Electronically Delivered

February 20, 2024

Licensee
Blissful Home Care Inc
5661 Northport Drive
Brooklyn Center, MN 55429

RE: Project Number(s) SL36839015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on January 31, 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

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,

Jessie Chenze, Supervisor
State Evaluation Team
Email: Jessie Chenze
Telephone: 218-332-5175 Fax: 1-866-890-9290

HHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36839	A. BUILDING: _____ B. WING _____	01/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLISSFUL HOME CARE INC	5661 NORTHPORT DRIVE BROOKLYN CENTER, MN 55429

(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: SL36839015 On January 29, 2024, through January 31, 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 residents receiving services under the Assisted Living 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 License 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 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 surveyors' 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 subd. 1, 2, and 3.	
0 480 SS=F	144G.41 Subd 1 (13) (i) (B) Minimum requirements (13) offer to provide or make available at least the	0 480		

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0 480	Continued From page 1 following services to residents: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and 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. 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). The findings include: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated January 31, 2024, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection. TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.	0 480		
0 650 SS=E	144G.42 Subd. 8 Employee records (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: (1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this	0 650		

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0 650	Continued From page 2 chapter or rules; (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision; (4) documentation of annual performance reviews that identify areas of improvement needed and training needs; (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 (6) documentation of the background study as required under section 144.057. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure employee records contained required content for two of four employees (licensed assisted living director (LALD)-A, clinical nurse supervisor (CNS-C). 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 pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive). The findings include: LALD-A LALD-A was hired on January 22, 2021, to	0 650		

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0 650	Continued From page 3 provide direct care and services to the licensee's residents and oversight of the licensee's employees. On January 31, 2024, at 10:10 a.m., the surveyor observed LALD-A talking to R3 about a request R3 had. LALD-A's employee record did not include documentation of all required training to include: -review of provider's policies and procedures. On January 30, 2024, at 11:20 a.m., LALD-A stated she reviewed the licensee's policies and procedures but stated there was no evidence of this in her employee record. CNS-C CNS-C was hired on January 24, 2024, to provide direct care and services to the licensee's residents and oversight of the licensee's employees. On January 29, 2024, during the entrance conference at 10:19 a.m., CNS-C identified herself as the CNS for the facility. CNS-C's employee record did not include documentation of all required training to include: -review of provider's policies and procedures. On January 30, 2024, at 10:58 a.m., CNS-C's employee record was reviewed with LALD-A. LALD-A stated CNS-C had reviewed the provider's policies and procedures but confirmed there was no evidence in CNS-C's employee record. The licensee's undated Personnel Records policy noted the personnel employee files shall include,	0 650		

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0 650	Continued From page 4 but not limited to include: -records of orientation to the facility, the license, and employee roles and responsibilities. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 650		
0 660 SS=D	144G.42 Subd. 9 Tuberculosis prevention and control (a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines. (b) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), by failing to complete a two-step TST (tuberculin skin test) or other	0 660		

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0 660	Continued From page 5 evidence of tuberculosis (TB) screening such as a blood test for one of three employees (clinical nurse supervisor (CNS)-C). 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: The facility's TB risk assessment was completed on June 1, 2023, and was determined to be a low risk level. CNS-C was hired on January 24, 2024, to provide direct care and services to the licensee's residents and oversight of the licensee's employees. On January 29, 2024, during the entrance conference at 10:19 a.m., CNS-C identified herself as the CNS for the facility. CNS-C's employee record included documentation of a screening completed on January 27, 2024, and a chest x-ray completed on June 11, 2020. CNS-C's record did not include a previous TB test or anything to indicated why CNS-C had a chest x-ray in her employee record. On January 30, 2024, at 10:16 a.m., CNS-C stated she was not aware of the need to have another chest x-ray or previous TB test in her	0 660		

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0 660	Continued From page 6 record. CNS-C added the hospital accepted the chest x-ray. CNS-C stated she had the BCG (Bacillus Calmette-Guerin/vaccine used against TB) vaccination. CNS and licensed assisted living director (LALD)-A confirmed CNS-C's record did not include required information. The licensee's undated Tuberculosis Screening policy noted each employee or volunteer having direct contact with residents must have documentation of baseline health symptom screening prior to providing care to residents. This included, at a minimum, the health symptom screening, TB skin testing via the Mantoux method. This testing included the pre-placement evaluation, administration and interpretation of TB Mantoux skin tests and periodic evaluation based on facility risk assessment or a negative IGRA (blood test). In addition, if the employee had proof of a TB blood test or negative chest x-ray within 90 days of employment, it does not have to be repeated at the time of hire. Employee history of BCG vaccination should be disregarded when administering and interpreting TST results. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 660		
0 800 SS=F	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (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	0 800		

