DEPARTMENT OF HEALTH

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

Electronically Delivered

October 25, 2024

Licensee
Better Care Services LLC
3720 28th Avenue South
Minneapolis, MN  55406

RE: Project Number(s) SL34354015

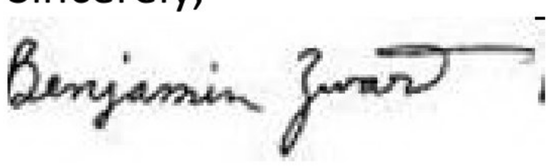
Dear Licensee:

On September 25, 2024, the Minnesota Department of Health completed a follow-up survey of your facility to determine if orders from the July 9, 2024, survey were corrected. This follow-up survey verified that the facility is in substantial compliance.

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

Please feel free to call me with any questions.

Sincerely,



Benjamin J. Zwart, P.E., Supervisor
State Engineering Services Section
Health Regulation Division
Email: Benjamin.Zwart@state.mn.us
Telephone: 651-201-3715  Fax: 1-866-890-9290

HHH

Electronically Delivered

August 12, 2024

Licensee
Better Care Services LLC
3720 28th Avenue South
Minneapolis, MN 55406

RE: Project Number(s) SL34354015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on July 9, 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,

Jodi Johnson, Supervisor
State Evaluation Team
Email: Jodi.Johnson@state.mn.us
Telephone: 507-344-2730 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 |
|---|---|---|---|
| | 34354 | A. BUILDING: _____ B. WING _____ | 07/09/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BETTER CARE SERVICES LLC | 3720 28TH AVENUE SOUTH MINNEAPOLIS, MN 55406 |

| (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>******ATTENTION******<br><br>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)<br><br>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.<br><br>Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.<br><br>INITIAL COMMENTS:<br><br>SL34354015-0<br><br>On July 8, 2024, through July 9, 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 five residents; all of whom were receiving services under the provider's Assisted Living Facility license. | 0 000 | Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators ' findings is the Time Period for Correction.<br><br>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES,"PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.<br><br>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.<br><br>THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3. | |
| 0 480 SS=F | 144G.41 Subd 1 (13) (i) (B) Minimum requirements | 0 480 | | |

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| 0 480 | Continued From page 1<br><br>(13) offer to provide or make available at least the following services to residents:<br>(B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code. This had the potential to affect all residents of the assisted living 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) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents).<br><br>The findings include:<br><br>Please refer to the included document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated July 11, 2024, for the specific Minnesota Food Code deficiencies.<br><br>TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates. | 0 480 | | |
| 0 485 SS=F | 144G.41 Subdivision 1. (13)(i)(A)and(C) Minimum Requirements<br><br>(13) offer to provide or make available at least the following services to residents:<br>(i) at least three nutritious meals daily with snacks | 0 485 | | |

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| 0 485 | Continued From page 2<br><br>available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The following apply:<br>(A) menus must be prepared at least one week in advance and made available to all residents. The facility must encourage residents' involvement in menu planning. Meal substitutions must be of similar nutritional value if a resident refuses a food that is served. Residents must be informed in advance of menu changes; and<br>(C) the facility cannot require a resident to include and pay for meals in their contract;<br>(ii) weekly housekeeping;<br>(iii) weekly laundry service;<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to offer at least three nutritious meals daily, according to the recommended dietary allowances in the United Stated Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables and failed to ensure a menu was prepared a week in advance and provided to the residents. This had the potential to affect all residents.<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: | 0 485 | | |

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| 0 485 | Continued From page 3<br><br>On July 8, 2024 , at 11:30 a.m. during the entrance conference, licensed assisted living director (LALD)-A stated the licensee served three meals per day, served per Minnesota Food Code.<br><br>On July 8, 2024, at 12:36 p.m. during the facility tour, a menu was posted on the refrigerator door. The menu:<br>- lacked a date;<br>- had the exact breakfast listed Sunday through Saturday, the meals were Somalian based;<br>- rotated between two meals for lunch, both meals were Somalian based;<br>- had the exact dinner listed Sunday through Saturday, the meals were Somalian based; and<br>- indicated apples, oranges, bananas, strawberries, cookies, chips, dry roasted peanuts, raisins, yogurt, and ice cream were available for snacks between meals.<br><br>On July 9, 2024, at 9:15 a.m. during a meal observation, R2 was sitting sideways at the dining table sipping tea. On the table was a plate of pancake-like wafers and a bowl of fruit which contained one orange and three apples, all of which were observed to be overly ripened. R2 stated he was not offered food which was appetizing or nutritious. R2 stated "they don't cook here. We get the same random food every day. I don't know why they hang a menu. They don't go by it. They don't care. They ignore me. I have no choice." R2 further explained the only fruits the licensee offered were apples, oranges, and bananas, and were seldom offered vegetables. R2 stated they did not eat breakfast because they did not like "that Somalian food". R2 stated they often went to their brother's or friend's home to eat. R2 stated they were not | 0 485 | | |

