

Electronically Delivered

July 25, 2023

Licensee
Cardenas Friendship House
3608 West 84th Street
Bloomington, MN 55431

RE: Project Number(s) SL20981015

Dear Licensee:

On July 11, 2023, the Minnesota Department of Health completed a follow-up survey of your facility to determine if orders from the January 19, 2023, 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,



Carrie Euerle, Supervisor
State Rapid Response Team
Email: carrie.euerle@state.mn.us
Telephone: 651-242-8846 Fax: 651-215-6894

PMB



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

April 14, 2023

Licensee
Cardenas Friendship House
3608 West 84th Street
Bloomington, MN 55431

RE: Project Number(s) SL20981015

Dear Licensee:

On March 28, 2023, the Minnesota Department of Health completed a follow-up evaluation of your facility to determine correction of orders found on the evaluation completed on January 19, 2023. This follow-up evaluation determined your facility had not corrected all of the state licensing orders issued pursuant to the January 19, 2023 evaluation.

In accordance with Minn. Stat. § 144G.31 Subd. 4 (a), state licensing orders issued pursuant to the last evaluation completed on January 19, 2023, found not corrected at the time of the March 28, 2023, follow-up evaluation and/or subject to penalty assessment are as follows:

- 0490-Minimum Requirements-144g.41 Subd 1 (13) (ii)-(vii) - \$500.00**
- 1330-Unlicensed Personnel-144g.60 Subd. 4 (b) - \$500.00**
- 1440-Supervision Of Staff Providing Delegated Nurs-144g.62 Subd. 4 - \$500.00**
- 1750-Delegation Of Medication Administration-144g.71 Subd. 7 - \$500.00**
- 1760-Documentation Of Administration Of Medication-144g.71 Subd. 8 - \$3,000.00**
- 1950-Administration Of Treatments And Therapy-144g.72 Subd. 4 - \$3,000.00**
- 1960-Documentation Of Administration Of Treatments-144g.72 Subd. 5 - \$500.00**

The details of the violations noted at the time of this follow-up evaluation completed on March 28, 2023 (listed above), are on the attached State Form. Brackets around the ID Prefix Tag in the left hand column, e.g., {2 ----} will identify the uncorrected tags.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$8,500.00**. 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), by the correction order date, the licensee must document in the provider's records any action taken to comply with the correction order by the correction order date. The commissioner may request a copy of this documentation and the assisted living facility's action to respond to the correction orders in future evaluations, upon a complaint investigation, and as otherwise needed.

IMPOSITION OF FINES:

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.

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 licensing 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

REQUESTING A HEARING

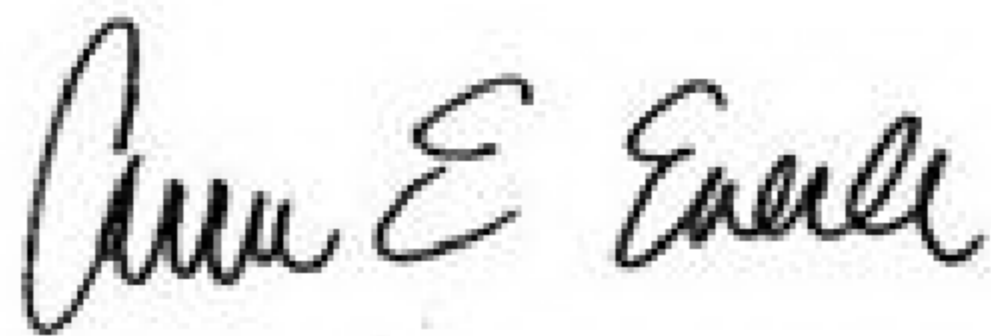
Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for 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. Requests for hearing may be emailed to: **Health.HRD.Appeals@state.mn.us**.

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.

We urge you to review these orders carefully. If you have questions, please contact Carrie Euerle at 651-242-8846.

Please note, it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

Sincerely,

A handwritten signature in black ink that reads "Carrie Euerle". The signature is written in a cursive style with a large initial 'C' and 'E'.

Carrie Euerle, Supervisor
State Rapid Response Team
Health Regulation Division
85 East Seventh Place, Suite 220
P.O. Box 64970
St. Paul, MN 55164-0970
Email: carrie.euerle@state.mn.us
Telephone: 651-242-8846 Fax: 651-215-6894

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20981	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/28/2023
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NAME OF PROVIDER OR SUPPLIER CARDENAS FRIENDSHIP HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 3608 WEST 84TH STREET BLOOMINGTON, MN 55431
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(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}	<p>Initial Comments</p> <p>On March 28, 2023, the Minnesota Department of Health conducted a licensing order follow-up related to correction orders issued for SL20981015.</p> <p>The following correction orders are re-issued for SL20981015, tag identification 0490, 1330, 1440, 1750, 1760, 1950 and 1960.</p>	{0 000}	<p>Assisted Living Provider 144G.</p> <p>Minnesota Department of Health is documenting the State Licensing 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.</p> <p>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.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>THE LETTER IN THE LEFT COLUMN IS</p>	

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Minnesota Department of Health

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{0 000}	Continued From page 1	{0 000}	USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	
{0 490} SS=F	<p>144G.41 Subd 1 (13) (ii)-(vii) Minimum requirements</p> <p>(iv) upon the request of the resident, provide direct or reasonable assistance with arranging for transportation to medical and social services appointments, shopping, and other recreation, and provide the name of or other identifying information about the persons responsible for providing this assistance;</p> <p>(v) upon the request of the resident, provide reasonable assistance with accessing community resources and social services available in the community, and provide the name of or other identifying information about persons responsible for providing this assistance;</p> <p>(vi) provide culturally sensitive programs; and</p> <p>(vii) have a daily program of social and recreational activities that are based upon individual and group interests, physical, mental, and psychosocial needs, and that creates opportunities for active participation in the community at large; and</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to have a daily program of social and recreational activities that are based upon individual and group interests, physical, mental, and psychosocial needs for two of two residents.</p> <p>This practice resulted in a level two violation (a</p>	{0 490}		

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{0 490}	<p>Continued From page 2</p> <p>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).</p> <p>Findings include:</p> <p>The licensee's Uniform Disclosure of Assisted Services and Amenities (UDALSA) dated January 1, 2022, indicated the licensee provided daily social and recreational services.</p> <p>The licensee's activities board from February 13, 2023, to March 25, 2023, identified four scheduled activities.</p> <p>R1's service plan dated September 16, 2022, indicated socialization would be provided and the unlicensed personnel (ULP) would facilitate group/individual activities.</p> <p>R1's undated Resident Contract for Assisted Living indicated the monthly base fee included the following services: social activities and recreational, wellness and education programs as scheduled.</p> <p>On March 28, 2023, at 3:15 p.m., registered nurse (RN)-B stated each resident did their own activities and there were no scheduled daily activities.</p> <p>The licensee's Activity Programming dated August 1, 2021, indicated on a regular basis the licensee will provide a wide range of activities and social recreation for its residents. A monthly calendar will be created and available to all</p>	{0 490}		
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{0 490}	Continued From page 3 residents.	{0 490}		
{01330} SS=F	<p>144G.60 Subd. 4 (b) Unlicensed personnel</p> <p>(b) Unlicensed personnel performing delegated nursing tasks in an assisted living facility must:</p> <p>(1) have successfully completed training and demonstrated competency by successfully completing a written or oral test of the topics in section 144G.61, subdivision 2, paragraphs (a) and (b), and a practical skills test on tasks listed in section 144G.61, subdivision 2, paragraphs (a), clauses (5) and (7), and (b), clauses (3), (5), (6), and (7), and all the delegated tasks they will perform;</p> <p>(2) satisfy the current requirements of Medicare for training or competency of home health aides or nursing assistants, as provided by Code of Federal Regulations, title 42, section 483 or 484.36; or</p> <p>(3) have, before April 19, 1993, completed a training course for nursing assistants that was approved by the commissioner.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure two of two unlicensed personnel (ULP)-C, ULP-D) completed competency evaluations in all required training topics. This had the potential to affect all residents receiving services.</p> <p>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</p>	{01330}		

