DEPARTMENT OF HEALTH

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

November 6, 2023

Licensee
Prestigious Care Homes LLC
4369 Ewing Avenue North
Robbinsdale, MN  55422

RE: Project Number(s) SL38812015

Dear Licensee:

On October 25, 2023, the Minnesota Department of Health completed a follow-up survey of your facility to determine if orders from the April 25, 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,

Tim Hanna, Interim Supervisor
State Engineering Services Section
Health Regulation Division
Email: Tim.Hanna@state.mn.us
Telephone: 507-208-8982 Fax: 1-800-337-9238 / 1-866-890-9290

HHH

Electronically Delivered

August 17, 2023

Licensee
Prestigious Care Homes, LLC
4369 Ewing Avenue North
Robbinsdale, MN 55422

RE: Project Number(s) SL38812015

Dear Licensee:

On August 2, 2023, the Minnesota Department of Health (MDH) completed a follow-up survey of your facility to determine correction of orders found on the survey completed on April 25, 2023. This follow-up survey determined your facility had not corrected all of the state correction orders issued pursuant to the April 25, 2023 survey.

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

The details of the violations noted at the time of this follow-up survey completed on August 2, 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.

In accordance with Minn. Stat. § 144G.31 Subd. 4, MDH may assess fines and enforcement actions based on the level and scope of the violations; **however, no immediate fines are assessed for this survey of your facility**.

**DOCUMENTATION OF ACTION TO COMPLY**

In accordance with Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document actions taken to comply with the correction orders within the time period outlined on the state form; however, plans of correction are not required to be submitted for approval.

**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(s) issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by the MDH within 15 calendar days of the correction order receipt date.

A state correction order under Minn. Stat. § 144G.91, Subd. 8, Free from Maltreatment is associated with a maltreatment determination by the Office of Health Facility Complaints. If maltreatment is substantiated, you will receive a separate letter with the reconsideration process under Minn. Stat. § 626.557.

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

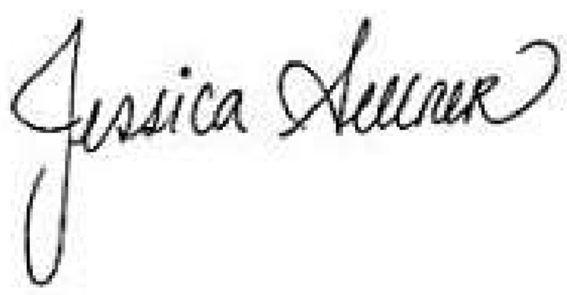
Please address your cover letter for reconsideration requests to:

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

We urge you to review these orders carefully. If you have questions, please contact Jessica Sellner at 320-223-7370.

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

Sincerely,



Jessica Sellner, Supervisor
State Rapid Response Team
Email: jessica.sellner@state.mn.us
Telephone: 320-223-7370 Fax: 651-215-6894

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 38812 | A. BUILDING: _____ B. WING _____ | R 08/02/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| PRESTIGIOUS CARE HOMES LLC | 4369 EWING AVENUE NORTH ROBBINSDALE, MN 55422 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| {0 000} | Initial Comments<br><br>*****ATTENTION******<br><br>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER<br><br>In accordance with Minnesota Statutes, section 144G.08 to 144G.95 this correction order(s) has been issued pursuant to a survey.<br><br>Determination of whether a violation has been corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.<br><br>INITIAL COMMENTS:<br>Project SL38812015-1<br><br>On August 2, 2023, the Minnesota Department of Health conducted a revisit at the above provider to follow-up on orders issued pursuant to a survey completed on April 25, 2023. At the time of the survey, there were 2 residents: 2 receiving services under the Assisted Living license. As a result of the revisit, the following orders were reissued or issued. | {0 000} | | |
| {0 480} SS=F | 144G.41 Subd 1 (13) (i) (B) Minimum requirements<br><br>(13) offer to provide or make available at least the following services to residents:<br>(B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and<br><br>This MN Requirement is not met as evidenced | {0 480} | | |

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| {0 480} | Continued From page 1<br><br>by:<br>No additional action required | {0 480} | | |
| {0 490} SS=F | 144G.41 Subd 1 (13) (ii)-(vii) Minimum requirements<br><br>(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;<br>(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;<br>(vi) provide culturally sensitive programs; and<br>(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<br><br>This MN Requirement is not met as evidenced by:<br>No additional action required | {0 490} | | |
| {0 650} SS=F | 144G.42 Subd. 8 Employee records<br><br>(a) The facility must maintain current records of each paid employee, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following information:<br>(1) evidence of current professional licensure, | {0 650} | | |

