Electronically Delivered

August 21, 2023

Licensee
Gifted Home Health Care LLC
6344 154th Court Northwest
Ramsey, MN  55303

RE:  Project Number(s) SL38922015

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 August 7, 2023, 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.

**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 and enforcement actions 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.

Please email reconsideration requests to: **Health.HRD.Appeals@state.mn.us**. Please attach this letter as part of your reconsideration request. Please clearly indicate which tag(s) you are contesting and submit information supporting your position(s).

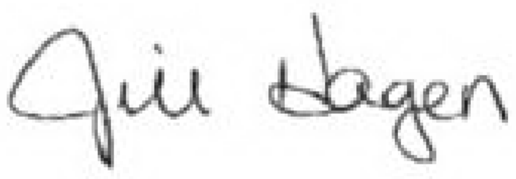
Please address your cover letter for reconsideration requests to:

Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place
St. Paul, MN 55164-0970

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

If you have any questions, please contact me.

Sincerely,



Jill Hagen, Supervisor
State Rapid Response Team
Email: jill.hagen@state.mn.us
Telephone: 218-770-8646 Fax: 651-215-6894

JMD

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 38922 | A. BUILDING: _____ B. WING _____ | 08/07/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| GIFTED HOME HEALTH CARE LLC | 6344 154TH COURT NORTHWEST RAMSEY, MN 55303 |

| (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<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>#SL38922015-0<br><br>On August 7, 2023, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey and investigation, there was one resident receiving services under the provider's Provisional Assisted Living Facility license. | 0 000 | | |
| 0 110 SS=C | 144G.10 Subdivision 1a Assisted living director license required<br><br>Each assisted living facility must employ an assisted living director licensed or permitted by the Board of Executives for Long Term Services and Supports.?<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the | 0 110 | | |

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| 0 110 | Continued From page 1<br><br>licensee failed to ensure a licensed assisted living director (LALD) was listed as the Director of Record with the Board of Executives for Long Term Services and Supports (BELTSS). This had the potential to affect all the licensee's residents, staff, and visitors.<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 the potential to affect a large portion or all the residents).<br><br>The findings include:<br><br>During the entrance conference on August 7, 2023, at 10:35 a.m., registered nurse (RN)-A stated LALD-D, was the LALD for the facility.<br><br>LALD-D obtained an assisted living director license on June 15, 2021.<br><br>On August 7, 2023, at 11:59 a.m., the Board of Executives for Long-Term Services and Support (BELTSS) website, indicated LALD-D held a current assisted living director license. The BELTSS website did not indicate LALD-D was listed as the Director of Record for the licensee.<br><br>During an interview on August 7, 2023, at 1:40 p.m., LALD-D stated he was not listed as director of record on the BELTSS website.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Two (2) days. | 0 110 | | |

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| 0 480 SS=F | 144G.41 Subd 1 (13) (i) (B) Minimum requirements<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 according to the Minnesota Food Code.<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>Please refer to the included document titled, Food and Beverage Establishment Inspection Report dated August 7, 2023, for the specific Minnesota Food Code deficiencies. | 0 480 | | |
| 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; | 0 810 | | |

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| 0 810 | Continued From page 3<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 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 record review and interview, the licensee failed to maintain the facility's fire safety and evacuation plan with required elements. 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 | 0 810 | | |

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| 0 810 | Continued From page 4<br><br>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>A record review of available documentation and interview were conducted on August 9, 2023, at approximately 10:15 a.m. of documents provided by registered nurse (RN)-A and unlicensed personnel (ULP)-C on the fire safety and evacuation plan, fire safety and evacuation training, and evacuation drills for the facility.<br><br>Findings include:<br><br>Record review of the available documentation indicated that the licensee did not provide number and location of resident rooms on the fire safety and evacuation floor plan. Resident room numbers are required to be included on the fire safety and evacuation floor plan for more accurate reference and communication of direction for evacuation.<br><br>Record review of the available documentation indicated that employee actions are included in the facility fire safety and evacuation plan but are required to include more detail specific to the facility.<br><br>Record review of the available documentation indicated that fire protection procedures for residents in the event of a fire or similar emergency were not in the plan. Fire protection procedures and direction for residents in a fire or similar emergency are required to be included in the fire safety and evacuation plan.<br><br>Documentation was provided that the residents | 0 810 | | |

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| 0 810 | Continued From page 5<br>received training along with all employee training, but the training material was not available.<br><br>All deficiencies were verified by RN-A and ULP-C during the interview at approximately 11:00 a.m.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days. | 0 810 | | |

Minnesota Department of Health
Food, Pools, and Lodging Services
625 Robert Street North
St. Paul
6512014500

Type: Full
Date: *08/07/23*
Time: 12:33:15
Report: 1029231186

# Food and Beverage Establishment Inspection Report



**Location:**

Gifted Home Health Care LLC
6344 154th Court NW
Ramsey, MN55303
Ramsey County, 62

**Establishment Info:**

ID #: 0041676
Risk:
Announced Inspection: Yes

**License Categories:**

Expires on: 12/31/23

**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.

The following orders were issued during this inspection.