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0 800	Continued From page 7 repair program. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain the facility's physical environment in a continuous state of good repair and operation regarding the health, safety, and well-being of the residents. This had the potential to directly affect all residents, staff, and visitors. 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). Findings include: On a facility tour on January 30, 2024, at 9:00 a.m., with licensed assisted living director (LALD)-A, the surveyor made the following observations of facility hazards and disrepair: The resident sleeping room doors were not provided with a number to identify the room and coincide with the resident room numbers on the fire safety and evacuation floor plan. The doors of the resident sleeping rooms are required to be provided with numbers identifying the location to be used for direction and communication during a fire or similar emergency. During an interview on January 30, 2024, at 9:00 a.m., LALD-A, stated the resident sleeping room	0 800		

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0 800	Continued From page 8 doors were not provided with a number identifying the rooms within the facility. TIME PERIOD FOR CORRECTION: Seven (7) days	0 800		
01470 SS=D	144G.63 Subd. 2 Content of required orientation (a) The orientation must contain the following topics: (1) an overview of this chapter; (2) an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person; (3) handling of emergencies and use of emergency services; (4) compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC); (5) the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; (6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person; (7) handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints; (8) consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services; and (9) a review of the types of assisted living	01470		

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01470	Continued From page 9 services the employee will be providing and the facility's category of licensure. (b) In addition to the topics in paragraph (a), orientation may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics: (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and the challenges it poses to communication; (2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or (3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure orientation to assisted living statutes included all the required content for one of three employees (registered nurse (RN)-D.) 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	01470		

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01470	Continued From page 10 situation has occurred only occasionally). The findings include: RN-D was hired on December 13, 2023, to provide direct care and services to the licensee's residents and oversight of the licensee's employees. RN-D's employee orientation record did not include person-centered care principles and service delivery and how they apply to direct support services provided by the staff person. On January 30, 2024, at 10:59 a.m., licensed assisted living director (LALD)-A stated RN-D had not completed the above noted required orientation. On January 30, 2024, at 11:18 a.m., house manager (HM)-B stated there was a mix up between person-centered care principles and another class with a close name, to explain the lack of orientation required. The licensee's undated Qualifications, Training and Competency policy noted the facility shall provide training to all staff providing and supervising assisted living services at the time of hire, and as needed to meet state guidelines and quality standards. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01470		
01640 SS=D	144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to	01640		

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01640	Continued From page 11 (a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan. (b) The service plan and any revisions must include a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities. (c) The facility must implement and provide all services required by the current service plan. (d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable. (e) Staff providing services must be informed of the current written service plan. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure service plans were revised to include provided services for one of two 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).	01640		

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01640	Continued From page 12 The findings include: R2's diagnoses include borderline personality disorder (mental health illness; unstable/extreme moods and behaviors, impulsiveness) seizure disorder, depressive disorder with psychotic features, and post-traumatic stress disorder. R2's service plan dated October 14, 2023, indicated R2 required assistance with appointment reminder/assistance, bathing, bedmaking, dressing: morning/evening, grooming, housekeeping, laundry, linen change, behavior management (agitation, elopement threat, physical aggression, property destruction, self-injurious), meal assistance, medication administration; nurse and unlicensed personnel (ULP), blood glucose twice daily, monthly weight, safety checks, shopping assistance, transportation assistance, and socialization. On January 30, 2024, at 8:36 a.m., the surveyor observed ULP-E check R2's blood glucose using correct technique and administer R2's morning medication. ULP-E stated R2 required no monitoring of vital signs "today." ANKLE FOOT ORTHOSIS (AFO) R2's Master Care Plan dated January 12, 2024, included: -needs help with brace or prosthesis, wears an AFO on her right leg. She likes to be independent; she will ask for help when she needs it -R2 asks staff for help sometimes to put on her clothes or zip up due to paralysis on her right side. R2's assessment dated January 12, 2024	01640		

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	36839	A. BUILDING: _____ B. WING _____	01/31/2024

