facility should have a button, switch or other signaling device to release controlled egress doors when activated.<br><br>On April 30, 2025, the surveyor explained to LALD-C and M-V the requirements for remote release controls. LALD-C stated they understood requirements and would make appropriate changes. | 0 775 | | |
| 01060 SS=F | 144G.52 Subd. 9 Emergency relocation<br><br>(a) A facility may remove a resident from the facility in an emergency if necessary due to a resident's urgent medical needs or an imminent risk the resident poses to the health or safety of another facility resident or facility staff member. An emergency relocation is not a termination.<br>(b) In the event of an emergency relocation, the facility must provide a written notice that contains, at a minimum:<br>(1) the reason for the relocation;<br>(2) the name and contact information for the location to which the resident has been relocated and any new service provider;<br>(3) contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities;<br>(4) if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and<br>(5) a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section | 01060 | | |

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| 01060 | Continued From page 6<br><br>144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal.<br>(c) The notice required under paragraph (b) must be delivered as soon as practicable to:<br>(1) the resident, legal representative, and designated representative;<br>(2) for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the resident's case manager; and<br>(3) the Office of Ombudsman for Long-Term Care if the resident has been relocated and has not returned to the facility within four days.<br>(d) Following an emergency relocation, a facility's refusal to provide housing or services constitutes a termination and triggers the termination process in this section.currently known; and<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to provide a written notice with the required content for an emergency relocation to the resident, legal representative, or designated representative and failed to provide the notification to the Office of Ombudsman for Long-Term Care (OOLTC) of an emergency relocation greater than four days for one of one resident (R8).<br><br>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). | 01060 | | |

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| 01060 | Continued From page 7<br><br>The findings include:<br><br>R8 was admitted to the licensee and began receiving assisted living services on November 28, 2023.<br><br>On April 20, 2025, at 10:56 a.m., clinical nurse supervisor (CNS)-D sent an email that indicated R8 was admitted to the hospital on April 22, 2025, and had not yet returned to the facility.<br><br>R8's record lacked a written notice with the required statutory content provided to the resident or resident representative of the emergency relocation.<br><br>On April 30, 2025, at 9:14 a.m., licensed assisted living director (LALD)-C stated, "So, I was able to find two old emergency relocation forms as we must have done them at some point, but we have not been currently doing them for anyone. We are all over it now, but we had been reading it (the statute) to understand that we may send it (emergency relocation form) out if [the residents] are removed, but we didn't realize that removing the resident included hospitalizations. So as of today, we will be on top of it, we are just going to send it to the ombudsman any time someone goes to the hospital so that we know it is getting done."<br><br>The licensee's Emergency relocation of residents-MN AL policy dated March 30, 2023, indicated, "When a facility enacts and emergency relocation, the facility must deliver, as soon as practicable, a written notice to the resident, their legal representative and their designated representative. If a resident is receiving home and community based waivered services the | 01060 | | |

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| 01060 | Continued From page 8<br><br>facility must also deliver this notice to the resident's case manager. If the resident has not returned to the facility within 4 days the facility must also deliver the written notice to the Office of Ombudsman for Long Term care as soon as practicable and within 24 hours of the resident not returning within 4 days."<br><br>No further information provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 01060 | | |
| 01290 SS=F | 144G.60 Subdivision 1 Background studies required<br><br>(a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information.<br>(b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12.<br>(c) Termination of a staff member in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to ensure a background study (BGS) was submitted and a clearance received in affiliation with the assisted living licensee's | 01290 | | |