**2-100 Supervision**

***2-102.12AMN***

MN Rule 4626.0033A Employ a certified food protection manager (CFPM) for the establishment.

CFPM NOT EMPLOYED BY ESTABLISHMENT. INSTRUCTED REPRESENTATIVES TO EMPLOY CFPM.

*Comply By: 10/02/23*

**Food and Equipment Temperatures**

Process/Item: MILK
Temperature: 41 Degrees Fahrenheit - Location: REFRIGERATOR
Violation Issued: No

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

Conducted inspection of food services area as part of a Health Regulation Division survey.

Conducted inspection in the presence of Ezra Oyugi, and other staff members. Topics discussed included highly susceptible populations, employee illness reporting and exclusion procedures, vomit/fecal matter cleanup, sanitizing, common contagious foodborne illness pathogens (e.g., salmonella, shigella, Shiga toxin-producing E. coli, hepatitis A virus, and norovirus), hygienic practices (e.g., handwashing), and general food safety practices (e.g., holding temperatures at or below 41°F and 135°F or above for TCS foods). Excluding minor wearing of the laminate covering on a shelf, the kitchen was in good condition.

# Food and Beverage Establishment Inspection Report



Zephaniah O Orina completed a food safety class with the National Registry of Food Safety Professionals on December 1, 2022, but had not obtained the CFPM with MDH. During the inspection we used the establishment's computer to go to the CFPM page on the MDH website and I explained to the representatives what the steps are to obtain a CFPM certificate.

Inspection findings were expressed to Angela Vatalaro, RN, Rapid Response Evaluator, Office of Health Facility Complaints.

**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 1029231186 of 08/07/23.

Certified Food Protection Manager: Absent

Certification Number: _____ Expires: / /

Signed: _____

Ezra Oyugi
Representative

Signed: _____

Trevor McCliment
Public Health Sanitarian
Metro District Office
651-201-3957
trevor.mccliment@state.mn.us

Report #: 1029231186

# Food Establishment Inspection Report

DEPARTMENT OF HEALTH

Minnesota Department of Health
Food, Pools, and Lodging Services
625 Robert Street North
St. Paul

| | | | |
|---|---|---|---|
| No. of RF/PHI Categories Out | 1 | Date | 08/07/23 |
| No. of Repeat RF/PHI Categories Out | 0 | Time In | 12:33:15 |
| Legal Authority MN Rules Chapter 4626 | | Time Out | |

| Gifted Home Health Care LLC | Address: 6344 154th Court NW | City/State: Ramsey, MN | Zip Code: 55303 | Telephone |
|---|---|---|---|---|
| License/Permit #: 0041676 | Permit Holder | Purpose of Inspection: Full | Est Type | Risk Category |

## FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

**IN=** in compliance **OUT=** not in compliance **N/O=** not observed **N/A=** not applicable **COS=** corrected on-site during inspection **R=** repeat violation

| | Compliance Status | | COS | R |
|---|---|---|---|---|
| **Supervision** | | | | |
| 1 | (IN) OUT | PIC knowledgeable; duties & oversight | | |
| 2 | IN (OUT) N/A | Certified food protection manager, duties | | |
| **Employee Health** | | | | |
| 3 | (IN) OUT | Mgmt/Staff;knowledge,responsibilities&reporting | | |
| 4 | (IN) OUT | Proper use of reporting, restriction & exclusion | | |
| 5 | (IN) OUT | Procedures for responding to vomiting & diarrheal events | | |
| **Good Hygenic Practices** | | | | |
| 6 | IN OUT (N/O) | Proper eating, tasting, drinking, or tobacco use | | |
| 7 | (IN) OUT N/O | No discharge from eyes, nose, & mouth | | |
| **Preventing Contamination by Hands** | | | | |
| 8 | IN OUT (N/O) | Hands clean & properly washed | | |
| 9 | IN OUT N/A (N/O) | No bare hand contact with RTE foods or pre-approved alternate pprocedure properly followed | | |
| 10 | (IN) OUT | Adequate handwashing sinks supplied/accessible | | |
| **Approved Source** | | | | |
| 11 | (IN) OUT | Food obtained from approved source | | |
| 12 | IN OUT N/A (N/O) | Food received at proper temperature | | |
| 13 | (IN) OUT | Food in good condition, safe, & unadulterated | | |
| 14 | IN OUT (N/A) N/O | Required records available; shellstock tags, parasite destruction | | |
| **Protection from Contamination** | | | | |
| 15 | (IN) OUT N/A N/O | Food separated and protected | | |
| 16 | (IN) OUT N/A | Food contact surfaces: cleaned & sanitized | | |
| 17 | (IN) OUT | Proper disposition of returned, previously served, reconditioned, & unsafe food | | |