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01640	Continued From page 13 included: -adaptations necessary for resdient to participate in activities: patient (resident) needs braces. On January 30, 2024, at 7:12 a.m., ULP-E stated R2 requests help with AFO when needed, adding R2 is not able to use one of her hands (right). VITAL SIGNS R2's prescriber's order dated January 23, 2024, included: -blood pressure one day a week -oxygen saturation one day a week -pulse one day a week -respiration one day a week -temperature one day a week -weight one day a week. R2's record included task: record weight -monitor and record resident weight 1st Wednesday at a.m. (morning.) On January 30, 2024, at 2:08 p.m., clinical nurse supervisor (CNS)-C and licensed assisted living director (LALD)-A stated R2's service plan was not revised to include current services provided. In addition, CNS-C said R2's service plan had not been updated to include prescriber ordered monitoring. The licensee's undated Service Plan policy noted assisted living services would be provided according to a suitable and current written service plan. In addition, the service plan, and any revisions must include a signature or other authentication by the assisted living provider and by the resident or resident's representative documenting agreement on the services to be provided.	01640		

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01640	Continued From page 14 No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01640		
01650 SS=F	144G.70 Subd. 4 (f) Service plan, implementation and revisions to (f) The service plan must include: (1) a description of the services to be provided, the fees for services, and the frequency of each service, according to the resident's current assessment and resident preferences; (2) the identification of staff or categories of staff who will provide the services; (3) the schedule and methods of monitoring assessments of the resident; (4) the schedule and methods of monitoring staff providing services; and (5) a contingency plan that includes: (i) the action to be taken if the scheduled service cannot be provided; (ii) information and a method to contact the facility; (iii) the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency; and (iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters. This MN Requirement is not met as evidenced by:	01650		

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01650	Continued From page 15 Based on observation, interview, and record review, the licensee failed to ensure the service plan included the required content for one of one resident (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) 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: R2's diagnoses include borderline personality disorder (mental health illness; unstable/extreme moods and behaviors, impulsiveness) seizure disorder, depressive disorder with psychotic features, post-traumatic stress disorder. R2's service plan dated October 14, 2023, indicated R2 required assistance with appointment reminder/assistance, bathing, bedmaking, dressing: morning/evening, grooming, housekeeping, laundry, linen change, behavior management (agitation, elopement threat, physical aggression, property destruction, self-injurious), meal assistance, medication administration; nurse and unlicensed personnel (ULP,) blood glucose twice daily, monthly weight, safety checks, shopping assistance, transportation assistance, and socialization. On January 30, 2024, at 8:36 a.m., the surveyor observed ULP-E check R2's blood glucose using correct technique and administer R2's morning medication.	01650		

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01650	Continued From page 16 R2's service plan lacked: -the methods of monitoring assessments of residents. On January 29, 2024, at 2:05 p.m., R2's service plan was reviewed with clinical nurse supervisor (CNS)-C. CNS-C confirmed R2's service plan did not include the above required information. In addition, CNS-C stated all of the service plans used were the same and all would be missing the required information. The licensee's undated Service Plan policy noted the service plan would include: -the methods of monitoring assessments of the resident. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01650		
01750 SS=D	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	01750		

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01750	Continued From page 17 by: Based on observation, interview, and record review, the licensee failed to ensure the registered nurse (RN) prepared in writing specific instructions for each resident and documented those instructions for one of three residents (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, 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: R4's diagnoses included asthma (condition of airways narrowing and swelling.) R4's service plan dated July 28, 2022, indicated the resident received medication management services which included medication administration. R4's medication administration record (MAR) dated January 1, 2024, through January 30, 2024, included Advair Diskus 100-50 microgram (mcg) (difficulty breathing, wheezing, shortness of breath, coughing, and chest tightness) daily, inhale one puff by mouth twice a day 100 mcg-50 mcg. On January 30, 2024, at 7:22 a.m., the surveyor observed unlicensed personnel (ULP)-E review R4's MAR and hand an Advair Diskus 100-50 mcg inhaler to R4. R4 clicked the diskus to open it and put the diskus up to her mouth and inhaled.	01750		

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01750	Continued From page 18 The surveyor did not observe R4 drink water, or rinse her mouth after inhaling the Advair Diskus. On January 30, 2024, at 7:25 a.m., ULP-E stated R4's MAR did not include direction for R4's Advair inhaler. ULP-E said, R4 normally just takes it (inhaler.) On January 30, 2024, at 9:29 a.m., RN-D stated R4's MAR should include instructions for ULPs to follow regarding R4's Advair Diskus, to rinse mouth out after inhaling. The manufacturer's instructions for use of the Advair Diskus inhaler dated December 2021, indicated the user should rinse their mouth with water after use and spit the water out. Do not swallow the water. The licensee's undated Delegation of Nursing Tasks/Therapy Tasks policy noted the assisted living facility must ensure that the registered nurse had specified in writing detailed instructions for each resident and documented those instructions in the resident's record. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01750		
01880 SS=F	144G.71 Subd. 19 Storage of medications An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access.	01880		