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| {0 650} | Continued From page 2<br><br>registration, or certification if licensure, registration, or certification is required by this chapter or rules;<br>(2) records of orientation, required annual training and infection control training, and competency evaluations;<br>(3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision;<br>(4) documentation of annual performance reviews that identify areas of improvement needed and training needs;<br>(5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and<br>(6) documentation of the background study as required under section 144.057.<br><br>This MN Requirement is not met as evidenced by:<br>No additional action required | {0 650} | | |
| {0 800} SS=A | 144G.45 Subd. 2 (a) (4) Fire protection and physical environment<br><br>(4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation and interview, the licensee failed to maintain the physical environment, | {0 800} | | |

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| {0 800} | Continued From page 3<br><br>including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents. This deficient condition had the potential to affect all staff, residents, and visitors.<br><br>This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).<br><br>The findings include:<br>On a facility tour on August 2, 2023, from approximately 10:30 a.m. to 11:30 a.m., with the Licensed Assisted Living Director (LALD)-E it was observed that the egress window in unoccupied bedroom #2 had been replaced, but was being partially obstructed by a loose piece of trim on the exterior of the building. LALD-E was able to push the window open by popping the trim out of place. Survey staff told LALD-E that the window would require maintenance to ensure it opened properly in an emergency and no resident should be moved into the room until the window is able to open.<br><br>LALD-E visually verified these deficient findings at the time of discovery.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days | {0 800} | | |
| {0 810} SS=F | 144G.45 Subd. 2 (b)-(f) Fire protection and physical environment | {0 810} | | |

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| {0 810} | Continued From page 4<br><br>(b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to:<br>(1) location and number of resident sleeping rooms;<br>(2) employee actions to be taken in the event of a fire or similar emergency;<br>(3) fire protection procedures necessary for residents; and<br>(4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation.<br>(c) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter.<br>(d) Fire safety and evacuation plans shall be readily available at all times within the facility.<br>(e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year.<br>(f) Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill.<br><br>This MN Requirement is not met as evidenced by:<br>No additional action required | {0 810} | | |

DEPARTMENT OF HEALTH

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Electronically Delivered

May 11, 2023

Licensee
Prestigious Care Homes LLC
4369 Ewing Avenue North
Robbinsdale, MN  55422

RE:  Project Number(s) SL38812015

Dear Licensee:

This is your **official notice** that you have been **granted your assisted living facility license.** Your license effective and expiration dates remain the same as on your provisional license. Your updated status will be listed on the license certificate at renewal and **this letter serves as proof** in the meantime. If you have not received a letter from us with information regarding renewing your license within 60 days prior to your expiration date, please contact us at (651) 201-5273 or by email at Health.assistedliving@state.mn.us.

The Minnesota Department of Health completed an initial survey on April 25, 2023, for the purpose assessing compliance with state licensing statutes. At the time of the survey, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G.

**STATE CORRECTION ORDERS**
The enclosed State Form documents the state correction orders. The Department of Health documents state correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Home Care Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute number and the corresponding text of the state statute out of compliance are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by . . ."

In accordance with Minn. Stat. § 144G.31, Subd. 4, MDH may assess fines and enforcement actions based on the level and scope of the violations; however, no immediate fines are assessed for this survey of your facility.

**DOCUMENTATION OF ACTION TO COMPLY**
Per Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document actions taken to comply with the correction orders within the time period outlined on the state form; however, plans of correction are not required to be submitted for approval.

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the resident(s)/employee(s) identified in the correction order.
- Identify how the area(s) of noncompliance was corrected for all of the provider's residents/employees that may be affected by the noncompliance.
- Identify what changes to your systems and practices were made to ensure compliance with the specific statute(s).

**CORRECTION ORDER RECONSIDERATION PROCESS**

In accordance with Minn. Stat. § 144G.32, Subd. 2, you may challenge the correction order issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by the Department of Health within 15 calendar days of the correction order receipt date.

A state correction order under Minn. Stat. § 144G.91, Subd. 8, Free from Maltreatment is associated with a maltreatment determination by the Office of Health Facility Complaints. If maltreatment is substantiated, you will receive a separate letter with the reconsideration process under Minn. Stat. § 626.557.

