Electronically Delivered

September 13, 2024

Licensee
Joy Care Homes LLC
6825 71st Avenue North
Brooklyn Park, MN 55428

RE: Project Number(s) SL35708015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on August 13, 2024, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

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

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

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

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

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the

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

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

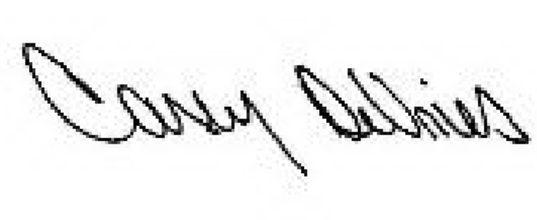
To submit a reconsideration request, please visit:
https://forms.web.health.state.mn.us/form/HRDAppealsForm

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **https://forms.office.com/g/Bm5uQEpHVa**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at susan.winkelmann@state.mn.us or call 651-201-5952.

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

If you have any questions, please contact me.

Sincerely,



Casey DeVries, Supervisor
State Evaluation Team
Email: casey.devries@state.mn.us
Telephone: 651-201-5917 Fax: 1-866-890-9290

JMD

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	35708	A. BUILDING: _____ B. WING _____	08/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOY CARE HOMES LLC	6825 71ST AVENUE NORTH BROOKLYN PARK, MN 55428

(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 ******ATTENTION****** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. 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. INITIAL COMMENTS: SL35708015-0 On August 12, 2024, through, August 13, 2024, the Minnesota Department of Health conducted a full survey at the above provider, and the following correction orders are issued. At the time of the survey, there were four resident(s); all of whom were receiving services under the provider's Assisted Living Facility license.	0 000	Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators ' findings is the Time Period for Correction. 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. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. 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.	
01060 SS=F	144G.52 Subd. 9 Emergency relocation (a) A facility may remove a resident from the	01060		

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01060	Continued From page 1 facility in an emergency if necessary due to a resident's urgent medical needs or an imminent risk the resident poses to the health or safety of another facility resident or facility staff member. An emergency relocation is not a termination. (b) In the event of an emergency relocation, the facility must provide a written notice that contains, at a minimum: (1) the reason for the relocation; (2) the name and contact information for the location to which the resident has been relocated and any new service provider; (3) contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities; (4) if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and (5) a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section 144G.54. The facility must provide contact information for the agency to which the resident may submit an appeal. (c) The notice required under paragraph (b) must be delivered as soon as practicable to: (1) the resident, legal representative, and designated representative; (2) for residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the resident's case manager; and (3) the Office of Ombudsman for Long-Term Care if the resident has been relocated and has not returned to the facility within four days. (d) Following an emergency relocation, a facility's refusal to provide housing or services constitutes	01060		

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01060	Continued From page 2 a termination and triggers the termination process in this section.currently known; and This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to provide a written notice with the required content for an emergency relocation to the resident, legal representative, or designated representative and failed to provide the notification to the Office of Ombudsman for Long-Term Care (OOLTC) of the emergency relocation greater than four days for one of one resident (R4). 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). The findings include: R4 was admitted to the licensee and began receiving assisted living services on May 31, 2023. R4's [Hospital] Psychiatry Discharge Summary, dated August 5, 2024, indicated R4 was hospitalized from July 15, 2024, through August 5, 2024. R4's record lacked evidence a written notice, with the required statutory content, was provided to the resident, or resident's representative. On August 13, 2024, at 10:48 a.m., the surveyor	01060		

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01060	Continued From page 3 asked clinical nurse supervisor (CNS)-D if any emergency relocation forms had been completed or sent to the OOLTC for R4's most recent hospitalization, or for any other residents who had been hospitalized. CNS-D stated, "We do not. That's the long story short, with [R4] it was an oversight, so when we finally got around to doing it they were talking about discharge and I felt it would be way too confusing to send it at that point, but I know we should be doing it after four days." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01060		
01760 SS=D	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 administer	01760		

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01760	Continued From page 4 medications according to provider orders for one of four residents (R2). The licensee also failed to document administration or refusal of medications according to provider orders for one of four residents (R2). 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). The findings include: MEDICATION ADMINISTRATION R2's Service Plan (Waiver) dated October 5, 2022, indicated R2 received services to include assistance with activities, bathing reminders, bedmaking, behavior monitoring, linen changing, laundry, dressing, bathroom cleaning, deep room cleaning, decluttering room, grooming, housekeeping, meal assistance, medication administration, medication setup, vitals, shopping assistance, socialization 1:1, and garbage removal. R2's electronic medication administration record (EMAR) dated August 1, 2024, through August 31, 2024, included Humalog Mix 50/50 Kwik pen injection daily, inject 58 units subcutaneously before breakfast. On August 13, 2024, at 9:17 a.m., the surveyor observed R2 dose up and confirm with unlicensed personnel (ULP)-B, 52 units of Humalog insulin. ULP-B stated, "58 units, right?	01760		