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01880	Continued From page 19 This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to make certain medications requiring refrigeration were maintained at acceptable temperatures for one of one medication refrigeratior. 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). The findings include: On January 29, 2023, at 11:15 a.m., the surveyor with licensed assisted living director (LALD)-A in the presence of registered nurse (RN)-D and clinical nurse supervisor (CNS)-C, reviewed the current temperature of the medication refrigerator. LALD-A stated the current temperature was 21.4 degrees Celsius (C). The surveyor inquired what the temperature was at Fahrenheit (F)? RN-D stated 21.4 was in F. CNS-C stated the temperature should be between 36 and 46 degrees F. Directly after the above interview the contents of the medication refrigerator was reviewed with RN-D and confirmed the following: -one opened Ozempic (diabetes and weight loss) pen containing three dosages for R2. On January 29, 2024, at 11:38 a.m., the temperature log dated January 1, 2024, through	01880		

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01880	Continued From page 20 January 28, 2024, was reviewed with LALD-A and CNS-C and they confirmed the following: -refrigerator temperature was monitored 28 of 28 opportunities -28 of 28 opportunities the temperature was documented below 36 degrees F -recorded temperatures ranged from 20.2 to 26.3 degrees F. The manufacturer's instructions for Ozempic dated July 7, 2022, indicated after you've used the pen for the first time, you can either store the pen for 56 days at room temperature (between 59 F and 86 F or 15 C to 30 C) or you can keep it in the refrigerator for 56 days. Don't freeze the pen or use it if it has been frozen. The licensee's undated Storage of Medications policy noted medications shall be stored consistent with manufacturer's recommendations (refrigerated, room temperature, or frozen). No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01880		
01940 SS=D	144G.72 Subd. 3 Individualized treatment or therapy managemen For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must	01940		

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01940	Continued From page 21 contain at least the following: (1) a statement of the type of services that will be provided; (2) documentation of specific resident instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop and implement a treatment or therapy management plan to include all required content for one of one resident (R2) who had treatments managed by 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, 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).	01940		

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01940	Continued From page 22 The findings include: During the entrance conference on January 29, 2024, at 10:35 a.m., clinical nurse supervisor (CNS)-C licensed assisted living director (LALD)-A confirmed the licensee provided treatment and therapy services to residents. R2's diagnoses include borderline personality disorder (mental health illness; unstable/extreme moods and behaviors, impulsiveness) seizure disorder, depressive disorder with psychotic features, and post traumatic stress disorder. R2's service plan dated October 14, 2023, indicated R2 required assistance with dressing: morning/evening, and monthly weight monitoring. ANKLE-FOOT ORTHOSES (AFO/BRACE) On January 29, 2024, at 1:45 p.m., house manager (HM)-B stated R2 wore a brace and that R2 might need help with the brace. HM-B said "all staff" were aware of R2's brace. HM-B added there was nothing in R2's record about the brace. R2's Master Care Plan dated January 12, 2024, included: -needs help with brace or prosthesis, wears an ankle foot orthosis (AFO) on her right leg. She likes to be independent, she will ask for help when she needed it. -R2 asks staff for help sometimes to put on her cloths or zip up due to paralysis on her right side. R2's dressing instructions dated January 27, 2024, noted: -assist with dressing by setting out clothes and providing assistance hands on assistance after bathing or when changing clothes.	01940		

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01940	Continued From page 23 On January 29, 2024, at 1:50 p.m., registered nurse (RN)-D stated R2's record should contain instructions for R2's AFO to include to skin checks. On January 30, 2024, at 7:12 a.m., ULP-E stated R2 requests help with AFO when needed when R2 is leaving the facility, adding R2 is not able to use one of her hands (right). ULP-E said she had assisted R2 with AFO, adding R2 tells her (ULP-E) what to do with R2's AFO. R2's record lacked AFO information to include: -statement of type of services that would be provided -documentation of specific resident instructions relating tot he treatments or therapy administration -identification of treatment or therapy tasks that would be delegated to unlicensed personnel -procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services -any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatments or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes. VITAL SIGN MONITORING On January 30, 2024, at 8:36 a.m., the surveyor observed ULP-E check R2's blood glucose using correct technique and administer R2's morning medication. ULP-E said no vital sign monitoring was needed "today."	01940		