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| 01290 | Continued From page 9<br><br>current health facility identification (HFID) for 17 of 63 employees (activities director (AD)-A, unlicensed personnel (ULP)-B, ULP-F, ULP-G, ULP-H, ULP-I, ULP-J, ULP-K, ULP-L, ULP-M, ULP-N, ULP-O, ULP-P, ULP-Q, ULP-R, ULP-S, and housekeeping (H)-T). This had the potential to affect all residents living within the facility.<br><br>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).<br><br>The findings include:<br><br>AD-A<br>AD-A was hired on February 12, 2025, to perform activities and life enrichment services to the licensee's residents.<br><br>AD-A's employee record contained a background study dated January 27, 2025, affiliated with the licensee's skilled nursing sister facility under HFID 950. AD-A's employee record lacked evidence of a current, cleared background study affiliated with the licensee's current assisted living HFID license 37302.<br><br>ULP-B<br>ULP-B was hired on December 1, 2023, to perform direct care services to the licensee's residents.<br><br>ULP-B's employee record contained a background study dated November 21, 2023, | 01290 | | |

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| 01290 | Continued From page 10<br><br>affiliated with the licensee's skilled nursing sister facility under HFID 950. ULP-B's employee record lacked evidence of a current, cleared background study affiliated with the licensee's current assisted living HFID license 37302.<br><br>ULP-F<br>ULP-F was hired on April 16, 2025, to perform direct care services to the licensee's residents.<br><br>ULP-F's employee record contained a background study dated April 2, 2025, affiliated with the licensee's skilled nursing sister facility under HFID 950. ULP-F's employee record lacked evidence of a current, cleared background study affiliated with the licensee's current assisted living HFID license 37302.<br><br>ULP-G<br>ULP-G was hired on August 27, 2024, to perform direct care services to the licensee's residents.<br><br>ULP-G's employee record contained a background study dated August 19, 2024, affiliated with the licensee's skilled nursing sister facility under HFID 950. ULP-G's employee record lacked evidence of a current, cleared background study affiliated with the licensee's current assisted living HFID license 37302.<br><br>ULP-H<br>ULP-H was hired on April 15, 2024, to perform direct care services to the licensee's residents.<br><br>ULP-H's employee record contained a background study dated February 20, 2025, affiliated with the licensee's skilled nursing sister facility under HFID 950. ULP-H's employee record lacked evidence of a current, cleared background study affiliated with the licensee's | 01290 | | |

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| 01290 | Continued From page 11<br>current assisted living HFID license 37302.<br><br>ULP-I<br>ULP-I was hired on August 20, 2024, to perform direct care services to the licensee's residents.<br><br>ULP-I's employee record contained a background study dated July 23, 2024, affiliated with the licensee's skilled nursing sister facility under HFID 950. ULP-I's employee record lacked evidence of a current, cleared background study affiliated with the licensee's current assisted living HFID license 37302.<br><br>ULP-J<br>ULP-J was hired on May 8, 2023, to perform direct care services to the licensee's residents.<br><br>ULP-J's employee record contained a background study dated May 3, 2023, affiliated with the licensee's skilled nursing sister facility under HFID 950. ULP-J's employee record lacked evidence of a current, cleared background study affiliated with the licensee's current assisted living HFID license 37302.<br><br>ULP-K<br>ULP-K was hired on December 18, 2024, to perform direct care services to the licensee's residents.<br><br>ULP-K's employee record contained a background study dated November 21, 2024, affiliated with the licensee's skilled nursing sister facility under HFID 950. ULP-K's employee record lacked evidence of a current, cleared background study affiliated with the licensee's current assisted living HFID license 37302.<br><br>ULP-L | 01290 | | |

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| 01290 | Continued From page 12<br><br>ULP-L was hired on May 24, 2022, to perform direct care services to the licensee's residents.<br><br>ULP-L's employee record contained a background study dated May 18, 2022, affiliated with the licensee's skilled nursing sister facility under HFID 950. ULP-L's employee record lacked evidence of a current, cleared background study affiliated with the licensee's current assisted living HFID license 37302.<br><br>ULP-M<br>ULP-M was hired on October 16, 2023, to perform direct care services to the licensee's residents.<br><br>ULP-M's employee record contained a background study dated October 12, 2023, affiliated with the licensee's skilled nursing sister facility under HFID 950. ULP-M's employee record lacked evidence of a current, cleared background study affiliated with the licensee's current assisted living HFID license 37302.<br><br>ULP-N<br>ULP-N was hired on January 29, 2023, to perform direct care services to the licensee's residents.<br><br>ULP-N's employee record contained a background study dated January 19, 2023, affiliated with the licensee's skilled nursing sister facility under HFID 950. ULP-N's employee record lacked evidence of a current, cleared background study affiliated with the licensee's current assisted living HFID license 37302.<br><br>ULP-O<br>ULP-O was hired on January 1, 2023, to perform direct care services to the licensee's residents. | 01290 | | |