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{01330}	<p>Continued From page 4</p> <p>or has the potential to affect a large portion or all of the residents).</p> <p>Findings include:</p> <p>ULP-C was hired on January 1, 2022, by the licensee to provide assistance with resident cares.</p> <p>On January 17, 2023, ULP-C administered medications and provided hands on assistance to the residents.</p> <p>ULP-D was hired on November 7, 2022, to provide hands on assistance with resident cares.</p> <p>On January 18, 2023, ULP-D administered medications and provided hands on assistance to the residents.</p> <p>ULP-C and ULP-D's employee records were requested, however, were not at the facility and were located at another facility.</p> <p>Review of ULP-C and ULP-D employee records lacked documentation of practical skills test on tasks listed in section 144G.61, subdivision 2, paragraphs (a), clauses (5) and (7), and (b), clauses (3), (5), (6), and (7), and all the delegated tasks they will perform.</p> <p>On March 28, 2023, at 3:15 p.m., registered nurse (RN)-B, stated she had not completed competencies for ULP-C and ULP-D. RN-B stated she patient concerns had to come before the education and she was the only nurse for a while.</p> <p>The licensee's Competency Training Evaluations dated August 1, 2021, stated unlicensed</p>	{01330}		

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{01330}	Continued From page 5	{01330}		
{01440} SS=F	<p>144G.62 Subd. 4 Supervision of staff providing delegated nurs</p> <p>(a) Staff who perform delegated nursing or therapy tasks must be supervised by an appropriate licensed health professional or a registered nurse according to the assisted living facility's policy where the services are being provided to verify that the work is being performed competently and to identify problems and solutions related to the staff person's ability to perform the tasks. Supervision of staff performing medication or treatment administration shall be provided by a registered nurse or appropriate licensed health professional and must include observation of the staff administering the medication or treatment and the interaction with the resident.</p> <p>(b) The direct supervision of staff performing delegated tasks must be provided within 30 calendar days after the date on which the individual begins working for the facility and first performs the delegated tasks for residents and thereafter as needed based on performance. This requirement also applies to staff who have not performed delegated tasks for one year or longer.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure the registered nurse (RN) conducted direct supervision of staff performing delegated nursing task within 30 days of first providing services for three of three unlicensed personnel (ULP-C,</p>	{01440}		

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{01440}	<p>Continued From page 6</p> <p>ULP-D and ULP-E) with records reviewed.</p> <p>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).</p> <p>The findings include:</p> <p>ULP-C ULP-C was hired on January 1, 2022, by the licensee to provide assistance with resident cares.</p> <p>On January 17, 2023, ULP-C administered medications and provided hands on assistance to the residents.</p> <p>ULP-C's record lacked evidence the RN conducted direct supervision. The document titled Employee Training/Observation Record dated January 31, 2023, was signed but was blank and did not indicate which delegated task was observed.</p> <p>ULP-D ULP-D was hired on November 7, 2022, to provide hands on assistance with resident cares.</p> <p>On January 18, 2023, ULP-D administered medications and provided hands on assistance to the residents.</p> <p>ULP-E On March 28, 2023, at 2:45 p.m., ULP-E stated she was hired years ago and provided assistance</p>	{01440}		

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{01440}	Continued From page 7 with cares and administered medications. Review of ULP-C, ULP-D, and ULP-E's employee record indicated supervisory visits were not completed. On March 28, 2023, at 3:15 p.m., a.m., RN-B verified supervisory visits had not been completed on ULP-C, ULP-D, and ULP-E. The licensee's Supervision of Staff- Delegated Services, dated August 1, 2021, indicated staff who provide delegated nursing or therapy tasks to residents will be supervised by a RN. Direct supervision of staff performing delegated tasks must be provided within 30 days when the individual begins working for the licensee	{01440}		
{01750} SS=F	144G.71 Subd. 7 Delegation of medication administration When administration of medications is delegated to unlicensed personnel, the assisted living facility must ensure that the registered nurse has: (1) instructed the unlicensed personnel in the proper methods to administer the medications, and the unlicensed personnel has demonstrated the ability to competently follow the procedures; (2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's records; and (3) communicated with the unlicensed personnel about the individual needs of the resident. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure two of two unlicensed personnel (ULP-C, ULP-D, ULP-E)	{01750}		

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{01750}	<p>Continued From page 8</p> <p>were trained by the registered nurse (RN) and demonstrated competency for administering medications.</p> <p>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).</p> <p>The findings include:</p> <p>ULP-C was hired on January 1, 2022, by the licensee to provide assistance with resident cares.</p> <p>On January 17, 2023, ULP-C administered medications and provided hands on assistance to the residents.</p> <p>ULP-D was hired on November 7, 2022, to provide hands on assistance with resident cares.</p> <p>On January 18, 2023, ULP-D administered medications and provided hands on assistance to the residents.</p> <p>On March 28, 2023, at 2: 45 p.m.,ULP-E stated she was hired years ago and provided assistance with cares and administered medications.</p> <p>ULP-C, ULP-D, and ULP-E's employee records were requested, however, were not at the facility and were located at another facility.</p> <p>Review of ULP-C, ULP-D, ULP-E's employee records lacked documentation of medication</p>	{01750}		
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{01750}	Continued From page 9 administration competencies were completed. On March 28, 2023, at 3:15 p.m., registered nurse (RN)-B, stated she had not completed any competencies for ULP-C, ULP-D and ULP-E. RN-B stated patient concerns had to come before the education and was the only nurse for a while. The licensee's Competency Training Evaluations dated August 1, 2021, stated unlicensed personnel (ULP) trained to perform delegated tasks must demonstrate competency to perform such tasks.	{01750}		
{01760} SS=G	144G.71 Subd. 8 Documentation of administration of medication Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were administered as prescribed for one of one residents (R1) with records reviewed. The	{01760}		

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(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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{01760}	<p>Continued From page 10</p> <p>licensee failed to implement a system to identify, document, track, and evaluate medication errors, and failed to document procedures that were provided to meet the R1's needs, when medication was not administered as prescribed in accordance with R1's medication management plan.</p> <p>This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to 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).</p> <p>The findings include:</p> <p>R1's face sheet indicated R1 admitted to the facility on July 16, 2020 with current diagnoses of traumatic brain injury, subdural bleed, prediabetes and bipolar disorder.</p> <p>R1's comprehensive assessment dated June 14, 2022, indicated R1 was alert and oriented and R1's Brief Interview for Mental Status (BIMS) indicated no cognitive impairment.</p> <p>R1's service plan dated September 16, 2022, indicated R1 required assistance with personal hygiene, meals, medications, monitoring of blood pressure, and blood glucose monitoring.</p> <p>R1's progress notes dated February 16, 2023, indicated R1 continued with the same complaints regarding medications not being re-ordered. RN-B wrote of constant reeducation with caregivers about reordering testing strips, miralax</p>	{01760}		
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20981	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/28/2023
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{01760}	<p>Continued From page 11</p> <p>and other as needed medications before they run out.</p> <p>R1's March, 2023, electronic medication administration record (MAR) indicated the following medications were not documented as given for 10 out of 20 doses included:</p> <ul style="list-style-type: none"> - Cerovite (multivitamin) -Finasteride (urinary symptom management medication) 5 mg -Metformin (diabetic medication) 500 mg -Loratidine (allergies) 10 mg <p>The following medications were not documental as given for 5 out of 20 doses</p> <ul style="list-style-type: none"> - Gabapentin (pain) 300 mg - Lithium ER (mood stabilizer) 300 mg <p>On March 28, 2023, at 3:30 p.m., registered nurse (RN)-B stated the electronic MAR is new and a paper copy of the MAR was not kept at the facility because she did not want staff using the paper copy. RN-B verified numerous medications were not documented. RN-B stated with the new system it should be getting better but the ULP's are not held accountable. RN-B confirmed ULP-C, ULP-D, and ULP-E had not had training or competencies for medication administration since she did not have time.</p> <p>The licensee's Medication Management-Administration and Set-up dated August 1, 2021, indicated medication administration will be documented accurately in each resident's record. The ULP will chart administration of medications in each resident's MAR. The ULP will also chart refusals and the reason why medication administration was not completed as prescribed and any follow up completed.</p>	{01760}		

Minnesota Department of Health

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{01760}	Continued From page 12 The licensee's Medication Error policy dated August 1, 2021, indicated staff will document, track, and resolve medication administration errors for quality improvement. The licensee's Medication and Treatment Record- Documentation & Refusal dated August 1, 2021, indicated the licensee will create and maintain a correct and accurate medication and/or treatment/therapy record for each resident.	{01760}		
{01950} SS=G	144G.72 Subd. 4 Administration of treatments and therapy Ordered or prescribed treatments or therapies must be administered by a nurse, physician, or other licensed health professional authorized to perform the treatment or therapy, or may be delegated or assigned to unlicensed personnel by the licensed health professional according to the appropriate practice standards for delegation or assignment. When administration of a treatment or therapy is delegated or assigned to unlicensed personnel, the facility must ensure that the registered nurse or authorized licensed health professional has: (1) instructed the unlicensed personnel in the proper methods with respect to each resident and the unlicensed personnel has demonstrated the ability to competently follow the procedures; (2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's record; and This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure unlicensed personnel were trained and demonstrated competency in	{01950}		