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01940	Continued From page 24 R2's prescriber's order dated January 23, 2024, included: -blood pressure one day a week -oxygen saturation one day a week -pulse one day a week -respiration one day a week -temperature one day a week -weight one day a week. R2's record included a task/service that included: record weight -monitor and record resident weight 1st Wednesday at a.m. (morning.) R2's record lacked vital sign monitoring information to include: -procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services -any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatments or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes. On January 29, 2024, at 2:11 p.m., CNS-C stated R2's record did not include information/guidance for when staff needed to report findings to nursing for vital sign monitoring. The licensee's undated Treatment and Therapy Management Plan policy noted the an individualized treatment/therapy plan and management record would be developed and would include: -a written statement of the treatment or therapy that would be provided	01940		

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01940	Continued From page 25 -documentation of specific resident instructions relating to he treatments or therapy administration -identification of treatment or therapy tasks that would be delegated to unlicensed personnel -procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services -frequency of supervision of personnel providing the delegated treatment or therapy service -verification by the registered nurse that services were administered as prescribed and monitoring of treatment or therapy to prevent complications or adverse reactions -the treatment or therapy plan would be updated when there were changes -the facility may provide Care Plans and other supportive documents to communicate the plan to caregivers by referencing them on the individualized plan. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01940		
01950 SS=F	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	01950		

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01950	Continued From page 26 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 observation, interview, and record review, the licensee failed to ensure prior to delegating nursing tasks, the registered nurse (RN) trained unlicensed personnel (ULP) to demonstrate the ability to follow the procedure to perform the tasks applying an ankle-foot brace (AFO) for one of one resident (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 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). The findings include: During the entrance conference on January 29, 2024, at 10:35 a.m., clinical nurse supervisor (CNS)-C licensed assisted living director (LALD)-A confirmed the licensee provided treatment and therapy services to residents. R2's diagnoses include borderline personality disorder (mental health illness; unstable/extreme	01950		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36839	A. BUILDING: _____ B. WING _____	01/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLISSFUL HOME CARE INC	5661 NORTHPORT DRIVE BROOKLYN CENTER, MN 55429

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01950	Continued From page 27 moods and behaviors, impulsiveness) seizure disorder, depressive disorder with psychotic features, post traumatic stress disorder. R2's service plan dated October 14, 2023, indicated R2 required assistance with dressing: morning/evening. On January 30, 2024, at 8:36 a.m., the surveyor observed ULP-E check R2's blood glucose using correct technique and administer R2's morning medication. R2's Master Care Plan dated January 12, 2024, included: -needs help with brace or prosthesis, wear an ankle foot orthosis (AFO) on her right leg. She likes to be independent, she will ask for help when she needed it. -R2 asks staff for help sometimes to put on her cloths or zip up due to paralysis on her right side. On January 29, 2024, at 1:45 p.m., house manager (HM)-B stated R2 wore a "brace" (ankle-foot brace/AFO) and that R2 might need help with the brace. HM-B said "all staff" were aware of R2's brace. On January 30, 2024, at 7:12 a.m., ULP-E stated R2 requests help with AFO when needed when R2 is leaving the facility, adding R2 is not able to use one of her hands (right). ULP-E said she received no training from RN about R2's AFO. ULP-E added she had assisted R2 with AFO, and said R2 tells her (ULP-E) what to do with R2's AFO. ULP-E's employee record lacked documentation of training and competency evaluations for R2's AFO.	01950		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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01950	Continued From page 28 On January 30, 2024, at 9:51 a.m., CNS-C stated ULP-E had not been trained for AFO. CNS-C said none of the ULPs had training for AFOs. CNS-C added she was unaware training was required for AFO. The licensee's undated Delegation of Nursing Tasks/Therapy Tasks policy noted when administration of treatment/therapy was delegated to unlicensed personnel, the assisted living facility must ensure that the registered nurse had: -instructed the unlicensed personnel in the proper methods to administer the treatment or therapy and the unlicensed personnel had demonstrated the ability to competently follow the procedures. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01950		
01970 SS=D	144G.72 Subd. 6 Treatment and therapy orders There must be an up-to-date written or electronically recorded order from an authorized prescriber for all treatments and therapies. The order must contain the name of the resident, a description of the treatment or therapy to be provided, and the frequency, duration, and other information needed to administer the treatment or therapy. Treatment and therapy orders must be renewed at least every 12 months. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure up-to-date	01970		

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	36839	A. BUILDING: _____ B. WING _____	01/31/2024