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

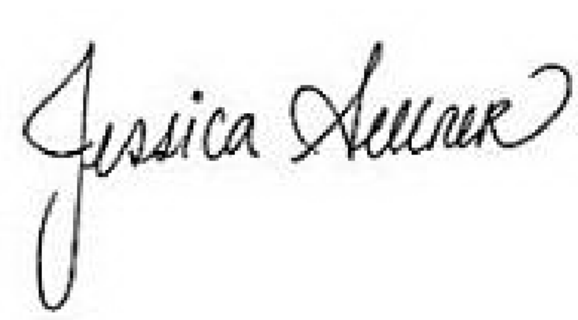
Please address your cover letter for reconsideration requests to:

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

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

If you have any questions, please contact me.

Sincerely,



Jessica Sellner, Supervisor
State Rapid Response Team
Email: jessica.sellner@state.mn.us
Telephone: 320-223-7370 Fax: 651-215-6894

HHH

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | 38812 | A. BUILDING: _____ B. WING _____ | 04/25/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| PRESTIGIOUS CARE HOMES LLC | 4369 EWING AVENUE NORTH ROBBINSDALE, MN 55422 |

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|---|---|---|---|---|
| 0 000 | Initial Comments<br><br>******ATTENTION******<br><br>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)<br><br>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.<br><br>Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.<br><br>INITIAL COMMENTS:<br><br>SL38812015<br><br>On April 24-April 25, 2023, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey and investigation, there were 2 residents receiving services under the provider's Provisional Assisted Living Facility license.<br><br>An immediate correction order was identified on April 25, 2023, issued for SL38812015-0, tag identification 0820.<br><br>On April 26, 2023, the immediacy of correction order 0820 was removed, however non-compliance remained at a scope and level of I. | 0 000 | | |
| 0 480 SS=F | 144G.41 Subd 1 (13) (i) (B) Minimum requirements | 0 480 | | |

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| 0 480 | Continued From page 1<br><br>(13) offer to provide or make available at least the following services to residents:<br>(B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to comply with Minnesota Food Code, Chapter 4626. This had the potential to affect all #2 residents residing at the facility.<br><br>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).<br><br>The findings include:<br><br>Please refer to the additional documentation included in the Food and Beverage Establishment Inspection Reports dated April 24, 2023.<br><br>TIME PERIOD FOR CORRECTION:<br>Twenty-One (21) days | 0 480 | | |
| 0 490 SS=F | 144G.41 Subd 1 (13) (ii)-(vii) Minimum requirements<br><br>(iv) upon the request of the resident, provide direct or reasonable assistance with arranging for | 0 490 | | |

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| 0 490 | Continued From page 2<br><br>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;<br>(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;<br>(vi) provide culturally sensitive programs; and<br>(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<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to ensure staff provided daily social and recreational activities based on individual and group interests and physical, mental, and psychosocial needs that creates opportunities for active participation in the community. This had the potential to affect all two residents (R1 and R2) with records reviewed.<br><br>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents).<br><br>Findings include: | 0 490 | | |

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| 0 490 | Continued From page 3<br><br>R1's Service Plan dated February 3, 2023, included assistance with activities of daily living, medication management, meals, laundry, and housekeeping.<br><br>R1's Uniform Assessment Tool form dated February 3, 2023, indicated R1 liked walking and riding a scooter, barbeques, family parties, going to the barbershop, attending church, and listening to music.<br><br>R2's Service Plan dated November 28, 2022, included assistance with activities of daily living, medication management, meals, laundry, and housekeeping.<br><br>R2's Uniform Assessment Tool form dated November 28, 2022, indicated R2 liked riding around the neighborhood in his chair, sitting outside, smoking, and watching television.<br><br>During the facility tour on April 24, 2023, at 10:00 a.m., no activity schedule was observed posted in the facility.<br><br>During observations completed on April 24, and April 25, 2023, R1 and R2 did not participate in planned individual or group activities.<br><br>When interviewed on April 25, 2023, at 11:10 a.m., licensed assisted living director (LALD)-E acknowledged the facility did not have written, scheduled, or planned activities for the residents of the facility.<br><br>The facility policy titled Activity Programming, dated June 1, 2022, stated a monthly activity calendar would be created and available to all residents. | 0 490 | | |