Minnesota Department of Health

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{01950}	<p>Continued From page 13</p> <p>administration of treatments to a registered nurse (RN) for one of one unlicensed personnel (ULP)-D with records reviewed. In addition, the licensee failed to ensure the delegated treatment included specific written instructions for each resident, that the instructions were documented in the resident's record, and communicated with unlicensed personnel about the individual needs of the resident.</p> <p>This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to 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).</p> <p>The findings include:</p> <p>R1's face sheet indicated R1 admitted to the facility on July 16, 2020, with diagnoses of traumatic brain injury, subdural bleed, and bipolar disorder.</p> <p>R1's signed service agreement dated September 16, 2022, indicated R1 required assistance with personal hygiene, meals, medication management, monitoring of blood pressure, and blood glucose monitoring.</p> <p>R1's service plan dated September 13, 2022, indicated R1 received blood glucose checks twice daily and as needed, in addition to assistance with medications and other activities of daily of living.</p> <p>R1's progress notes dated February 16, 2023,</p>	{01950}		
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Minnesota Department of Health

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{01950}	<p>Continued From page 14</p> <p>indicated R1 continued with complaints regarding medications not being re-ordered. RN-B wrote of constant re-education with caregivers about re-ordering testing strips, miralax and other as needed medications before they run out.</p> <p>A review of R1's treatment administration record (TAR) from February 27, 2023, through March 7, 2023, indicated blood glucose monitoring was not completed 7 out of 18 times. The treatment record lacked documentation of refusals, why the service was not completed, or any follow-up procedures completed. The treatment record did not provide direction on checking blood glucose or parameters on when a nurse should be contacted.</p> <p>R1's March 8, through March 27, 2023, TAR indicated blood glucose monitoring was not documented 9 times and did not include documentation of refusals or why blood glucose monitoring was not completed and also did not include any documentation of follow-up procedures.</p> <p>On March 28, 2023, at 2:45 p.m., R1 stated the licensee is still running out of things.</p> <p>ULP-C, ULP-D, and ULP-E's personnel files were reviewed and lacked documentation they were trained and had demonstrated competency to a RN for blood glucose monitoring. ULP-C, ULP-D and ULP-E had all signed off on R1's TAR indicating they provided delegated treatment.</p> <p>On March 28, 2023, at 3:15 p.m., RN-B confirmed all staff should have training and competencies completed before administration of treatments. RN-B confirmed she had not completed competencies for ULP-C, ULP-D, and</p>	{01950}		

Minnesota Department of Health

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{01950}	Continued From page 15 ULP-E. RN-B stated she has completed competencies with new staff but not the staff who were previously employed. RN-B stated she was aware documentation of treatments needs to improve but staff were not held accountable. The licensee's Medication and Treatment-Administration and Delegation policy dated August 1, 2021, indicated administration of medications or treatment/therapy is delegated and assigned to ULP's. The licensee will ensure the RN has instructed the ULP in the proper methods to administer the medications or perform treatment/therapy, and the ULP has demonstrated the ability to competently follow the procedures. This will also include specific instructions for each resident and documented in the resident's record.	{01950}		
{01960} SS=F	144G.72 Subd. 5 Documentation of administration of treatments Each treatment or therapy administered by an assisted living facility must be in the resident record. The documentation must include the signature and title of the person who administered the treatment or therapy and must include the date and time of administration. When treatment or therapies are not administered as ordered or prescribed, the provider must document the reason why it was not administered and any follow-up procedures that were provided to meet the resident's needs. This MN Requirement is not met as evidenced by: Based on interview, and record review, the licensee failed to document treatments provided for one of one resident (R1) reviewed.	{01960}		

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{01960}	<p>Continued From page 16</p> <p>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).</p> <p>The findings include:</p> <p>R1's medical record indicated diagnoses of traumatic brain injury, Type 2 diabetes, bradycardia, and bipolar disorder.</p> <p>R1's service plan dated September 16, 2022, indicated R1 required assistance with personal hygiene, meals, medication administration, daily monitoring of blood pressure, and twice daily and as-needed blood glucose monitoring.</p> <p>R1's progress notes dated February 16, 2023, indicated R1 continued with complaints regarding medications not being re-ordered. RN-B wrote of constant re-education with caregivers about re-ordering testing strips, miralax and other as-needed medications before they run out.</p> <p>A review of R1's treatment record from February 27, 2023, through March 7, 2023, indicated blood glucose monitoring was not completed 7 out of 18 times. The treatment record lacked documentation of refusals, why the service was not completed, or any follow-up procedures completed. The treatment record did not provide direction on checking blood glucose or parameters on when a nurse should be contacted.</p>	{01960}		

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{01960}	<p>Continued From page 17</p> <p>R1's March 8, through March 27, 2023, TAR indicated blood glucose monitoring was not documented 9 times and did not include documentation of refusals or why blood glucose monitoring was not completed and also did not include any documentation of follow-up procedures.</p> <p>On March 28, 2023, at 2:45 p.m., R1 stated at times the licensee continued to run out of items such as medication and glucose strips..</p> <p>ULP-C, ULP-D, and ULP-E's all documented administration of treatments to R1 on his TAR. ULP-C, ULP-D and ULP-E's personell records lacked documentation they were trained and demonstrated competency to a RN for blood glucose monitoring.</p> <p>On March 28, 2023, at 3:15 p.m., RN-B confirmed all staff should have training and competencies completed on administration of treatments. RN-B confirmed she had not completed competencies for ULP-C, ULP-D, and ULP-E. RN-B stated she has completed competencies with new staff, but not the staff who were previously employed. RN-B stated she was aware documentation of treatments needed to improve but staff were not held accountable.</p> <p>The licensee's Medication and Treatment Record- Documentation & Refusal dated August 1, 2021, indicated the licensee will create and maintain a correct and accurate medication and/or treatment/therapy record. If a medication and or treatment/therapy assistance and/or administration were not completed as prescribed, documentation must include the reason why it was not completed.</p>	{01960}		



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
February 16, 2023

Licensee
Cardenas Friendship House
3608 West 84th Street
Bloomington, MN 55431

RE: Project Number(s) SL20981015

Dear Licensee:

The Minnesota Department of Health completed an evaluation on January 19, 2023, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the evaluation, the Minnesota Department of Health 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.

LICENSING ORDERS

The enclosed State Form documents the state licensing orders. The Department of Health 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 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.

In accordance with Minn. Stat. § 144G.20, Subd. 4 (a)(5), the Department of Health imposes fine amounts of either \$1,000 or \$5,000 to licensees who are found to be responsible for maltreatment. The Department of Health imposes a fine of \$1,000 for each substantiated maltreatment violation

that consists of abuse, neglect, or financial exploitation according to Minn. Stat. § 626.5572, Subds. 2, 9, 17. The Department of Health also may impose a fine of \$5,000 for each substantiated maltreatment violation consisting of sexual assault, death, or abuse resulting in serious injury.

In accordance with Minn. Stat. § 144G.31, Subd. 4 (a)(5)(b), when a fine is assessed against a facility for substantiated maltreatment, the commissioner shall not also impose an immediate fine under this chapter for the same circumstance.

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

St - 0 - 1760 - 144g.71 Subd. 8 - Documentation Of Administration Of Medication - \$3,000.00

St - 0 - 1950 - 144g.72 Subd. 4 - Administration Of Treatments And Therapy - \$3,000.00

The total amount you are assessed is \$6,000.00. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

DOCUMENTATION OF ACTION TO COMPLY

Per Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document any action taken to comply with the correction order by the correction order date. A copy of the provider's records documenting those actions may be requested for follow-up evaluations. The licensee is not required to submit a plan of correction 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 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 licensing 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

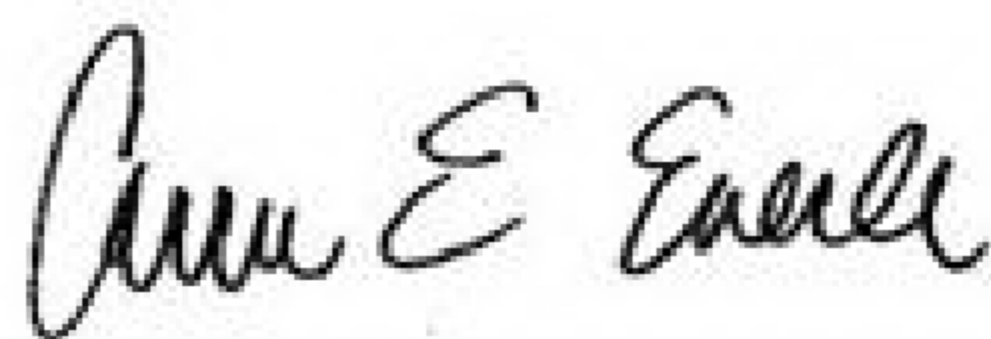
REQUESTING A HEARING

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. Requests for hearing may be emailed to: **Health.HRD.Appeals@state.mn.us**.