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01760	Continued From page 5 Oh, you are doing 52 units?" The surveyor observed R2 to administer 52 units of insulin under ULP-B's supervision. ULP-B cleaned up the supplies and locked the medications up in the cabinet. The surveyor asked why only 52 units were administered when the electronic administration record (EMAR) indicated 58 units were to be administered, and ULP-B stated, ""He gave himself 52 units, for that you would need to ask the nurse." The surveyor asked registered nurse (RN)-E to confirm 58 units should have been given, and RN-E acknowledged that 58 units was the correct amount and asked R2 and ULP-B why only 52 units were administered. R2 stated, "It's supposed to be 58 but it ran out." The nurse explained to ULP-B and R2 that there are more insulin pens located in the medication fridge located next to the locked medication cabinet, did re-education that the full dose must be administered, and they started the insulin administration again to dose up and administer the missing 6 units of insulin. DOCUMENTATION R2's EMAR dated August 1, 2024, through August 31, 2024, included Humalog Mix 50/50, Kwik pen injection daily, inject 14 units subcutaneously if eating a mid-night meal at 12:30 a.m., Humalog Mix 50/50, Kwik pen injection daily, inject 58 units subcutaneously before breakfast, Jardiance 25 milligram (mg), lisinopril 10 mg, metformin 1000 mg, omeprazole 20mg, senexon-s 8.6 mg - 50 mg, and simethicone 80 mg at 10:00 am, as well as simethicone 80 mg at 12:00 p.m., metformin 1000 mg, Ozempic 0.5 milliliter (ml), simethicone 80 mg, warfarin 6 mg (every Tuesday through August 8, 2024), warfarin 7.5 mg (every Monday, Wednesday, Thursday, Friday, Saturday, and Sunday) at 5:00 p.m., atorvastatin 10 mg,	01760		

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01760	Continued From page 6 divalproex 1500 mg, fish oil 1000 mg, gabapentin 300 mg, Humalog Mix 50/50, Kwik pen injection daily, inject 60 units subcutaneously before dinner, olanzapine 40 mg, senexon-s 8.6 mg - 50 mg, and simethicone 80 mg at 8:30 p.m. R2's EMAR dated August 1, 2024, through August 31, 2024, had missing documentation on the following: -August 2, 2024, at 5:00 p.m., for metformin 1000 mg, Ozempic 0.5 milliliter (ml), simethicone 80 mg, and warfarin 7.5; -August 6, 2024, at 5:00 p.m., for metformin 1000 mg, simethicone 80 mg, warfarin 6 mg; -August 8, 2024, at 10:00 a.m., for Humalog Mix 50/50, Kwik pen injection daily, inject 58 units subcutaneously before breakfast, Jardiance 25 milligram (mg), lisinopril 10 mg, metformin 1000 mg, omeprazole 20mg, senexon-s 8.6 mg - 50 mg, and simethicone 80 mg; and -August 10, 2024, at 12:30 a.m., for Humalog Mix 50/50, Kwik pen injection daily, inject 14 units subcutaneously if eating a mid-night meal. On August 13, 2024, RN-E acknowledged the missed charting and stated, "The staff are trained to chart after administration, I'm not sure what happened." The licensee's 7.36 Insulin policy, dated August 1, 2021, indicated that the ULP would confirm accuracy of the dose with the prescriber order. The licensee's 7.15 Medication & Treatment - Administration & Delegation policy, dated August 1, 2024, indicated staff would do documentation after assistance with medication administration that would include the initials of the staff member that administered the medication.	01760		

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01760	Continued From page 7 No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01760		
02290 SS=F	144G.91 Subd. 2 Legislative intent The rights established under this section for the benefit of residents do not limit any other rights available under law. No facility may request or require that any resident waive any of these rights at any time for any reason, including as a condition of admission to the facility. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee established written house rules and regulations that used language which limited the rights for one of four residents (R3). This had the potential to affect all residents residing within the facility. 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). The findings include: On August 13, 2024, at 11:49 a.m., while reviewing R3's resident files, the surveyor observed the licensee's Resident Contract for Assisted Living, and the licensee's Resident Guidelines/Rules form, both signed by R3 on	02290		