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| 0 485 | Continued From page 4<br><br>offered an alternative menu and often bought and prepared noodles on their own. Unlicensed personal (ULP)-D stated the Somalian pancakes, Malawah, and the fruit in the bowl were the only food items offered for breakfast and the only beverage offered was tea; however, the licensee always had alternative foods available for residents of the facility.<br><br>On July 9, 2024, at 9:27 a.m. R3 stated the food was "garbage, no vegetables."<br><br>On July 9, 2024, at 9:30 a.m., the refrigerator was observed to include: one green pepper, one small head of Romaine lettuce, and one large bag of Roma tomatoes. ULP-D explained they had no fruit or any of the snacks listed on the posted menu at this time. ULP-D stated today was the licensee's shopping day.<br><br>On July 9, 2024, at 1:16 p.m., licensed assisted living director (LALD)-A stated the licensee would get a nutritionist involved to assist in preparing a meal plan that was nutritious as per the USDA guidelines and My Plate. LALD-A stated the licensee would include the residents in the meal planning to satisfy all ethnicities. LALD-A stated they knew it was important to have a menu posted and make changes to the menu on an on-going basis. LALD-A stated the licensee would also provide an alternative of a different ethnic choice than what was offered as the main entrée. LALD-A stated the licensee would discuss meal/menu preparation in quality assurance meeting quarterly going forward.<br><br>The licensee's [licensee name] Food Service policy dated June 19, 2024, indicated:<br>- a person centered approach would be used to | 0 485 | | |

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| 0 485 | Continued From page 5<br><br>assure residents receive a nutritious, healthy meals and snacks<br>- at least three nutritious meals per day and snacks would be provided<br>- meals are prepared as per the United States department of Agriculture guideline<br>- meals would be served according to the Minnesota food code<br>- menus would be prepared one week in advance<br>- resident would be encouraged to participate in meal planning<br>- if a resident preferred an alternative to the meal provided, the substitute would be of similar nutritional value<br>- residents would be informed in advance of menu change<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 0 485 | | |
| 0 780 SS=F | 144G.45 Subd. 2 (a) (1) Fire protection and physical environment<br><br>(a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:<br><br>(1) for dwellings or sleeping units, as defined in the State Fire Code:<br>(i) provide smoke alarms in each room used for sleeping purposes;<br>(ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms;<br>(iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics; | 0 780 | | |

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| 0 780 | Continued From page 6<br><br>(iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and<br>(v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated;<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation and interview, the licensee failed to provide interconnected smoke alarms inside the sleeping rooms in the facility. This had the potential to directly 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 a facility tour on July 9, 2024, at 1:50 p.m., with licensed assisted living director (LALD-A), it was observed that the smoke alarms inside resident sleeping rooms 1, 2, 3, 4 and 5 were not interconnected to each other, or interconnected with other smoke alarms throughout the facility so that activation of one alarm activates all alarms within the facility. | 0 780 | | |

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| 0 780 | Continued From page 7<br><br>All dwelling units required to have multiple smoke alarms are required to have interconnected alarms so activation of one alarm activates all alarms within the dwelling unit.<br><br>During the tour the smoke alarms were tested and LALD-A, verified the smoke alarms were not interconnected so activation of one alarm activates all alarms throughout the facility. The smoke alarms inside the resident sleeping rooms were a different style than other alarms throughout the facility and LALD-A stated they thought the alarms could be linked so they are interconnected. LALD-A confirmed they understood the requirement.<br><br>TIME PERIOD FOR CORRECTION: Two (2) day. | 0 780 | | |
| 0 800 SS=F | 144G.45 Subd. 2 (a) (4) Fire protection and physical environment<br><br>(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 residents in accordance with a maintenance and repair program.<br><br>This MN Requirement is not met as evidenced by:<br>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. | 0 800 | | |