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.

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in this letter and the results of this visit with the President of your organization's Governing Body. If you have any questions, please contact me.

Sincerely,



Carrie Euerle, Supervisor
Health Regulation Division
State Rapid Response Team
85 East Seventh Place, Suite 220
P.O. Box 64970
St. Paul, MN 55164-0970
Email: carrie.euerle@state.mn.us
Phone: 651-242-8846 Fax: 651-215-5963

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Minnesota Department of Health

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0 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDERS</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.</p> <p>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.</p> <p>INITIAL COMMENTS: SL20981015</p> <p>On January 17, through January 20, 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, there were two residents receiving services under the provider's Assisted Living Facility license.</p>	0 000	<p>ssisted Living Provider 144G.</p> <p>Minnesota Department of Health is documenting the State Licensing 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.</p> <p>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.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>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.</p>	

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Minnesota Department of Health

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0 480	Continued From page 1	0 480		
0 480 SS=F	<p>144G.41 Subd 1 (13) (i) (B) Minimum requirements</p> <p>(13) offer to provide or make available at least the following services to residents:</p> <p>(i) at least three nutritious meals daily with snacks 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:</p> <p>(B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code.</p> <p>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).</p> <p>The findings include:</p> <p>Please refer to the included document titled, Food</p>	0 480		

Minnesota Department of Health

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0 480	Continued From page 2 and Beverage Establishment Inspection Report dated January 18, 2023, for the specific Minnesota Food Code deficiencies. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 480		
0 490 SS=F	144G.41 Subd 1 (13) (ii)-(vii) Minimum requirements (ii) weekly housekeeping; (iii) weekly laundry service; (iv) upon the request of the resident, provide direct or reasonable assistance with arranging for transportation to medical and social services appointments, shopping, and other recreation, and provide the name of or other identifying information about the persons responsible for providing this assistance; (v) upon the request of the resident, provide reasonable assistance with accessing community resources and social services available in the community, and provide the name of or other identifying information about persons responsible for providing this assistance; (vi) provide culturally sensitive programs; and (vii) have a daily program of social and recreational activities that are based upon individual and group interests, physical, mental, and psychosocial needs, and that creates opportunities for active participation in the community at large; and This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to have a daily	0 490		

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0 490	<p>Continued From page 3</p> <p>program of social and recreational activities that are based upon individual and group interests, physical, mental, and psychosocial needs for two of two residents.</p> <p>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).</p> <p>Findings include:</p> <p>The licensee's Uniform Disclosure of Assisted Services and Amenities (UDALSA) dated January 1, 2022, indicated the licensee provided daily social and recreational services.</p> <p>R1's service plan dated September 16, 2022, indicated socialization would be provided and the unlicensed personnel (ULP) would facilitate group/individual activities.</p> <p>R1's undated Resident Contract for Assisted Living indicated the monthly base fee included the following services: social activities and recreational, wellness and education programs as scheduled.</p> <p>On January 18, 2023, at 12:15 p.m., registered nurse (RN)-B and ULP-D stated there were no scheduled activities.</p> <p>On January 18, 2023, at 12:20 p.m., R1 stated he was bored and liked to play board games.</p> <p>The licensee's Activity Programming dated</p>	0 490		

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0 490	Continued From page 4 August 1, 2021, indicated on a regular basis the licensee will provide a wide range of activities and social recreation for its residents. A monthly calendar will be created and available to all residents. TIME PERIOD TO CORRECT: Twenty-one (21) Days	0 490		
0 620 SS=D	144G.42 Subd. 6 (a) Compliance with requirements for reporting ma 144G.42 Subd. 6. Compliance with requirements for reporting maltreatment of vulnerable adults; abuse prevention plan. (a) The assisted living facility must comply with the requirements for the reporting of maltreatment of vulnerable adults in section 626.557. The facility must establish and implement a written procedure to ensure that all cases of suspected maltreatment are reported. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to immediately report an allegation of financial exploitation to the Minnesota Adult Abuse Reporting Center (MAARC) for one of one resident (R1). 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 situation has occurred only occasionally).	0 620		

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0 620	<p>Continued From page 5</p> <p>The findings include:</p> <p>During the entrance conference on January 17, 2022, at 10:00 a.m., the surveyor requested all of the vulnerable adult reports the licensee had made to MAARC in the past six months. The licensed assisted living director (LALD)-A stated there were no MAARC reports.</p> <p>R1's face sheet indicated current diagnoses of traumatic brain injury, subdural bleed, and bipolar disorder. R1's service plan dated September 16, 2022, indicated R1 required assistance with personal hygiene, meals, medications, monitoring of blood pressure, and blood glucose monitoring.</p> <p>R1's comprehensive assessment dated June 14, 2022, indicated R1 was alert and oriented and R1's Brief Interview for Mental Status (BIMS) indicated no cognitive impairment.</p> <p>On November 8, 2022, a conference was held with R1. R1 had many complaints and concerns including missing money.</p> <p>On January 17, 2023, at 10:45 a.m., R1 stated he had \$90.00 in his wallet that was taken. R1 stated he reported this to the LALD. R1 stated he called the police when LALD-A did not do anything about the missing money.</p> <p>On January 18, 2023 at 9:30 a.m., registered nurse (RN)-B stated she thought R1 was referring to \$20.00 that R1 reported missing during the care conference on November 8, 2022. RN-B was not aware if R1 reported other money missing. RN-B stated she thought R1's mental health case manager was investigating the missing money so she did not think she needed</p>	0 620		

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0 620	<p>Continued From page 6</p> <p>to follow up.</p> <p>On January 18, 2023, at 9:18 a.m., The LALD-A stated R1 reported missing \$80.00 dollars from his room. The LALD-A stated R1 lost things all of the time but those items were usually found. The LALD-A stated he spoke to two staff who denied taking R1's money. The LALD-A was not aware if R1 reported missing money on two separate occasions or just once. The LALD-A stated the missing money was not reported to MAARC or the police. The LALD-A verified a MAARC report should have been filed.</p> <p>The licensee's Vulnerable Adult Maltreatment-Prevention, and Reporting policy, dated August 1, 2021, indicated staff who suspect maltreatment of a resident (abuse, financial exploitation, or neglect) will report to MAARC within 24 hours.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 620		
01330 SS=F	<p>144G.60 Subd. 4 (b) Unlicensed personnel</p> <p>(b) Unlicensed personnel performing delegated nursing tasks in an assisted living facility must:</p> <p>(1) have successfully completed training and demonstrated competency by successfully completing a written or oral test of the topics in section 144G.61, subdivision 2, paragraphs (a) and (b), and a practical skills test on tasks listed in section 144G.61, subdivision 2, paragraphs (a), clauses (5) and (7), and (b), clauses (3), (5), (6), and (7), and all the delegated tasks they will perform;</p> <p>(2) satisfy the current requirements of Medicare for training or competency of home health aides or nursing assistants, as provided by Code of</p>	01330		

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01330	<p>Continued From page 7</p> <p>Federal Regulations, title 42, section 483 or 484.36; or (3) have, before April 19, 1993, completed a training course for nursing assistants that was approved by the commissioner.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure two of two unlicensed personnel (ULP)-C, ULP-D) completed competency evaluations in all required training topics. This had the potential to affect all residents receiving services.</p> <p>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).</p> <p>Findings include:</p> <p>ULP-C was hired on January 1, 2022, by the licensee to provide assistance with resident cares.</p> <p>On January 17, 2023, ULP-C administered medications and provided hands on assistance to the residents.</p> <p>ULP-D was hired on November 7, 2022, to provide hands on assistance with resident cares.</p> <p>On January 18, 2023, ULP-D administered medications and provided hands on assistance to</p>	01330		

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01330	<p>Continued From page 8</p> <p>the residents.</p> <p>ULP-C and ULP-D employee records lacked documentation of practical skills test on tasks listed in section 144G.61, subdivision 2, paragraphs (a), clauses (5) and (7), and (b), clauses (3), (5), (6), and (7), and all the delegated tasks they will perform.</p> <p>On January 17, 2022, at 2:50 p.m., registered nurse (RN)-B, stated she had not completed competencies for the staff and was something she was going to work on.</p> <p>The licensee's Competency Training Evaluations dated August 1, 2021, stated unlicensed personnel (ULP) trained to perform delegated tasks must demonstrate competency to perform such tasks.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	01330		
01440 SS=F	<p>144G.62 Subd. 4 Supervision of staff providing delegated nurs</p> <p>(a) Staff who perform delegated nursing or therapy tasks must be supervised by an appropriate licensed health professional or a registered nurse according to the assisted living facility's policy where the services are being provided to verify that the work is being performed competently and to identify problems and solutions related to the staff person's ability to perform the tasks. Supervision of staff performing medication or treatment administration shall be provided by a registered nurse or appropriate licensed health professional and must include observation of the staff</p>	01440		