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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 |
|---|---|---|---|---|
| 0 490 | Continued From page 4<br><br>No further information was provided.<br><br>TIME PERIOD TO CORRECT: Twenty-one (21) Days | 0 490 | | |
| 0 650 SS=F | 144G.42 Subd. 8 Employee records<br><br>(a) The facility must maintain current records of each paid employee, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following information:<br>(1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules;<br>(2) records of orientation, required annual training and infection control training, and competency evaluations;<br>(3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision;<br>(4) documentation of annual performance reviews that identify areas of improvement needed and training needs;<br>(5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and<br>(6) documentation of the background study as required under section 144.057.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the facility failed to ensure employee records contained the required content for four of four unlicensed personnel, (ULP)-A, ULP-B, ULP-C, and ULP-D, | 0 650 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 38812 | A. BUILDING: _____ B. WING _____ | 04/25/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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|---|---|---|---|---|
| 0 650 | Continued From page 5<br><br>with employee records reviewed. This had the potential to affect all residents in the facility.<br><br>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents).<br><br>The findings include:<br><br>ULP-A was hired on January 25, 2023, under the facility's assisted living license.<br><br>ULP-B was hired on January 11, 2023, under the facility's assisted living license.<br><br>ULP-C was hired on March 15, 2023, under the facility's assisted living license.<br><br>ULP-D was hired on March 10, 2023, under the facility's assisted living license.<br><br>All four employee records lacked evidence of training in tuberculosis, nor were completed background checks located in each employee's file.<br><br>When interviewed on April 25, 2023, at 11:10 a.m., licensed assisted living director (LALD)-E acknowledged each employee file did not contain evidence of training in tuberculosis, nor completed background checks.<br><br>The facility's policy titled Employee Records, dated June 1, 2022, stated records of required training and documentation of completed | 0 650 | | |

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| 0 650 | Continued From page 6<br>background checks would be located in each employee file.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION:<br>Twenty-One (21) days. | 0 650 | | |
| 0 800 SS=D | 144G.45 Subd. 2 (a) (4) Fire protection and physical environment<br><br>(4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation and interview, the licensee failed to maintain the physical environment, including bedroom #4 entrance door and exterior coaxial cable in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents. This deficient condition had the potential to affect some staff, one resident, and visitors.<br><br>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the | 0 800 | | |

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| 0 800 | Continued From page 7<br>situation has occurred only occasionally).<br><br>The findings include:<br><br>On a facility tour on April 25, 2023, from approximately 9:30 a.m. to 10:30 a.m., with the Licensed Assisted Living Director (LALD)-E it was observed that the door to unoccupied resident bedroom #4 was difficult to open and was obstructed from opening fully by the bedroom carpet.<br><br>It was also observed that an exterior-mounted coaxial cable had fallen off the side of the building and was hanging across the egress window opening obstructing the window from opening completely to allow for egress.<br><br>LALD-E visually verified these deficient findings at the time of discovery.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days. | 0 800 | | |
| 0 810 SS=F | 144G.45 Subd. 2 (b)-(f) Fire protection and physical environment<br><br>(b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to:<br>(1) location and number of resident sleeping rooms;<br>(2) employee actions to be taken in the event of a fire or similar emergency;<br>(3) fire protection procedures necessary for residents; and<br>(4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique | 0 810 | | |

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| 0 810 | Continued From page 8<br><br>or unusual resident needs for movement or evacuation.<br>(c) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter.<br>(d) Fire safety and evacuation plans shall be readily available at all times within the facility.<br>(e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year.<br>(f) Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill.<br><br>This MN Requirement is not met as evidenced by:<br>Based on a record review and interview, the licensee failed to develop a fire safety and evacuation plan with the required elements and failed to provide required employee training on fire safety and evacuation. This had the potential to affect all staff, residents, and visitors.<br><br>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents). | 0 810 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| 0 810 | Continued From page 9<br><br>Findings include:<br><br>A record review and interview were conducted on April 25, 2023, at approximately 10:30 a.m. with the licensed assisted living director (LALD)-E on the fire safety and evacuation plan, fire safety and evacuation training, and evacuation drills for the facility.<br><br>Record review of the available documentation indicated that the licensee did not have employee actions to be taken in the event of a fire or similar emergency. The facility plan indicated to use RACE acronym but was very vague and did not provide complete actions for employees to take in the event of a fire or similar emergency. During interview, LALD-E verified that the fire safety and evacuation plan for the facility lacked these provisions.<br><br>Record review of the available documentation indicated that the licensee did not have fire protection procedures necessary for residents included in the fire safety and evacuation plan. During interview, LALD-E verified that the fire safety and evacuation plan for the facility lacked these provisions.<br><br>Record review of the available documentation indicated that the fire safety and evacuation plan did not include procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. The facility plan did include some provisions for the relocation of residents but did not specify how to move or evacuate residents or identify the unique and unusual needs of the residents. During interview, | 0 810 | | |