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| 0 800 | Continued From page 8<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 a facility tour on July 9, 2024, at 1:50 p.m., survey staff toured the facility with licensed assisted living director (LALD)-A. The following was observed:<br><br>It was observed in resident sleeping room 1, located on the upper floor, that an electrical outlet was loose and partially pulled out from the wall. Loose outlets can cause arcing and malfunction that could lead to fire or electric shock.<br><br>It was observed in resident sleeping room 2, located on the upper floor, that two electrical outlets were loose from the wall. Loose outlets can cause arcing and malfunction that could lead to fire or electric shock.<br><br>It was observed in the upper floor bathroom that the closet bifold door was off the tracks and leaning into the room. The door was built with mirrors which could break if the door fell onto the floor, creating a hazard to the occupants.<br><br>It was observed that the latch on the lower-level storm door at a marked emergency exit was sticking. The storm door springs prevented the door from fully opening. Emergency exit doors must be maintained so they operate as intended, fully open, are available for occupants to use in | 0 800 | | |

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| 0 800 | Continued From page 9<br>an emergency.<br><br>LALD-A visually verified these deficient findings at the time of discovery.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days | 0 800 | | |
| 0 810 SS=F | 144G.45 Subd. 2 (b)-(f) Fire protection and physical environment<br><br>(b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to:<br>(1) location and number of resident sleeping rooms;<br>(2) employee actions to be taken in the event of a fire or similar emergency;<br>(3) fire protection procedures necessary for residents; and<br>(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.<br>(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.<br>(d) Fire safety and evacuation plans shall be readily available at all times within the facility.<br>(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.<br>(f) Evacuation drills are required for employees twice per year per shift with at least one | 0 810 | | |

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| 0 810 | Continued From page 10<br><br>evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to develop the fire safety and evacuation plan with the required content and provide the required training and drills. This had the potential to directly 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 potential to affect a large portion or all of the residents).<br><br>The findings include:<br><br>On July 9, 2024, at 2:50 p.m. licensed assisted living director (LALD)-A provided documentation on the fire safety and evacuation plan (FSEP), fire safety and evacuation training, and evacuation drills for the facility.<br><br>FIRE SAFETY AND EVACUATION PLAN<br><br>The licensee's FSEP, titled "Fire Safety", dated June 19, 2024, included a previous version of the FSEP, dated 2021, that had not been updated to provide complete actions for employees to take in the event of a fire or similar emergency at the licensed facility. The 2021 version should be | 0 810 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 34354 | A. BUILDING: _____ B. WING _____ | 07/09/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BETTER CARE SERVICES LLC | 3720 28TH AVENUE SOUTH MINNEAPOLIS, MN 55406 |

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|---|---|---|---|---|
| 0 810 | Continued From page 11<br><br>removed from the FSEP to eliminate confusion to staff who are using the policy.<br><br>During an interview on July 9, 2024, at 3:15 p.m., LALD-A stated that they added the new policy when they started working at the facility. LALD-A stated they would remove the old version from the policy.<br><br>TRAINING<br><br>Record review indicated the licensee failed to provide evacuation training to residents at least once per year. LALD-A stated that resident training was held during resident meetings and that they would email documents to the surveyor showing the dates and attendees of the meetings.<br><br>No further information was provided.<br><br>Record review indicated the licensee failed to provide training to employees on the FSEP at least twice per year. LALD-A provided EduCare transcripts showing annual training for one employee.<br><br>During an interview on June 9, 2024, at 3:15 p.m., LALD-A confirmed that the facility was not completing employee trainings twice per year. LALD-A stated they understood the requirement for training employees on the FSEP at least twice per year.<br><br>DRILLS<br><br>Record review indicated the licensee failed to conduct evacuation drills for employees twice per year, per shift with at least one evacuation drill every other month. LALD-A provided documentation indicating that drills were | 0 810 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| 0 810 | Continued From page 12<br><br>completed on 6/10/2024 at 8:00 a.m. and 6/13/2024 at 4:00 p.m. but no other drills were provided.<br><br>During an interview on July 9, 2024, at 3:15 p.m., survey staff explained the requirements for frequency of drills. LALD-A stated they were unsure if drills were conducted prior to when they started working at the facility. LALD-A said they would email the surveyor additional information if they could find it. LALD-A stated they understood the requirements and had already started conducting drills as required.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days. | 0 810 | | |
| 0 820 SS=D | 144G.45 Subd. 2 (g) Fire protection and physical environment<br><br>(g) Existing construction or elements, including assisted living facilities that were registered as housing with services establishments under chapter 144D prior to August 1, 2021, shall be permitted to continue in use provided such use does not constitute a distinct hazard to life. Any existing elements that an authority having jurisdiction deems a distinct hazard to life must be corrected. The facility must document in the facility's records any actions taken to comply with a correction order, and must submit to the commissioner for review and approval prior to correction.<br><br>This MN Requirement is not met as evidenced by: | 0 820 | | |