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01440	<p>Continued From page 9</p> <p>administering the medication or treatment and the interaction with the resident.</p> <p>(b) The direct supervision of staff performing delegated tasks must be provided within 30 calendar days after the date on which the individual begins working for the facility and first performs the delegated tasks for residents and thereafter as needed based on performance. This requirement also applies to staff who have not performed delegated tasks for one year or longer.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure the registered nurse (RN) conducted direct supervision of staff performing delegated nursing task within 30 days of first providing services for two of two unlicensed personnel (ULP-C, ULP-D) with records reviewed.</p> <p>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).</p> <p>The findings include:</p> <ul style="list-style-type: none"> ULP-C ULP-C was hired on January 1, 2022, by the licensee to provide assistance with resident cares. <p>On January 17, 2023, ULP-C administered medications and provided hands on assistance to the residents.</p>	01440		

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01440	<p>Continued From page 10</p> <p>ULP-C's record lacked evidence the RN conducted direct supervision. The document titled Employee Training/Observation Record dated January 31, 2023, was signed but was blank and did not indicate which delegated task was observed.</p> <p>ULP-D ULP-D was hired on November 7, 2022, to provide hands on assistance with resident cares.</p> <p>On January 18, 2023, ULP-D administered medications and provided hands on assistance to the residents.</p> <p>ULP-D's record lacked evidence the RN conducted direct supervision of ULP-F's performing a delegated task within 30 days ULP-F first performed the delegated task for residents.</p> <p>On January 17, 2023, at 1130 a.m., RN-B verified supervisory visits had not been completed on any staff.</p> <p>On January 18, 2023, licensed assisted living director (LALD)-A stated the previous RN may have signed supervisory visits but did not complete the supervisory visits as required.</p> <p>The licensee's Supervision of Staff- Delegated Services, dated August 1, 2021, indicated staff who provide delegated nursing or therapy tasks to residents will be supervised by a RN. Direct supervision of staff performing delegated tasks must be provided within 30 days when the individual begins working for the licensee</p> <p>TIME PERIOD TO CORRECT: Seven (7) days</p>	01440		

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01530 SS=F	<p>144G.64 TRAINING IN DEMENTIA CARE REQUIRED</p> <p>(a) All assisted living facilities must meet the following training requirements: (1) supervisors of direct-care staff must have at least eight hours of initial training on topics specified under paragraph (b) within 120 working hours of the employment start date, and must have at least two hours of training on topics related to dementia care for each 12 months of employment thereafter; (2) direct-care employees must have completed at least eight hours of initial training on topics specified under paragraph (b) within 160 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;</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure completion and documentation of two of two unlicensed personnel (ULP-C and ULP-D) records of required dementia training. This had the potential to affect two out of two residents reviewed.</p> <p>This practice resulted in a level two violation (a</p>	01530		

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01530	<p>Continued From page 12</p> <p>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).</p> <p>Findings include:</p> <p>ULP-C was hired on January 1, 2022, by the licensee to provide assistance with resident cares.</p> <p>ULP-C training transcript included online training classes with one hour of dementia training. ULP-C's employee record lacked evidence of receiving at least eight hours total for dementia training within of a total 160 working hours as required.</p> <p>ULP-D was hired on November 7, 2022, to provide hands on assistance with resident cares.</p> <p>ULP-D's training transcript includes online training classes with 4.5 hours of dementia care completed.. ULP-D's record lacked evidence of receiving at least eight hours total for dementia training within of a total 160 working hours as required.</p> <p>On January 19, 2023, at 8:40 a.m., registered nurse (RN)-B stated she was not aware of how many hours of dementia training was required for ULPs. RN-B stated she did not track the online training that was completed.</p> <p>On January 19, 2023, at 9:50 a.m., the licensed assisted living director (LALD)-A stated dementia training should be completed as required.</p>	01530		

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01530	Continued From page 13 The licensee's Dementia Training policy dated August 1, 2021, indicated direct care staff would complete a minimum of eight hours of initial training on dementia care topics within 160 working hours of the employment start date. Employee may not provide direct care until the training is complete unless another employee who has completed the initial training. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01530		
01750 SS=F	144G.71 Subd. 7 Delegation of medication administration When administration of medications is delegated to unlicensed personnel, the assisted living facility must ensure that the registered nurse has: (1) instructed the unlicensed personnel in the proper methods to administer the medications, and the unlicensed personnel has demonstrated the ability to competently follow the procedures; (2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's records; and (3) communicated with the unlicensed personnel about the individual needs of the resident. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure two of two unlicensed personnel (ULP-C, ULP-D) were trained by the registered nurse (RN) and demonstrated competency for administering medications.	01750		

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01750	<p>Continued From page 14</p> <p>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).</p> <p>The findings include:</p> <p>ULP-C ULP-C was hired on January 1, 2022, by the licensee to provide assistance with resident cares.</p> <p>On January 17, 2023, ULP-C was observed administering medications and providing hands on assistance to the residents.</p> <p>R1's January 2023, Medication Administration Record (MAR) included physician orders for a Scopalamine patch 1mg/72hours; apply 1 patch every 72 hours. The MAR did not include directions for application of the transdermal patch.</p> <p>On January 17, 2023, at 11:50 a.m., R1's Scopolamine patch had fallen off. ULP-C cleansed behind the resident's right ear with an alcohol swab. The area that was cleansed was reddened in a circular appearance where the last patch had fallen off. ULP-C removed the backing of the patch and was going to apply to the same reddened area. The surveyor asked ULP-C if the patch was supposed to be applied in the same location. ULP-C stated, "yes, I always put it on the same side." ULP-C checked R1's MAR and there were no directions for use. RN-B stated the site is supposed to be rotated. RN-B found the</p>	01750		

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01750	<p>Continued From page 15</p> <p>scopolamine patch package with directions to alternate ears. RN-B confirmed the directions were not on the MAR for staff to follow. RN-B also confirmed the MAR did not indicate which days the patch should be changed. RN-B confirmed a competency for transdermal patches was not completed for any staff.</p> <p>ULP-D ULP-D was hired on November 7, 2022, to provide hands on assistance with resident cares.</p> <p>On January 18, 2023, ULP-D administered medications and provided hands on assistance to the residents.</p> <p>R1's January 1, through January 17, 2023, MAR indicated ULP-D signed off R1's patch was applied 10 days.</p> <p>On January 17, 2022, at 2:50 p.m., registered nurse (RN)-B, stated she had not completed competencies for the transdermal patch for the any of the staff and that it was something she was going to work on.</p> <p>The licensee's Medication and Treatment-Administration and Delegation dated August 1, 2021, indicated when administration of medications or treatment/therapy is delegated or assigned to ULP, the licensee will ensure the RN has instructed the ULP in the proper methods to administer the medications or perform treatment/therapy, and the ULP has demonstrated the ability to competently follow the procedures. This will also include specific instructions for each resident and documented in the residents record.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one</p>	01750		

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01750	Continued From page 16 (21) days	01750		
01760 SS=G	<p>144G.71 Subd. 8 Documentation of administration of medication</p> <p>Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure medications were administered as prescribed for one of one residents (R1) with records reviewed. The licensee failed to implement a system to identify, document, track, and evaluate medication errors, and failed to document procedures that were provided to meet the R1's needs, when medication was not administered as prescribed in accordance with R1's medication management plan.</p> <p>This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death), and was</p>	01760		

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01760	<p>Continued From page 17</p> <p>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).</p> <p>The findings include:</p> <p>On January 17, 2023, at 10:00 a.m., medications errors for the last six months were requested. At 11:45 a.m., registered nurse (RN)-B stated most of the medication errors were written on a word document and had been accidentally deleted.</p> <p>A word document titled Medication Errors indicated on January 12, 2023, extra medications were punched from a bubble pack. On January 14, 2023, the caregiver accidentally punched the wrong time and set them aside and forgot about them.</p> <p>R1's face sheet indicated R1 admitted to the facility on July 16, 2020 with current diagnoses of traumatic brain injury, subdural bleed, prediabetes and bipolar disorder.</p> <p>R1's comprehensive assessment dated June 14, 2022, indicated R1 was alert and oriented and R1's Brief Interview for Mental Status (BIMS) indicated no cognitive impairment.</p> <p>R1's service plan dated September 16, 2022, indicated R1 required assistance with personal hygiene, meals, medications, monitoring of blood pressure, and blood glucose monitoring.</p> <p>November 2022 R1's November 2022, medication administration record (MAR) was reviewed and indicated: -Loratadine (allergy medication) 10 mg ordered</p>	01760		

