Electronically Delivered

December 18, 2023

Licensee
All Hopes Incorporated
2509 Pearson Parkway
Brooklyn Park, MN 55444

RE: Project Number(s) SL34287015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on November 29, 2023, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, the 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.

STATE CORRECTION ORDERS
The enclosed State Form documents the state correction orders. The 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 the 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/HRD-Appeals-Form

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,

Kelly Thorson, Supervisor
State Evaluation Team
Email: kelly.thorson@state.mn.us
Telephone: 320-223-7336 Fax: 1-866-890-9290

PMB

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34287	A. BUILDING: _____ B. WING _____	11/29/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALL HOPES INCORPORATED	2509 PEARSON PARKWAY BROOKLYN PARK, MN 55444

(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 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: SL34287015 On November 27, 2023, through November 29, 2023, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were four residents; all receiving services under the Assisted Living license.	0 000	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been 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 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 144A.474 SUBDIVISION 11 (b)(1)(2).	
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 (13) offer to provide or make available at least the 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, 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: Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated October 23, 2023, 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		
0 660 SS=D	144G.42 Subd. 9 Tuberculosis prevention and control (a) The facility must establish and maintain a	0 660		

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0 660	Continued From page 2 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 observation, interview, and record review, the licensee failed to establish and maintain a tuberculosis (TB) prevention program based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) which included baseline testing for one of two employees (unlicensed personnel (ULP)-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) 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 licensee's TB facility risk assessment tool dated June 17, 2023, indicated the licensee had a low risk for TB.	0 660		

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0 660	Continued From page 3 ULP-C started employment with licensee March 16, 2021, and began providing services under the assisted living license on August 1, 2021. On November 28, 2023, between 8:15 a.m. and 10:30 a.m., the surveyor observed ULP-C administer R1 and R2's scheduled medications. ULP-C's employee record lacked documentation ULP-C completed a two-step TST or other blood test completed by the licensee upon hire. ULP-C's record included TB Testing Documentation - one step Mantoux dated March 12, 2019, and reading on March 15, 2019, with negative result. ULP-C's record lacked the second step Mantoux with reading. In addition, this TB test was not completed 90 days prior to hire. On November 29, 2023, at 10:30 a.m., CNS-C stated they did not remember if she had went back for the second step of the test. On November 29, 2023, at 12:35 p.m., clinical nurse supervisor (CNS)-A confirmed ULP-C did not go back in for the second step and they did not realize ULP-C's second step was never completed and it was not within 90 days of hire. The Minnesota Department of Health's Assisted Living Resources & Frequently Asked Questions (FAQs) dated August 7, 2023, indicated baseline TB screening includes: - assess for current symptoms of active TB disease; - assess TB history; and - test for the presence of Mycobacterium tuberculosis by administering either a two-step	0 660		

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0 660	Continued From page 4 tuberculin skin test (TST) or single TB blood test. A test should be dated with 90 days of hiring is acceptable. The licensee's Tuberculosis Screening/Prevention policy dated August 1, 2021, indicated the Centers for Disease Control (CDC) guidelines (2019) for preventing Mycobacterium tuberculosis transmission in health care settings include the following recommendations: 1) TB screening with an individual risk assessment and symptom evaluation at baseline (preplacement); 2) TB testing with an interferon-gamma release assay (IGRA) or a tuberculin skin test (TST) for persons without documented prior TB disease or latent TB infection (LTBI); 3) no routine serial TB testing at any interval after baseline in the absence of a 1--known exposure or ongoing transmission; 4) encouragement of treatment for all health care personnel with untreated L TBI, unless treatment is contraindicated; 5) annual symptom screening for health care personnel with untreated L TBI; and 6) annual TB education of all health care personnel. Baseline testing completed on hire for all direct care providers and anyone who visited residents (including volunteers). No further information 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	0 800		

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0 800	Continued From page 5 (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. 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). The findings include: On a facility tour on November 28, 2023, at 10:00 a.m., with licensed assisted living director (LALD)-B, the surveyor made the following observations of facility hazards and disrepair: Exterior Trim and Soffit Maintenance The window bottom track was broken on the outside of the emergency escape and rescue opening in resident room #4. The emergency	0 800		