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| 01290 | Continued From page 13<br><br>ULP-O's employee record contained a background study dated December 22, 2022, affiliated with the licensee's skilled nursing sister facility under HFID 950. ULP-O's employee record lacked evidence of a current, cleared background study affiliated with the licensee's current assisted living HFID license 37302.<br><br>ULP-P<br>ULP-P was hired on January 29, 2023, to perform direct care services to the licensee's residents.<br><br>ULP-P's employee record contained a background study dated January 27, 2023, affiliated with the licensee's skilled nursing sister facility under HFID 950. ULP-P's employee record lacked evidence of a current, cleared background study affiliated with the licensee's current assisted living HFID license 37302.<br><br>ULP-Q<br>ULP-Q was hired on March 13, 2024, to perform direct care services to the licensee's residents.<br><br>ULP-Q's employee record contained a background study dated March 1, 2024, affiliated with the licensee's skilled nursing sister facility under HFID 950. ULP-Q's employee record lacked evidence of a current, cleared background study affiliated with the licensee's current assisted living HFID license 37302.<br><br>ULP-R<br>ULP-R was hired on August 1, 2023, to perform direct care services to the licensee's residents.<br><br>ULP-R's employee record contained a background study dated July 24, 2023, affiliated with the licensee's skilled nursing sister facility under HFID 950. ULP-R's employee record | 01290 | | |

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| 01290 | Continued From page 14<br><br>lacked evidence of a current, cleared background study affiliated with the licensee's current assisted living HFID license 37302.<br><br>ULP-S<br>ULP-S was hired on December 18, 2023, to perform direct care services to the licensee's residents.<br><br>ULP-S's employee record contained a background study dated December 11, 2023, affiliated with the licensee's skilled nursing sister facility under HFID 950. ULP-S's employee record lacked evidence of a current, cleared background study affiliated with the licensee's current assisted living HFID license 37302.<br><br>H-T<br>H-T was hired on January 4, 2022, to perform housekeeping services to the licensee's residents.<br><br>H-T's employee record contained a background study dated December 29, 2021, affiliated with the licensee's skilled nursing sister facility under HFID 950. H-T's employee record lacked evidence of a current, cleared background study affiliated with the licensee's current assisted living HFID license 37302.<br><br>On April 29, 2025, at 10:20 a.m., licensed assisted living director (LALD)-C stated, "We have them run under the skilled nursing side because that is their primary location, but they come over and work our side sometimes, if we need them to be run under both sides, we can get that done right away."<br><br>The licensee's Criminal Background Checks - MN policy, dated November 14, 2023, indicated, "It is | 01290 | | |

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| 01290 | Continued From page 15<br>the policy of [Licensee] to provide a safe living environment for our residents and to comply with all state regulations regarding the protection of vulnerable adults."<br><br>No further information was provided.<br><br>TIME PERIOD OF CORRECTION: Two (2) days | 01290 | | |
| 01500 SS=D | 144G.63 Subd. 5 Required annual training<br><br>(a) All staff that perform direct services must complete at least eight hours of annual training for each 12 months of employment. The training may be obtained from the facility or another source and must include topics relevant to the provision of assisted living services. The annual training must include:<br>(1) training on reporting of maltreatment of vulnerable adults under section 626.557;<br>(2) review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights;<br>(3) review of infection control techniques used in the home and implementation of infection control standards including a review of hand washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting communicable diseases;<br>(4) effective approaches to use to problem solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders;<br>(5) review of the facility's policies and procedures | 01500 | | |