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01760	<p>Continued From page 18</p> <p>on November 8, 2022, was not administered for 19 days, indicating 19 doses were missed.</p> <p>The November 2022 MAR also identified additional medications not administered as ordered 4 out of 30 times, which identified four missed medications for all of the following medication below which included:</p> <ul style="list-style-type: none"> -Omeprazole (acid reflux medication) 40 milligrams (mg) -Cerovite (multivitamin) -Finasteride (urinary symptom management medication) 5 mg -Metformin (diabetic medication) -Vitamin D 3 -Senna 8.6 mg (laxative) -Atorvastatin (cholesterol medication) 40 mg -Gabapentin (pain medication) 300 mg - Lithium ER (mood stabilizer) 300 mg - Melatonin (sleep medication) 5 mg. <p>A scopolamine patch (used to manage low heart rate) was not documented as administered on 4 out of 6 times according to the November 2022 MAR, for a total of 4 missed doses</p> <p>R1's November 2022 MAR indicated 63 doses of medication were not administered.</p> <p>R1's November 2022, MAR also did not include directions for use for Scopolamine patch 1 mg/72 hours or application of Nystatin/Triamciolone topical cream.</p> <p>December 2022 R1's December 2022 MAR was reviewed and indicated:</p> <ul style="list-style-type: none"> -Omeprazole 40 mg was not given 27 out of 31 times, indicating 27 missed doses -Cerovite was not administered 9 times, indicating 	01760		

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01760	<p>Continued From page 19</p> <p>9 missed doses -Scopolamine 1 mg was documented 4 out of 10 times, indicating 6 missed doses.</p> <p>R1's December 2022 MAR also did not include directions for use of Scopolamine patch 1 mg/72 hours and/or application of Nystatin/Triamcinolone topical cream.</p> <p>R1's December 2022 MAR indicated 42 total missed doses of medication.</p> <p>January 2023 R1's January 2023 MAR was reviewed and indicated from January 1 - January 17, 2023: -Omeprazole 40 mg was not administered 3 out of 17 times, indicating 3 missed doses -Mirax 17 grams was not administered 3 out of 17 times, indicating 3 missed doses -Atorvastatin 40 mg, Gabapentin 300 mg , Lithium ER, and Melatonin 5 mg were not administered 2 out of 17 times; indicating 8 missed doses of medication</p> <p>-The Scopolamine patch 1 mg/72 hours was signed out daily so it is unknown if/when the patch was put on.</p> <p>R1's January 2023 MAR for the dates of January 1-January 17, indicated 14 doses of medication were missed.</p> <p>R1's January 2023 MAR did not include directions for use for Scopolamine patch 1 mg/72 hours or application of Nystatin/Triamcinolone topical cream.</p> <p>R1's November 2022, December 2022, and January 2023, MARs did not include a signature page or reasons medication was not</p>	01760		

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01760	<p>Continued From page 20</p> <p>administered or documentation of any follow-up procedures completed.</p> <p>On January 17, 2023, at 10:45 a.m., R1 stated the licensee was always running out of his medications and stated he had to remind staff to give him his medications or the medications would not be administered. R1 also stated the licensee had ran out of blood glucose strips for a few days. R1 stated the registered nurse (RN) and Licensed Assisted Living Director (LALD) were aware of his concerns.</p> <p>On January 17, 2023, at 11:20 a.m., the investigator observed R1's request for Miralax (laxative) due to constipation. Unlicensed personnel (ULP)-C stated there was no Miralax for R1. ULP-C was uncertain how long R1 had been out of Miralax.</p> <p>Following this observation RN-B was interviewed about the availability of medication and RN-B stated medication availability was something they were working on.</p> <p>On January 17, 2023, at 11:50 a.m., the investigator observed that R1's Scopolamine patch had fallen off. ULP-C cleansed behind the resident's right ear with an alcohol swab. The area that was cleansed was reddened in a circular appearance where the last patch had fallen off. ULP-C removed the backing of the patch and was going to apply to the same reddened area. The surveyor asked ULP-C if the patch was supposed to be applied in the same location. ULP-C stated, "yes, I always put it on the same side." ULP-C checked R1's MAR and there were no directions for use.</p> <p>RN-B was interviewed following this observation</p>	01760		

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01760	<p>Continued From page 21</p> <p>and stated the patch site is supposed to be rotated. RN-B found the scopolamine patch package with the directions to alternate ears. RN-B confirmed the directions were not on the MAR for staff to follow. RN-B also confirmed the MAR did not indicate which days the patch should be changed.</p> <p>Review of ULP-C's employee record indicated ULP-C was hired on January 1, 2022, by the licensee to provide assistance with resident cares.</p> <p>On January 17, 2023, ULP-C was observed administering medications and providing hands on assistance to the residents.</p> <p>ULP-C's record lacked evidence the RN signed off on competency to administer transdermal patches and had completed no direct supervision reviews with ULP-C. The document titled Employee Training/Observation Record dated January 31, 2023, was signed but was blank and did not indicate which delegated task was observed.</p> <p>RN-B confirmed a competency for transdermal patches was not completed for ULP-C or any staff who administered medications.</p> <p>On January 17, 2023, at 3:10 p.m., RN-B stated the licensee did not utilize medication error reports. RN-B stated at times when there are medication errors, she is not made aware until days later. RN-B confirmed that not administering a medication is a medication error unless the had resident refused. If the resident refuses, the refusal should be documented. RN-B also confirmed a medication not administered due to no supply is also considered a medication error.</p>	01760		

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01760	<p>Continued From page 22</p> <p>RN-B confirmed R1's missed medications for November 2022, December 2022, and January 2023, were medication errors and no documenting, tracking, or attempts to resolve the errors had been completed.</p> <p>On January 18, 2023, at 1:00 p.m., RN-B again confirmed R1 had multiple medications not administered as ordered and staff should have training and competencies completed on medication administration. RN-B further confirmed directions for use should be included on the MAR for the Scopolamine patch 1 mg/72 hours and the Nystatin/Triamcinolone topical cream. RN-B stated staff should be re-educated on when to re-order medications and to notify her if the medication is almost out.</p> <p>On January 19, 2023, at 10:00 a.m., The licensed assisted living director (LALD)-A stated he expected all staff to follow the medication administration policy.</p> <p>The licensee's Medication Management-Administration and Set-up dated August 1, 2021, indicated medication administration will be documented accurately in each resident's record. The ULP will chart administration of medications in each resident's MAR. The ULP will also chart refusals and the reason why medication administration was not completed as prescribed and any follow up completed.</p> <p>The licensee's Medication Error policy dated August 1, 2021, indicated staff will document, track, and resolve medication administration errors for quality improvement.</p> <p>The licensee's Medication and Treatment Record- Documentation & Refusal dated August</p>	01760		

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01760	Continued From page 23 1, 2021, indicated the licensee will create and maintain a correct and accurate medication and/or treatment/therapy record for each resident. TIME PERIOD FOR CORRECTION: Seven (7) days	01760		
01950 SS=G	144G.72 Subd. 4 Administration of treatments and therapy Ordered or prescribed treatments or therapies must be administered by a nurse, physician, or other licensed health professional authorized to perform the treatment or therapy, or may be delegated or assigned to unlicensed personnel by the licensed health professional according to the appropriate practice standards for delegation or assignment. When administration of a treatment or therapy is delegated or assigned to unlicensed personnel, the facility must ensure that the registered nurse or authorized licensed health professional has: (1) instructed the unlicensed personnel in the proper methods with respect to each resident and the unlicensed personnel has demonstrated the ability to competently follow the procedures; (2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's record; and (3) communicated with the unlicensed personnel about the individual needs of the resident. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure unlicensed personnel were trained and demonstrated competency in administration of treatments to a	01950		

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01950	<p>Continued From page 24</p> <p>registered nurse (RN) for one of one unlicensed personnel (ULP)-D with records reviewed. In addition, the licensee failed to ensure the delegated treatment included specific written instructions for each resident, that the instructions were documented in the resident's record, and communicated with unlicensed personnel about the individual needs of the resident.</p> <p>This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to 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).</p> <p>The findings include:</p> <p>R1's face sheet indicated R1 admitted to the facility on July 16, 2020 with current diagnoses of traumatic brain injury, subdural bleed, and bipolar disorder.</p> <p>R1's signed service agreement dated September 16, 2022, indicated R1 required assistance with personal hygiene, meals, medication management, monitoring of blood pressure, and blood glucose monitoring.</p> <p>R1's service plan dated September 13, 2022, indicated R1 recieved blood glucose checks twice daily and as needed in addition to assistance with medications and other activities of daily of living.</p> <p>Blood glucose checks were included on R1's monthly treatment administration records (TAR) and had space for staff to write in the reading for</p>	01950		