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0 800	Continued From page 6 escape and rescue window opening still operated but half of the track for the sliding window was broken. The exterior soffit (area between top of wall siding and edge of roof) material was water damaged and separating from the structure above the garage overhead door. During the tour LALD-B stated the previous rain gutters were leaking in that location and caused the damage. New rain gutters are installed but the water damaged soffit had not been repaired. The exterior trim was water damaged with a hole through the trim on the left side of the lower left window on the front of the house. The window trim is required to be maintained and sealed to prevent water intrusion and damage to the exterior wall and window. Exterior Wall Siding Maintenance Exterior siding was missing over a previously used pet door on the back of the garage next to the man door. The exterior siding was damaged by moisture on top of the brick ledge on the right side of the main front door. The exterior siding was damaged by water at the top of the brick ledge between the four windows on the front of the house. The exterior siding was damaged by water under the ledger (wood board) under the patio door. All exterior siding was required to be maintained and sealed to prevent water intrusion and damage to the exterior wall cavity.	0 800		

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0 800	Continued From page 7 Interior Maintenance The ceiling tile with the exhaust fan installed in it was falling out of place in the lower-level bathroom. During a facility tour on November 28, 2023, at 10:15 a.m., these deficient conditions were visually verified by LALD-B, accompanying on the tour. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 800		
01500 SS=D	144G.63 Subd. 5 Required annual training (a) All staff that perform direct services must complete at least eight hours of annual training for each 12 months of employment. The training may be obtained from the facility or another source and must include topics relevant to the provision of assisted living services. The annual training must include: (1) training on reporting of maltreatment of vulnerable adults under section 626.557; (2) review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; (3) review of infection control techniques used in the home and implementation of infection control standards including a review of hand washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting communicable diseases; (4) effective approaches to use to problem solve when working with a resident's challenging	01500		

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01500	Continued From page 8 behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders; (5) review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and (6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person. (b) In addition to the topics in paragraph (a), annual training 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 challenges it poses to communication; (2) the 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 employees received at least eight (8) hours of annual training for each 12 months of employment for one of two employees (unlicensed personnel (ULP)-C).	01500		

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01500	Continued From page 9 This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: ULP-C started employment with licensee March 16, 2021, and began providing services under the assisted living license on August 1, 2021. On November 28, 2023, between 8:15 a.m. and 10:30 a.m., the surveyor observed ULP-C administer R1 and R2's scheduled medications. ULP-C's record lacked documentation of eight hours of annual training completed within the previous 12 months. On November 29, 2023, at 11:00 a.m., clinical nurse supervisor (CNS)-A confirmed the employee file did not contain evidence of the 8 hours of required annual training. CNS-A stated they are now using a checklist to show the hours of annual education but this file must have been missed. The licensee's Staff Orientation and Education policy dated August 1, 2021, indicated all staff providing assisted living services will complete at lease eight (8) hours of education for every twelve (12) months of employment. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one	01500		

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01500	Continued From page 10 (21) days	01500		
01530 SS=F	144G.64 TRAINING IN DEMENTIA CARE REQUIRED (a) All assisted living facilities must meet the following training requirements: (1) supervisors of direct-care staff must have at least eight hours of initial training on topics specified under paragraph (b) within 120 working hours of the employment start date, and must have at least two hours of training on topics related to dementia care for each 12 months of employment thereafter; (2) direct-care employees must have completed at least eight hours of initial training on topics specified under paragraph (b) within 160 working hours of the employment start date. Until this initial training is complete, an employee must not provide direct care unless there is another employee on site who has completed the initial eight hours of training on topics related to dementia care and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for consultation with the new employee until the training requirement is complete. Direct-care employees must have at least two hours of training on topics related to dementia for each 12 months of employment thereafter; This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure all direct care staff received at least eight hours of initial dementia care training within the first 160 working hours of employment for direct care employees	01530		