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| 01500 | Continued From page 16<br><br>relating to the provision of assisted living services and how to implement those policies and procedures; and<br>(6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person.<br>(b) In addition to the topics in paragraph (a), annual training may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics:<br>(1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and challenges it poses to communication;<br>(2) the health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or<br>(3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview and record review, the licensee failed to ensure annual training included all required topics for each 12 months of employment for one of one employee (unlicensed personnel (ULP)-B) reviewed.<br><br>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to | 01500 | | |

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| 01500 | Continued From page 17<br><br>cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).<br><br>The findings include:<br><br>ULP-B was hired on December 1, 2023, to perform direct care services to residents.<br><br>On April 29, 2025, at 6:55 a.m., the surveyor observed ULP-B provide morning cares to R4.<br><br>ULP-B's employee records lacked evidence annual training had been completed as required in the following areas:<br>- Effective approaches to use to problems solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders; and<br>- Principles of person-centered planning/service delivery<br><br>On April 30, 2025, at 10:04 a.m., clinical nurse supervisor (CNS)-D stated, "I guess I should be monitored more frequently so those don't get missed, we will be doing an annual skills fair this summer."<br><br>The licensee's Orientation and annual training-AL-MN policy, dated March, 29, 2019, indicated, all staff that perform direct assisted living services would complete annual training to include the above mentioned training.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one | 01500 | | |

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| 01500 | Continued From page 18<br>(21) days | 01500 | | |
| 01540 SS=D | 144G.64 (a) TRAINING IN DEMENTIA CARE REQUIRED<br><br>(3) for assisted living facilities with dementia care, direct-care employees must have completed at least eight hours of initial training on topics specified under paragraph (b) within 80 working hours of the employment start date. Until this initial training is complete, an employee must not provide direct care unless there is another employee on site who has completed the initial eight hours of training on topics related to dementia care and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for consultation with the new employee until the training requirement is complete. Direct-care employees must have at least two hours of training on topics related to dementia for each 12 months of employment thereafter;<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to ensure direct-care staff completed the required amount of dementia care training in the required time frame for one of one employee (unlicensed personnel (ULP)-B) reviewed.<br><br>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a | 01540 | | |

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| 01540 | Continued From page 19<br><br>limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).<br><br>The findings include:<br><br>ULP-B was hired on December 1, 2023, to perform direct care services to residents.<br><br>On April 29, 2025, at 6:55 a.m., the surveyor observed ULP-B provide morning cares to R4.<br><br>ULP-B's employee record lacked the required two hours of annual dementia training for 2024.<br><br>On April 30, 2025, at 10:04 a.m., clinical nurse supervisor (CNS)-D stated, "I guess I should be monitored more frequently so those don't get missed, we will be doing an annual skills fair this summer."<br><br>The licensee's Orientation and annual training-AL-MN policy, dated March, 29, 2019, indicated, all staff that perform direct assisted living services would complete annual training to include the above mentioned training.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 01540 | | |
| 01620 SS=F | 144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring<br><br>(c) Resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services. Ongoing resident reassessment and monitoring must be conducted | 01620 | | |

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| 01620 | Continued From page 20<br><br>as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the last date of the assessment.<br>(d) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs 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.<br>(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.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to ensure the registered nurse (RN) conducted ongoing nursing assessments not to exceed every 90-days for four of four residents (R3, R4, R5, and R6).<br><br>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents)<br><br>The findings include: | 01620 | | |