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01950	<p>Continued From page 25</p> <p>AM and PM blood glucose levels but provided no direction on checking blood glucose or parameters on when a nurse should be contacted.</p> <p>Review of R1's December 2022 and January 2023 TARs identified several missed blood glucose checks and no documentation of refusals, why the service was not completed, or any follow-up procedures completed.</p> <p>R1's January 1 through January 17, 2023, TAR indicated blood glucose monitoring was not documented 26 times and did not include documentation of refusals or why blood glucose monitoring was not completed and also did not include any documentation of follow-up procedures.</p> <p>A further review of R1's December 2022 TAR indicated blood glucose monitoring was also not documented 10 times and did not include documentation or refusals or why blood glucose monitoring was not completed and also did not include any documentation of follow-up procedures. The last week of November in to the first week of December 2022 TAR identified R1 was out of lancets (a needle used to prick the skin to obtain blood for glucose readings). No follow up documentation was included or information of attempts to obtain lancets. Following documentation of being out of lancets, the resident did not receive another blood glucose reading until two evenings later which identified 4 missed blood glucose readings.</p> <p>On January 17, 2023, at 9:30 a.m., R1 was interviewed and stated the licensee was always running out of things and had ran out of strips for checking his blood sugar for a long time. R1</p>	01950		

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01950	<p>Continued From page 26</p> <p>stated the registered nurse (RN) and Licensed Assisted Living Director (LALD) were aware of his concerns.</p> <p>On January 17, 2023, ULP-D was observed administering medications and treatments, and providing hands on assistance to the residents.</p> <p>On January 17, 2023, at 8:10 a.m., the investigator observed ULP-D check R1's blood glucose.</p> <p>Review of ULP-D's employee record identified ULP-D was hired on November 7, 2022, to provide hands on assistance with resident cares.</p> <p>ULP-D's record lacked documentation that ULP-D was trained and demonstrated competency to a RN for blood glucose monitoring.</p> <p>On January 17, 2023, at 2:45 p.m., Registered Nurse (RN)-B confirmed R1's blood glucose levels were not documented as directed and stated she had educated staff on the importance of documentation, but it was not consistent. RN-B confirmed R1's missed blood glucose readings for December 2022 and January 2023 and that no documenting, tracking, or attempts to resolve these errors had been completed. RN-B stated treatments should be completed as ordered and documented. RN-B stated if a treatment was refused that should also be documented.</p> <p>On January 18, 2023, at 1:00 p.m., RN-B confirmed all staff should have training and competencies completed on administration of treatments and confirmed that specific instructions should be included on the TAR on obtaining blood glucose readings and parameters of when to contact the nurse. RN-B confirmed</p>	01950		

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01950	<p>Continued From page 27</p> <p>she had not completed competencies for the any of the staff and indicated it was something she was going to work on.</p> <p>The licensee's Medication and Treatment-Administration and Delegation policy dated August 1, 2021, indicated administration of medications or treatment/therapy is delegated and assigned to ULPs. The licensee will ensure the RN has instructed the ULP in the proper methods to administer the medications or perform treatment/therapy, and the ULP has demonstrated the ability to competently follow the procedures. This will also include specific instructions for each resident and documented in the resident's record.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01950		
01960 SS=F	<p>144G.72 Subd. 5 Documentation of administration of treatments</p> <p>Each treatment or therapy administered by an assisted living facility must be in the resident record. The documentation must include the signature and title of the person who administered the treatment or therapy and must include the date and time of administration. When treatment or therapies are not administered as ordered or prescribed, the provider must document the reason why it was not administered and any follow-up procedures that were provided to meet the resident's needs.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to document</p>	01960		

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(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
01960	<p>Continued From page 28</p> <p>treatments provided for one of one resident (R1) reviewed.</p> <p>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).</p> <p>The findings include:</p> <p>R1's medical record indicated current diagnoses of traumatic brain injury, Type 2 diabetes, bradycardia, and bipolar disorder. R1's service plan dated September 16, 2022, indicated R1 required assistance with personal hygiene, meals, medication administration, daily monitoring of blood pressure, and twice daily and as needed blood glucose monitoring.</p> <p>R1's December 2022 treatment record indicated blood glucose monitoring was not documented as completed 10 times.</p> <p>R1's January 1 through January 17, 2023, treatment record indicated blood glucose monitoring was not documented as completed 26 times.</p> <p>R1's treatment record did not include documentation of refusals or why blood glucose monitoring was not completed and also did not include any follow-up procedures. The treatment record did not include a signature page that included the signature and title of the person who administered the treatments</p>	01960		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20981	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/19/2023
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NAME OF PROVIDER OR SUPPLIER CARDENAS FRIENDSHIP HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 3608 WEST 84TH STREET BLOOMINGTON, MN 55431
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01960	<p>Continued From page 29</p> <p>On January 17, 2023, at 9:30 a.m., R1 stated the licensee was always running out of things and ran out of strips for checking his blood sugar for a long time.</p> <p>On January 17, 2023, at 2:45 p.m., Registered nurse (RN)-B stated the blood glucose levels were not documented as directed and stated she had educated staff on the importance of documentation, but it was not consistent. RN-B stated treatments should be completed as ordered and documented. RN-B stated if a treatment was refused that should also be documented.</p> <p>The licensee's Medication and Treatment Record- Documentation & Refusal dated August 1, 2021, indicated the licensee will create and maintain a correct and accurate medication and/or treatment/therapy record. If a medication and or treatment/therapy assistance and/or administration were not completed as prescribed, documentation must include the reason why it was not completed.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01960		
02480 SS=D	<p>144G.91 Subd. 20 Grievances and inquiries</p> <p>Residents have the right to make and receive a timely response to a complaint or inquiry, without limitation. Residents have the right to know and every facility must provide the name and contact information of the person representing the facility who is designated to handle and resolve complaints and inquiries.</p> <p>This MN Requirement is not met as evidenced</p>	02480		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20981	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/19/2023
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02480	<p>Continued From page 30</p> <p>by: Based on interview and record review, the licensee failed to respond to grievances of one of one resident (R1) reviewed for grievances.</p> <p>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).</p> <p>The findings include:</p> <p>On January 17, 2023, the surveyor requested the licensee's grievances. The licensed assisted living director (LALD) stated the licensee did not have any documented grievances.</p> <p>On January 17, 2023, at 10:45 a.m., R1 stated the licensee was always running out of his medications and stated he had to remind staff to give him his medications or the medications would not be administered. R1 also stated the licensee had ran out of blood glucose strips for a few days. R1 stated the registered nurse (RN) and LALD were aware of his concerns.</p> <p>On January 19, 2023, at 8:40 a.m., RN-B stated she was aware of R1's concerns with missed medications and scheduled services not being provided. RN-B stated a grievance form should have been completed and stated R1's concerns were valid. RN-B also stated the licensee needed to do a better job of documenting and tracking grievances.</p> <p>On January 19, 2023, at 9:50 a.m., LALD</p>	02480		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20981	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/19/2023
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02480	Continued From page 31 confirmed the grievance policy should have been followed. The licensee's Complaint/Grievance Posting dated July 25, 2022, indicated the licensee will listen and respond to concerns and grieavnces of residents. Resident's have the right to make and recieve a timely response. TIME PERIOD FOR CORRECTION: Seven (7) days	02480		
03000 SS=D	626.557 Subd. 3 Timing of report (a) A mandated reporter who has reason to believe that a vulnerable adult is being or has been maltreated, or who has knowledge that a vulnerable adult has sustained a physical injury which is not reasonably explained shall immediately report the information to the common entry point. If an individual is a vulnerable adult solely because the individual is admitted to a facility, a mandated reporter is not required to report suspected maltreatment of the individual that occurred prior to admission, unless: (1) the individual was admitted to the facility from another facility and the reporter has reason to believe the vulnerable adult was maltreated in the previous facility; or (2) the reporter knows or has reason to believe that the individual is a vulnerable adult as defined in section 626.5572, subdivision 21, paragraph (a), clause (4). (b) A person not required to report under the provisions of this section may voluntarily report as described above. (c) Nothing in this section requires a report of	03000		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20981	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/19/2023
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03000	<p>Continued From page 32</p> <p>known or suspected maltreatment, if the reporter knows or has reason to know that a report has been made to the common entry point.</p> <p>(d) Nothing in this section shall preclude a reporter from also reporting to a law enforcement agency.</p> <p>(e) A mandated reporter who knows or has reason to believe that an error under section 626.5572, subdivision 17, paragraph (c), clause (5), occurred must make a report under this subdivision. If the reporter or a facility, at any time believes that an investigation by a lead investigative agency will determine or should determine that the reported error was not neglect according to the criteria under section 626.5572, subdivision 17, paragraph (c), clause (5), the reporter or facility may provide to the common entry point or directly to the lead investigative agency information explaining how the event meets the criteria under section 626.5572, subdivision 17, paragraph (c), clause (5). The lead investigative agency shall consider this information when making an initial disposition of the report under subdivision 9c.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to immediately report to the Minnesota Adult Abuse Reporting Center (MAARC) an incident of self-abuse for one of one resident (R1).</p> <p>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</p>	03000		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20981	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/19/2023
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03000	<p>Continued From page 33</p> <p>a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>During the entrance conference on January 17, 2022, at 10:00 a.m., the surveyor requested all of the vulnerable adult reports the licensee had made to MAARC in the past six months. The licensed assisted living director (LALD)-A stated there were no MAARC reports that had been filed.</p> <p>R1's medical record indicated current diagnoses of traumatic brain injury, Type 2 diabetic, bradycardia, and bipolar disorder.</p> <p>R1's service plan dated September 16, 2022, indicated R1 required assistance with personal hygiene, meals, medications, monitoring of blood pressure, and blood glucose monitoring.</p> <p>R1's comprehensive assessment dated June 14, 2022, indicated R1 was alert and oriented and R1's Brief Interivew for Mental Status (BIMS) indicated no cognitive impairment.</p> <p>On November 8, 2022, a conference was held with R1. R1 had many complaints and concerns including missing money.</p> <p>On January 17, 2023, at 10:45 a.m., R1 stated he had \$90.00 in his wallet that was taken. R1 stated he reported this to the LALD. R1 stated he called the police when LALD-A did not do anything about the missing money.</p> <p>On Jaanuary 18, 2023, at 9:30 a.m., registered nurse (RN)-B stated she thought R1 was referring to \$20.00 that R1 reported missing during the</p>	03000		