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| 0 810 | Continued From page 10<br><br>LALD-E verified that the fire safety and evacuation plan for the facility lacked these provisions.<br><br>Record review of available documentation indicated that the licensee did not provide employee training on the fire safety and evacuation plan twice per year after the training at initial hire. During interview, LALD-E stated the licensee did not have any documented training of employees on the fire safety and evacuation plan.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days. | 0 810 | | |
| 0 820 SS=I | 144G.45 Subd. 2 (g) Fire protection and physical environment<br><br>(g) Existing construction or elements, including assisted living facilities that were registered as housing with services establishments under chapter 144D prior to August 1, 2021, shall be permitted to continue in use provided such use does not constitute a distinct hazard to life. Any existing elements that an authority having jurisdiction deems a distinct hazard to life must be corrected. The facility must document in the facility's records any actions taken to comply with a correction order, and must submit to the commissioner for review and approval prior to correction.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation and interview, the licensee failed to ensure physical facility elements did not constitute a distinct hazard to life. The licensee failed to provide resident bedroom # 1, #2, and #3 | 0 820 | On March 26, 2023, the immediacy of correction order 0820 was removed, however non-compliance remained at a scope and level of I. | |

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| 0 820 | Continued From page 11<br><br>with the minimum window opening meeting the minimum state standard for egress. This affected the occupied resident bedroom #1 and #3 on the main floor.<br><br>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 a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).<br><br>The findings include:<br><br>On April 25, 2023, approximately from 9:30 a.m. to 10:30 a.m., survey staff toured the facility with the Licensed Assisted Living Director (LALD)-E. At approximately 10:00 a.m., survey staff asked LALD-E to open the window in occupied resident bedroom #1 on the main floor for measurement. LALD-E opened the window and the survey staff measured the clear opening to be 17 inches in height and 36 inches in width. At approximately 10:15 a.m., survey staff asked LALD-E to open the window in unoccupied resident bedroom #2 on the main floor for measurement. LALD-E opened the window and survey staff measured the clear opening to be 17 inches in height and 29 inches in width, the second window in bedroom #2 also measured 17 inches in height and 29 inches in width. At approximately 10:30 a.m., survey staff asked LALD-E to open the window in occupied resident bedroom #3, but LALD-E declined to enter the bedroom due to the resident inside needing privacy. LALD-E stated that the windows in that bedroom are similar to the other two bedrooms. Survey staff explained to LALD-E | 0 820 | Prestigious Care Homes<br>Tag identification 0820 Correction Plan<br><br>A. The plan to correct the window tag would be to first contact contractors (which has been completed), I will give them the proper measurements that MDH require, then come up with a project plan for window replacements.<br><br>B. Due to the clients needing mobility assistance, we will have to keep them in their rooms upstairs.<br><br>C. We will start a fire watch protocol in the home and incorporate all our employees and residents.<br><br>D. The fire watch will consist of staff doing a resident room check for fires or smoke (starting at room 1) every 2 hours. This will continue until the windows have been replaced.<br><br>E. We will also educate our residents on how to fire watch while they are in their rooms. If anything is noticed, they will ring their alarm for staff assistance.<br><br>F. We Plan on getting the windows replaced within the next month, the fire watch will continue until then.<br><br>Marie Dweh<br><prestigiouscarehomes@gmail.com> | |

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| 0 820 | Continued From page 12<br><br>that at least one egress window in each bedroom must be provided to meet the minimum state standard for an egress window to be a complying bedroom for resident occupancy. LALD-E verbally confirmed the findings.<br><br>Egress windows in existing sleeping rooms must have a minimum openable width of 20" and minimum openable height of 20" with no less than 648 square inches total of openable area (4.5 square feet) for the window.<br><br>On April 25, 2023, at approximately 11:00 a.m., at the exit interview, survey staff explained to LALD-E that an immediate correction order was issued for the above finding. LALD-E acknowledged the above finding.<br><br>On April 26, 2023, the immediacy of correction order 0820 was removed, however non-compliance remained at a scope and level of I.<br><br>No Further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Immediate. | 0 820 | | |

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

Type: Full
Date: *04/24/23*
Time: 13:00:00
Report: 1013231115

# Food and Beverage Establishment Inspection Report



**Location:**

Prestigious Care Homes
4369 Ewing Avenue North
Robbinsdale, MN55422
Hennepin County, 27

**Establishment Info:**

ID #: 0041190
Risk:
Announced Inspection: No

**License Categories:**

Expires on: 12/31/23

**Operator:**

Phone #:
ID #:

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

The following orders were issued during this inspection.