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| 01620 | Continued From page 21<br><br>R3<br>R3 was admitted to the licensee and began receiving services on April 23, 24.<br><br>R3's diagnoses included Alzheimer's disease.<br><br>R3's service plan signed April 23, 24, indicated R3 required assistance with bathing, dressing, grooming, monthly vitals, bed making, laundry, medication administration, housekeeping, toileting, and escorting to meals.<br><br>R3's record included 90-day nursing assessments dated August 7, 2024, November 12, 2024, indicating 97 days had passed between assessments. As well as an assessment dated February 19, 2025, indicating 99 days had passed between assessments.<br><br>R4<br>R4 was admitted to the licensee and began receiving services on October 2, 2024.<br><br>R4's diagnoses included senile degeneration of brain.<br><br>R4's service plan signed January 1, 2025, indicated R4 required assistance with bathing, dressing, grooming, laundry, medication administration, housekeeping, toileting, and escorting to meals.<br><br>R4's record included 90-day nursing assessments dated October 16, 2024, January 22, 2025, and April 22, 2025, indicating 98 days had passed between assessments dated October 16, 2024, and January 22, 2025.<br><br>R5 | 01620 | | |

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|---|---|---|---|---|
| 01620 | Continued From page 22<br><br>R5 was admitted to the licensee and began receiving services on June 23, 2023.<br><br>R5's diagnoses included unspecified atrial fibrillation.<br><br>R5's service plan signed June 28, 2023, indicated R5 required assistance with bathing, dressing, grooming, laundry, medication administration, blood sugar monitoring, housekeeping, toileting, and escorting to meals.<br><br>R5's record included 90-day nursing assessments dated September 16, 2024, and January 7, 2025, indicating 110 days had passed between assessments.<br><br>R6<br>R6 was admitted to the licensee and began receiving services on May 10, 2024.<br><br>R6's diagnoses included major depressive disorder.<br><br>R6's service plan signed May 10, 2024, indicated R6 required assistance with monthly vitals.<br><br>R6's record included 90-day nursing assessments dated August 22, 2024, and November 22, 2024, indicating 92 days had passed between assessments. As well as an assessment dated March 6, 2025, indicating 104 days had passed between assessments.<br><br>On April 30, 2025, at 10:03 a.m., clinical nurse supervisor (CNS)-D stated, "Yes I am in charge of [assessments], and we just didn't get them done on time but I have recommitted to getting them done and we have improved on timing." | 01620 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 37302 | A. BUILDING: _____ B. WING _____ | 05/02/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| HAVEN HOMES ASSISTED LIVING | 4848 GATEWAY BOULEVARD MAPLE PLAIN, MN 55359 |

| (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 |
|---|---|---|---|---|
| 01620 | Continued From page 23<br><br>The licensee's Initial, Ongoing and Change in Condition Assessment-Evaluation of Residents-AL MN policy, dated February 27, 2020, indicated, "An RN will coordinate the following comprehensive nursing assessments of the resident's physical, mental, and cognitive needs as required:<br>a. Admission Assessment<br>b. 14-day assessment: completed up to 14-days after start of services<br>c. Ongoing assessment: completed periodically but no less than every 90-days<br>d. Change in resident condition."<br><br>No further information provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 01620 | | |

Metro District Office
Minnesota Department of Health
625 Robert St N, PO BOX 64975
St Paul, MN 55164
Phone: 651-201-4500

# Food & Beverage Inspection Report



## Establishment Info

Haven Homes Assisted Living
4848 Gatway Bvld
Maple Plain, MN 55359
Hennepin County
Parcel:

Phone:

## License Info

License: HFID 37302

Risk:
License:
Expires on:
CFPM: Angela T. Marquette
CFPM #: 59818; Exp: 10/26/2026

## Inspection Info

Report Number: F8041251003
Inspection Type: Full - Single
Date: 4/28/2025 Time: 12:00:00 PM
Duration: 60 minutes
Announced Inspection: No
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery: Emailed

No orders were issued for this inspection report.

## Food & Beverage General Comment

Inspection was completed with the Director of Food and Nutrition Services, Angela Marquette. Tesa Brown was the lead Health Regulation Division Nurse Evaluator.