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01970	Continued From page 29 written or electronically recorded orders were maintained for one of one resident (R2) who received treatments managed by the provider. 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: During the entrance conference on January 29, 2024, at 10:35 a.m., clinical nurse supervisor (CNS)-C and licensed assisted living director (LALD)-A confirmed the licensee provided treatment and therapy services to residents. R2's diagnoses include borderline personality disorder (mental health illness; unstable/extreme moods and behaviors, impulsiveness) seizure disorder, depressive disorder with psychotic features, and post-traumatic stress disorder. R2's service plan dated October 14, 2023, indicated R2 required assistance with dressing: morning/evening, and monthly weight monitoring. On January 29, 2024, at 1:45 p.m., house manager (HM)-B stated R2 wore a "brace" (ankle-foot brace/AFO) and that R2 might need help with the brace. HM-B said "all staff" were aware of R2's brace. HM-B added there was nothing in R2's record regarding R2's brace. R2's Master Care Plan dated January 12, 2024,	01970		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	36839	A. BUILDING: _____ B. WING _____	01/31/2024

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01970	Continued From page 30 included: -needs help with brace or prosthesis, wears an ankle foot orthosis (AFO) on her right leg. She likes to be independent; she will ask for help when she needs it. -R2 asks staff for help sometimes to put on her clothes or zip up due to paralysis on her right side. R2's Dressing instructions dated January 27, 2024, noted: -assist with dressing by setting out clothes and providing hands on assistance after bathing or when changing clothes. On January 30, 2024, at 7:12 a.m., unlicensed personnel (ULP)-E stated R2 requests help with AFO when needed when R2 is leaving the facility, adding R2 is not able to use one of her hands (right). On January 30, 2024, at 8:36 a.m., the surveyor observed ULP-E check R2's blood glucose using correct technique and administer R2's morning medication. On January 29, 2024, at approximately 1:30 p.m., the surveyor was unable to locate an order for R2's AFO in R2's record and requested prescriber's order for R2's AFO. On January 29, 2024, at 1:50 p.m., CNS-C stated there was not an order for R2's AFO. The licensee's undated Treatment and Therapy Management Plan policy noted orders must be obtained for treatments or therapies that would require orders from an authorized provider before the services were provided. Orders may be accepted from medical physicians, osteopaths,	01970		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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01970	Continued From page 31 dentists, podiatrists, chiropractors, or other accepted prescriber and must be dated and signed by the prescriber. The orders must be written or electronically recorded from an authorized prescriber for all treatments and therapies. Orders may be initiated by telephone or in writing and must be counter-signed by the prescriber. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01970		

Minnesota Department of Health
Division of Environmental Health, FPLS
P.O. Box 64975
St. Paul, MN 55164-0975
651-201-4500

Type: Full
Date: *01/31/24*
Time: 09:46:06
Report: 8044241032

Food and Beverage Establishment Inspection Report

Location:
Blissful Home Care Inc
5661 Northport Drive
Brookyln Center, MN55429
Hennepin County, 27

Establishment Info:
ID #: 0038573
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

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.

Dishes not sanitized after washing.

All dishes must be sent through dishwasher ln sani cycle.

Counter tops not sanitized. Sanitizing wipes will be purchased, chlorine bleach is on site in the meantime.
Comply By: 01/31/24

4-600 Cleaning Equipment and Utensils
4-601.11A ***** Priority 2 *****
MN Rule 4626.0840A Equipment food-contact surfaces and utensils must be clean to sight and touch.

Soiled food contact surfaces of air fryer basket.
Comply By: 01/31/24

Food and Equipment Temperatures

Process/Item: Cold Holding
Temperature: 38.1 Degrees Fahrenheit - Location: Milk in refrigerator
Violation Issued: No

Type: Full
Date: *01/31/24*
Time: 09:46:06
Report: 8044241032
Blissful Home Care Inc

Food and Beverage Establishment Inspection Report

Process/Item: Cold Holding
Temperature: 35.0 Degrees Fahrenheit - Location: Refrigerator
Violation Issued: No

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

HRD inspection conducted with nurse evaluator Cyndi Casey. Report reviewed on site Ente Oghenekaro.

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 8044241032 of 01/31/24.

Certified Food Protection Manager:_____

Certification Number: _____ Expires: / /

Inspection report reviewed with person in charge and emailed.

Signed:_____
Inspector signed for Ente

Signed:_____

Michael DeMars, RS
Public Health Sanitarian III
Rochester District Office
507-216-1096
michael.demars@state.mn.us