| | Compliance Status | | COS | R |
|---|---|---|---|---|
| **Time/Temperature Control for Safety** | | | | |
| 18 | IN OUT N/A (N/O) | Proper cooking time & temperature | | |
| 19 | IN OUT N/A (N/O) | Proper reheating procedures for hot holding | | |
| 20 | IN OUT N/A (N/O) | Proper cooling time & temperature | | |
| 21 | IN OUT N/A (N/O) | Proper hot holding temperatures | | |
| 22 | (IN) OUT N/A | Proper cold holding temperatures | | |
| 23 | (IN) OUT N/A N/O | Proper date marking & disposition | | |
| 24 | IN OUT (N/A) N/O | Time as a public health control: procedures & records | | |
| **Consumer Advisory** | | | | |
| 25 | IN OUT (N/A) | Consumer advisory provided for raw/undercooked food | | |
| **Highly Susceptible Populations** | | | | |
| 26 | (IN) OUT N/A | Pasteurized foods used; prohibited foods not offered | | |
| **Food and Color Additives and Toxic Substances** | | | | |
| 27 | IN OUT (N/A) | Food additives: approved & properly used | | |
| 28 | (IN) OUT | Toxic substances properly identified, stored, & used | | |
| **Conformance with Approved Procedures** | | | | |
| 29 | IN OUT (N/A) | Compliance with variance/specialized process/HACCP | | |

**Risk factors** (RF) are improper practices or proceedures identified as the most prevalent contributing factors of foodborne illness or injury. **Public Health Interventions** (PHI) are control measures to prevent foodborne illness or injury.

## GOOD RETAIL PRACTICES

**Good Retail Practices** are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is **not** in compliance. Mark "X" in appropriate box for COS and/or R. **COS=** corrected on-site during inspection **R=** repeat violation

| | | | COS | R |
|---|---|---|---|---|
| **Safe Food and Water** | | | | |
| 30 | IN OUT (N/A) | Pasteurized eggs used where required | | |
| 31 | | Water & ice obtained from an approved source | | |
| 32 | IN OUT (N/A) | Variance obtained for specialized processing methods | | |
| **Food Temperature Control** | | | | |
| 33 | | Proper cooling methods used; adequate equipment for temperature control | | |
| 34 | IN OUT N/A (N/O) | Plant food properly cooked for hot holding | | |
| 35 | IN OUT N/A (N/O) | Approved thawing methods used | | |
| 36 | | Thermometers provided & accurate | | |
| **Food Identification** | | | | |
| 37 | | Food properly labled; original container | | |
| **Prevention of Food Contamination** | | | | |
| 38 | | Insects, rodents, & animals not present | | |
| 39 | | Contamination prevented during food prep, storage & display | | |
| 40 | | Personal cleanliness | | |
| 41 | | Wiping cloths: properly used & stored | | |
| 42 | | Washing fruits & vegetables | | |

| | | | COS | R |
|---|---|---|---|---|
| **Proper Use of Utensils** | | | | |
| 43 | | In-use utensils: properly stored | | |
| 44 | | Utensils, equipment & linens: properly stored, dried, & handled | | |
| 45 | | Single-use/single service articles: properly stored & used | | |
| 46 | | Gloves used properly | | |
| **Utensil Equipment and Vending** | | | | |
| 47 | | Food & non-food contact surfaces cleanable, properly designed, constructed, & used | | |
| 48 | | Warewashing facilities: installed, maintained, & used; test strips | | |
| 49 | | Non-food contact surfaces clean | | |
| **Physical Facilities** | | | | |
| 50 | | Hot & cold water available; adequate pressure | | |
| 51 | | Plumbing installed; proper backflow devices | | |
| 52 | | Sewage & waste water properly disposed | | |
| 53 | | Toilet facilities: properly constructed, supplied, & cleaned | | |
| 54 | | Garbage & refuse properly disposed; facilities maintained | | |
| 55 | | Physical facilities installed, maintained, & clean | | |
| 56 | | Adequate ventilation & lighting; designated areas used | | |
| 57 | | Compliance with MCIAA | | |
| 58 | | Compliance with licensing & plan review | | |

**Food Recalls:**

**Person in Charge (Signature)** **Date:** 08/09/23

Inspector (Signature) Trevor L McClimint