This establishment has a commercial kitchen and a serving kitchen in memory care.

Discussed the following:
- Employee illness policy and logging requirements
- Handwashing
- Glove-use and bare hand contact
- Cooling and reheating procedures
- Restrictions concerning serving a highly susceptible population
- Vomit clean up process

**NOTE: All new food equipment must meet the applicable standards of the American National Standards Institute (ANSI). Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.**

**I acknowledge receipt of the Metro District Office inspection report number F8041251003 from 4/28/2025**

Angela Marquette
Director of Food and Nutrition Services

Sarah Conboy,
Public Health Sanitarian Supervisor
651-201-3984
sarah.conboy@state.mn.us

Metro District Office
Minnesota Department of Health
625 Robert St N, PO BOX 64975
St Paul, MN 55164

# Temperature Observations/Recordings



## Establishment Info

Haven Homes Assisted Living
Maple Plain
County/Group: Hennepin County

## Inspection Info

Report Number: F8041251003
Inspection Type: Full
Date: 4/28/2025
Time: 12:00:00 PM

**Food Temperature: Product/Item/Unit:** meatball**; Temperature Process:** Cold-Holding
**Location:** Walk-in Cooler at 40 Degrees F.
Comment:
*Violation Issued?: No*

**Food Temperature: Product/Item/Unit:** sloppy jo**; Temperature Process:** Cooling
**Location:** Walk-in Cooler at 58 Degrees F.
Comment: 1.5 hrs cooling
*Violation Issued?: No*

**Food Temperature: Product/Item/Unit:** cooked veggies**; Temperature Process:** Hot-Holding
**Location:** Hot-Holding Unit at 171 Degrees F.
Comment:
*Violation Issued?: No*

**Food Temperature: Product/Item/Unit:** salmon**; Temperature Process:** Hot-Holding
**Location:** Steam Table at 154 Degrees F.
Comment:
*Violation Issued?: No*

**Food Temperature: Product/Item/Unit:** burger**; Temperature Process:** Cooking
**Location:** Grill at 184 Degrees F.
Comment:
*Violation Issued?: No*

**Food Temperature: Product/Item/Unit:** sliced tomato**; Temperature Process:** Cold-Holding
**Location:** Prep-Cooler at 39 Degrees F.
Comment:
*Violation Issued?: No*

**Food Temperature: Product/Item/Unit:** meatloaf**; Temperature Process:** Cold-Holding
**Location:** grill drawer at 40 Degrees F.
Comment:
*Violation Issued?: No*

**Food Temperature: Product/Item/Unit:** cream of asparagus**; Temperature Process:** Hot-Holding
**Location:** soup warmer at 143 Degrees F.
Comment:
*Violation Issued?: No*

**Food Temperature: Product/Item/Unit:** chocolate milk**; Temperature Process:** Cold-Holding
**Location:** memory care cooler at 41 Degrees F.
Comment:
*Violation Issued?: No*

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St Paul, MN 55164

# Sanitizer Observations/Recordings



## Establishment Info

Haven Homes Assisted Living
Maple Plain
County/Group: Hennepin County

## Inspection Info

Report Number: F8041251003
Inspection Type: Full
Date: 4/28/2025
Time: 12:00:00 PM

**Sanitizing Chemical:** **Product:** Quaternary Ammonia**; Sanitizing Process:** Pre-Mixed Solution
**Location:** mop sink dispenser **Equal To** 400 PPM
Comment:
*Violation Issued?: No*

**Sanitizing Equipment:** **Product:** Hot Water**; Sanitizing Process:** High Temp Dishwasher
**Location:** Kitchen **Equal To** 167 Degrees F.
Comment:
*Violation Issued?: No*

**Sanitizing Equipment:** **Product:** Hot Water**; Sanitizing Process:** High Temp Dishwasher
**Location:** Memory care **Equal To** 161 Degrees F.
Comment:
*Violation Issued?: No*