**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.

STAFF WASHED WARE WITH ONLY SOAP AND WATER. NO SANITIZER WAS USED. COMPLY WITH ABOVE RULE. DISCUSSED WARE WASHING PROCEDURES AND PROVIDED MDH GUIDANCE DOCUMENTS. INSPECTOR HELPED STAFF MAKE SANITIZER MEASURING 50 PPM CHLORINE.

*Comply By: 04/24/23*

**4-300 Equipment Numbers and Capacities**

***4-302.14*** ***** Priority 2 *****

MN Rule 4626.0715 Provide an appropriate test kit to accurately measure sanitizing solutions.

NO SANITIZER TEST KIT WAS AVAILABLE. INSPECTOR HELPED STAFF SET UP CHLORINE SANITIZER SOLUTION FOR WARE WASHING. COMPLY WITH ABOVE RULE.

*Comply By: 04/28/23*

**2-100 Supervision**

***2-102.12AMN***

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

NO MN CFPM WAS EMPLOYED AT THE FACILITY. ONE STAFF HAD A CURRENT SERVSAF FOOD MANAGERS COURSE CERTIFICATE. COMPLY WITH ABOVE RULE. THE MN CFPM INFORMATION WAS PROVIDED.

*Comply By: 06/30/23*

**4-200 Equipment Design and Construction**

***4-201.11GMN***

MN Rule 4626.0506G Discontinue serving TCS foods that are held for more than same-day service in an adult or child care center or boarding establishment or provide equipment that is certified or classified for sanitation by an American National Standards Institute (ANSI) accredited certification program.

TOMATO SOUP AND MUSHROOM SOUP WERE STORED IN THE REFRIGERATOR. PER STAFF THE FOOD WAS LEFTOVER FROM A FEW DAYS PRIOR. THE KITCHEN HAS RESIDENTIAL EQUIPMENT. COMPLY WITH ABOVE RULE. DISCUSSED FOOD SERVICE AND SOUPS WERE REMOVED.

*Comply By: 04/24/23*

**6-300 Physical Facility Numbers and Capacities**

***6-301.14A***

MN Rule 4626.1457 Provide a sign or poster at all handwashing sinks used by food employees that notifies them to wash their hands

NO HAND WASHING SIGN OR POSTER WAS AVAILABLE AT THE HAND WASHING SINK. COMPLY WITH ABOVE RULE. INSPECTOR PROVIDED AN MDH HAND WASHING SIGN.

*Corrected on Site*

**Food and Equipment Temperatures**

Process/Item: Milk
Temperature: 40 Degrees Fahrenheit - Location: Refrigerator
Violation Issued: No

Process/Item: Ham
Temperature: 41 Degrees Fahrenheit - Location: Refrigerator
Violation Issued: No

Process/Item: Lettuce
Temperature: 40 Degrees Fahrenheit - Location: Refrigerator
Violation Issued: No

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

The inspection was completed with the operator and reviewed with MDH Nurse Evaluators Maerin R. and Juliet O.

The establishment has a residential kitchen. The kitchen has wood cabinets, wood floor, tiled and brick walls, hard surface counter top, and a painted ceiling.

A two basin sink is located in the kitchen. One sink basin is designated for hand washing.

Discussed hand washing, ware washing, temperature control, final cook temperatures, cleaning, serving highly susceptible populations, and food handling procedures.

Type: Full
Date: *04/24/23*
Time: 13:00:00
Report: 1013231115
Prestigious Care Homes

# 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 1013231115 of 04/24/23.

Certified Food Protection Manager:_____

Certification Number: _____ Expires: __/ /_____

**Inspection report reviewed with person in charge and emailed.**

Signed:_____

Linda Dweh
Operator

Signed:_____

Jerry Malloy
Public Health Sanitarian
FPLS Metro
651-201-3998
jerry.malloy@state.mn.us