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|---|---|---|---|---|
| 0 820 | Continued From page 13<br><br>Based on observation and interview, the licensee failed to provide facilities that were not a distinct hazard to life. This had the potential to directly affect a limited number of residents and staff.<br><br>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at 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>On a facility tour on July 9, 2024, at 1:50 p.m. with assisted living director (LALD)-A, it was observed that the emergency escape and rescue opening in resident sleeping room 5, located in the basement, had broken hardware that made it difficult to operate and open. The window had been obstructed by cardboard the tenant had placed over the opening.<br><br>Emergency escape and rescue openings are required in all resident sleeping rooms and must be unobstructed and maintained so that occupants can use them to exit the facility in an emergency.<br><br>LALD-A visually verified the deficient condition while accompanying on the tour and stated they would have the window repaired or replaced.<br><br>TIME PERIOD FOR CORRECTION: Two (2) days. | 0 820 | | |

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|---|---|---|---|---|
| 0 970 | Continued From page 14 | 0 970 | | |
| 0 970 SS=C | 144G.50 Subd. 5 Waivers of liability prohibited<br><br>The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to ensure the assisted living contract did not include language waiving the facility's liability for health, safety, or personal property of a resident. This had the potential to affect all residents residing in the facility.<br><br>This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).<br>The findings include:<br><br>On July 8, 2024, at 12:45 p.m., a copy of the facility's assisted living contract was requested and provided.<br><br>The licensee's [licensee name] Resident Contract for Assisted Living policy, undated, included a waiver of liability which indicated:<br>-Damage of injury to Resident of Resident's Property. The licensee was not responsible for | 0 970 | | |

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| 0 970 | Continued From page 15<br><br>any damage or injury suffered by the resident, their property, their guests, or their property that was not caused by the licensee. The licensee strongly recommended that the resident obtained renter's insurance at an appropriate level to insure against loss of the president's personal property, as well as related incidental and consequential damages, or such other or additional insurance as the resident considered necessary to protect against injuries and property damage. The licensee's insurance may not cover the loss of the president's personal property and the incidental and consequential damages arising from the loss of such property. The resident's personal property included, but was not limited to, dentures, glasses, and hearing aids.<br><br>On July 9, 2024, at 2:45 p.m., licensed assisted living director (LALD)-A stated the assisted living contract required residents to waive the facility's liability for health, safety, or personal property. LALD-A further stated the same assisted living contract was used for all residents at the facility.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 0 970 | | |

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

Type: Full
Date: *07/11/24*
Time: 12:35:36
Report: 8058241159

# Food and Beverage Establishment Inspection Report



**Location:**
Better Care Services Llc
3720 28th Avenue South
Minneapolis, MN55406
Hennepin County, 27

**Establishment Info:**
ID #: 0039035
Risk:
Announced Inspection: No

**License Categories:**

Expires on: / /

**Operator:**

Phone #: 6127013294
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.

**4-300 Equipment Numbers and Capacities**

***4-301.12A*** ***** Priority 2 *****

MN Rule 4626.0680A Provide a 3 compartment sink with integrally attached drainboards at each end for manually washing, rinsing and sanitizing equipment and utensils.

SEE NOTES

*Comply By: 07/12/25*

**4-100 Equipment Construction Materials**

***4-101.11BCDE***

MN Rule 4626.0450BCDE Remove all multi-use equipment, utensils, and food storage containers that are not durable, corrosion-resistant, nonabsorbent, smooth, easily cleanable, resistant to pitting, chipping, scratching or not able to withstand repeated warewashing.

WOOD CABINETS ARE IN POOR CONDITION AND CAN NO LONGER BE ACCEPTABLY CLEANED WITHOUT CAUSING DAMAGE - REPLACE

*Comply By: 07/12/25*

**Food and Equipment Temperatures**

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

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

Type: Full
Date: *07/11/24*
Time: 12:35:36
Report: 8058241159
Better Care Services Llc

# Food and Beverage Establishment Inspection Report

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

HRD INSPECTOR MARY BRUESS

RESIDENTIAL KITCHEN WITH NON COMMERCIAL APPLICANCES AND FINISHES.

WOOD CABINETS ARE UNABLE TO BE MAINTAINED CLEAN DUE TO DETERIORATION OF FINISH AND CURE MATERIALS (E.G. FIBER BOARD), NO DISHWASHER OR 3 COMPARTMENT SINK EXISTS IN THE SPACE AND DISHES ARE BEING TEMPORARILY SANITIZED USING A PLASTIC BASIN

**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 8058241159 of 07/11/24.

Certified Food Protection Manager: ABDINASIR ABDI

Certification Number: 112352 Expires: 07/28/25

**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