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02290	Continued From page 8 November 1, 2023. The Resident Contract for Assisted Living read, "Visitors. You are free to receive visitors at times of your choosing between 7 am and 10 pm, the communities visiting hours. You are responsible for the behavior of your guests while at the Community. All visitors are expected to follow the Community's visitor policies. All visitors must register at the facility with staff when they arrive." The Resident Guidelines/Rules under the Violence/Aggressive Behavior Policy section read: "15) For employee and resident safety, violence will not be tolerated in the facility. If a residents [sic] behavior is such that it affects employee's ability to perform his or her job duties to actual violence or the fear of or threat of violence, the resident's housing and service may be terminated immediately. If a resident is violent/Aggressive to another resident, the housing and services contract may be terminated immediately. 16) All residents are required to attend all psychiatrist, medical, and social service appointments 17) Street drugs, alcohol, or over-the-counter medications are not allowed on the property or in your room. Any violation of this rule will result in termination of your housing with service contract and notification of appropriate law enforcement agencies. 18) No stealing. 19) Residents must be properly clothed at all time [sic], one must have a top, bottom, and something covering feet at all times. 20) Return home is by 11 pm Friday & Saturday. If unable to make it home by this times [sic], resident to call staff and notify. 21) Residents are required to call when late to let	02290		

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02290	Continued From page 9 staff know they are coming home. 22) Visitors must check in with staff. No visitors after 9 pm. Visitors must provide a picture ID before being admitted to [Licensee]. They must also be on the residents approved visitor list before gaining access to the building. 23) Smoking inside the facility, including bathrooms, bedrooms and/or corridors is not permitted. Smoking inside the facility will be considered a violation. Smoking hours are between 06:00 AM - 10:00 PM in the designated areas (outside near the garage, or backyard). 24) Maintain good hygiene. You must shower and wear clean clothes. 25) Keep your room neat. Excess clutter will be removed. 26) Do not throw garbage or cigarette butts on the ground outside. 27) You must give a 60 day notice to move out. Notices are from the 1st of the month. We will only store your items for 30 days. They will then be discarded. 28) You must notify staff when you leave the property and when you return. Sign OUT/IN sheets are available at the office. (Out means beyond just going outside to smoke or enjoy the sunshine). 29) If you want an overnight pass; you must fill out a pass request form & out your medications. If you are under guardianship, the guardian must authorize the pass. 30) No borrowing cigarettes or money. 31) No sexual acts between residents are allowed on the property. 32) No sexual harassment of staff or residents. 33) No guns, knives, sharp objects or weapons of any kind." Following the section were two lines containg the following statment and yes/no boxes checked	02290		

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02290	Continued From page 10 yes. I agree to follow all the rules (checked yes) I understand that if I choose to break the rules, I can be evicted from [licensee] (checked yes). On August 13, 2024, at 1:01 p.m., registered nurse (RN)-E acknowledged the contract and the house rules form was something the licensee used in their admission paperwork for all the residents and stated, " It's the house rules for the residents, but some of it would be overruled by the contract I think, but it's sort of like a guide for staying here. So, with this, it is not a free for all in the house." No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	02290		

Minnesota Department of Health
Environmental Health, FPLS
P.O. Box 64975
St. Paul, MN 55164-0975
6512014500

Type: Full
Date: *08/13/24*
Time: 11:00:00
Report: 1047241213

Food and Beverage Establishment Inspection Report

Location:

Joy Care Homes Llc
6825 71st Avenue North
Brooklyn Park, MN55428
Hennepin County, 27

Establishment Info:

ID #: 0037998
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 7633247987
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.

No NEW orders were issued during this inspection.

Surface and Equipment Sanitizers

Hot Water: = at 160 Degrees Fahrenheit
Location: Dishmachine
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cold Holding
Temperature: 39 Degrees Fahrenheit - Location: Kitchen Refrigerator- deli meat
Violation Issued: No

Process/Item: Cold Holding
Temperature: 37 Degrees Fahrenheit - Location: Basement Refrigerator- hot dogs
Violation Issued: No

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

The inspection was completed with the operator & reviewed with MDH Nurse Evaluator T. Brown.

The establishment has a residential kitchen & serves food that is prepared that day. The kitchen has wood cabinets, tile floor, solid counter top, and a painted ceiling.

The kitchen has a one basin sink used for handwashing. A residential dish machine is located in the kitchen.

Discussed handwashing, warewashing, staff illness policy, temperature control, final cook temperatures, cleaning, high susceptible populations, & food handling procedures.

Type: Full
Date: *08/13/24*
Time: 11:00:00
Report: 1047241213
Joy Care Homes Llc

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 1047241213 of 08/13/24.

Certified Food Protection Manager: Joy M. Morabu

Certification Number: FM110188 Expires: 02/09/25

Inspection report reviewed with person in charge and emailed.

Signed: _____
Joy Morabu
Operator

Signed: _____
Holly Sievers
Public Health Sanitarian 2
Metro Office
6512015946
Holly.Sievers@state.mn.us