Minnesota Department of Health

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03000	<p>Continued From page 34</p> <p>care conference on November 8, 2022. RN-B was not aware R1 reported other money missing. RN-B was not sure if this was the same money that was reported missing in September.</p> <p>On January 18, 2023, at 9:18 a.m., The LALD-A stated R1 reported missing \$80.00 dollars from his room. The LALD-A stated R1 lost things all of the time but those items were usually found. The LALD-A stated he spoke to two staff who denied taking R1's money. The LALD-A was not aware if R1 reported missing money on two seperate occassions or just once. The LALD-A stated the missing money was not reported to MAARC or the police. The LALD-A verified a MAARC report should have been filed.</p> <p>The licensee's Vulnerable Adult Maltreatment-Prevention, and Reporting policy, dated August 1, 2021, indicated staff who suspect maltreatment of a resident (abuse, financial exploitation, or neglect) will report to MAARC within 24 hours.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	03000		

Type: Full
Date: 01/18/23
Time: 11:30:17
Report: 1029231008

Food and Beverage Establishment Inspection Report

Page 1

Location:

Cardenas Friendship House
3608 West 84th Street
Bloomington, MN55431
Hennepin County, 27

Establishment Info:

ID #: 0037566
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 6126701380
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.

3-300A Protection from Contamination: limit hand contact, tasting

3-301.11A ** Priority 1 **

MN Rule 4626.0225A Discontinue bare hand contact with ready-to-eat foods. Use deli tissue, spatulas, tongs, single-use gloves or other dispensing equipment.

Observed bare hand contact with sandwich items being prepared. Corrected on site. Items discarded, hands washed, and gloves put on.

Comply By: 01/18/23

4-700 Sanitizing Equipment and Utensils

4-702.11 ** Priority 1 **

MN Rule 4626.0900 Sanitize utensils and food contact surfaces of equipment before use, after cleaning.

No sanitize setting on dishwasher and no ANSI/NSF 184 markings. Instructed operator to sanitize by chemical until dishwasher is replaced on 1/25/23.

Comply By: 01/18/23

3-500C Microbial Control: date marking

3-501.17A ** Priority 2 **

MN Rule 4626.0400A Mark the refrigerated, ready-to-eat, TCS food prepared and held for more than 24 hours in the food establishment using an effective method to indicate the date by which the food must be consumed on the premises, sold, or discarded.

Date marking absent from deli meats. Instructed operator to date mark these types of items, and to discard the items that could not be verified to have been opened within the last 7 days.

Comply By: 01/18/23

Type: Full
Date: 01/18/23
Time: 11:30:17
Report: 1029231008
Cardenas Friendship House

Food and Beverage Establishment Inspection Report

4-300 Equipment Numbers and Capacities

4-302.13B **** Priority 2 ****

MN Rule 4626.0710B Provide a readily accessible, irreversible registering temperature indicator for measuring the utensil surface temperature in mechanical hot water warewashing operations.

Temperature measuring device not present to measure dishwasher temp. Instructed operator to obtain thermometer or temp stickers to check the high temp reached in the dishwasher to verify sanitization is occurring.

Comply By: 01/25/23

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
		2	2	0

This inspection was conducted in conjunction with an HRD survey at Cardenas Friendship House at 3608 West 84th Street, Bloomington, MN 55431.

The inspection was conducted in the presence of Jesse Wolf (Owner, Assisted Living Director, and CFPM), and Paris Manning (Caregiver). All issues were discussed with Jesse and Paris during and after the inspection. Employee illness reporting and exclusion procedures were also discussed in addition to foodborne illness prevention and general food safety practices. Following the inspection, all issues were communicated to lead HRD surveyor Erin Johnson-Crosby, RN and Rapid Response Evaluator with the Office of Health Facility Complaints.

The kitchen had laminate countertops, pergo flooring, textured but durable and cleanable painted ceiling, smooth painted walls, and composite wood cabinetry and drawers with thin laminate coverings. There was an accumulation of dust and grease on the ceiling above the stovetop and minor damage to the laminate counter tops. Some of the laminate covering the interiors of the cabinetry and the countertop had been worn off, peeled away, or the adhesive was failing. Partial exposure of composite wood due to failing laminate coverings.

The importance of effective date marking, sanitizing, and glove use with ready-to-eat foods was emphasized.

Type: Full
Date: 01/18/23
Time: 11:30:17
Report: 1029231008
Cardenas Friendship House

Food and Beverage Establishment Inspection Report

NOTE: Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

I acknowledge receipt of the Minnesota Department of Health inspection report number 1029231008 of 01/18/23.

Certified Food Protection Manager: Jesse Wolf

Certification Number: FM105865 Expires: 04/09/24

Signed: _____

Jesse Wolf
Owner

Signed:  _____

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

Report #: 1029231008

Food Establishment Inspection Report



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

No. of RF/PHI Categories Out	3	Date	01/18/23
No. of Repeat RF/PHI Categories Out	0	Time In	11:30:17
Legal Authority MN Rules Chapter 4626		Time Out	

Cardenas Friendship House	Address 3608 West 84th Street	City/State Bloomington, MN	Zip Code 55431	Telephone 6126701380
License/Permit # 0037566	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	Description
Supervision			
1	IN		PIC knowledgeable; duties & oversight
2	IN		Certified food protection manager, duties
Employee Health			
3	IN		Mgmt/Staff; knowledge, responsibilities & reporting
4	IN		Proper use of reporting, restriction & exclusion
5	IN		Procedures for responding to vomiting & diarrheal events
Good Hygienic Practices			
6	IN		Proper eating, tasting, drinking, or tobacco use
7	IN		No discharge from eyes, nose, & mouth
Preventing Contamination by Hands			
8	IN		Hands clean & properly washed
9	IN		No bare hand contact with RTE foods or pre-approved alternate procedure properly followed
10	IN		Adequate handwashing sinks supplied/accessible
Approved Source			
11	IN		Food obtained from approved source
12	IN		Food received at proper temperature
13	IN		Food in good condition, safe, & unadulterated
14	IN		Required records available; shellstock tags, parasite destruction
Protection from Contamination			
15	IN		Food separated and protected
16	IN		Food contact surfaces: cleaned & sanitized
17	IN		Proper disposition of returned, previously served, reconditioned, & unsafe food

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

Risk factors (RF) are improper practices or procedures 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

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

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

Food Recalls:

Person in Charge (Signature)

Date: 01/20/23

Inspector (Signature)