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01530	Continued From page 11 as required for one of two employees (unlicensed personnel (ULP)-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) 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: ULP-C started employment with licensee March 16, 2021, and began providing services under the assisted living license on August 1, 2021. On November 28, 2023, between 8:15 a.m. and 10:30 a.m., the surveyor observed ULP-C administer R1 and R2's scheduled medications. ULP-C's employee record indicated ULP-C completed 2.75 hours of dementia training, thus did not contain documentation ULP-C completed the initial eight hours of training required related to dementia care, within 160 working hours of ULP-C's employment start date. On November 29, 2023, at 11:00 a.m., clinical nurse supervisor CNS-A, stated the employees records were missing the required 8 hours of initial dementia training documentation and this would be the case for all employees. CNS-A stated they have just started using a new learning program and the employees have not completed all of the classes. The licensee's Dementia Education policy, dated August 1, 2021 indicated direct care employees	01530		

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01530	Continued From page 12 must have completed at least eight (8) hours of initial education within 160 working hours of the employment start date in the following topics: - An explanation of Alzheimer's disease and other dementias; - Assistance with activities of daily living (ADL's); - Problem solving with challenging behaviors; - Communication skills; and - Person-centered planning and service delivery. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	01530		
01620 SS=F	144G.70 Subd. 2 (c-e) Initial reviews, assessments, and monitoring (c) Resident reassessment and monitoring must be conducted no more than 14 calendar days after initiation of services. Ongoing resident reassessment and monitoring must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the last date of the assessment. (d) For residents only receiving assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review of the resident's needs and preferences. The initial review must be completed within 30 calendar days of the start of services. Resident monitoring and review must be conducted as needed based on changes in the needs of the resident and cannot exceed 90 calendar days from the date of the last review. (e) A facility must inform the prospective resident of the availability of and contact information for long-term care consultation services under section 256B.0911, prior to the date on which a	01620		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34287	A. BUILDING: _____ B. WING _____	11/29/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALL HOPES INCORPORATED	2509 PEARSON PARKWAY BROOKLYN PARK, MN 55444

(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
01620	Continued From page 13 prospective resident executes a contract with a facility or the date on which a prospective resident moves in, whichever is earlier. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure a registered nurse (RN) conducted ongoing assessments not to exceed 90 calendar days from the last date of assessment for two of two residents (R1, 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: R1 admitted to the licensee on May 5, 2021, and began receiving assisted living services on August 1, 2021. R1's diagnoses included schizophrenia, chronic leukopenia (low white blood cells), marijuana and methamphetamine use disorder, and hepatitis B chronic carrier. R1's Service Plan dated June 19, 2023, indicated R1 received services for medication administration, behavior management, housekeeping, and laundry. R1's record included 90-day assessments dated June 22, 2023, and September 23, 2023.	01620		

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	34287	A. BUILDING: _____ B. WING _____	11/29/2023

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01620	Continued From page 14 The following R1 90-day assessment was completed late: -September 23, 2023, by 3 days. R2 R2 admitted to the licensee on August 11, 2022. R2's diagnoses included schizophrenia, alcohol use disorder, cannabis use disorder, and antisocial personality traits. R2's Service Plan dated June 19, 2023, indicated R2 received services for medication administration, behavior management, housekeeping, and laundry. R2's record included 90-day assessments on January 2, 2023, April 4, 2023, July 11, 2023, and October 13, 2023. The following of R3's 90-day assessments were completed late: - April 4, 2023, by 2 days; - July 11, 2023, by 8 days; and - October 13, 2023, by 4 days. On November 28, 2023, at 2:30 p.m., clinical nurse supervisor CNS-A, stated the assessments for the resident's were a couple of days late because she did not realize they were due exactly on day 90. The licensee's Assessment and Reassessment policy dated August 1, 2021, indicated, ongoing resident reassessments must be conducted by an RN and cannot exceed 90 days from the last date of assessment. No additional information was provided.	01620		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34287	A. BUILDING: _____ B. WING _____	11/29/2023

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01620	Continued From page 15 TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01620		
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 interview and record review, the licensee included language within the residency agreement contract which limited the rights of 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). Findings include: R1 R1 admitted to the licensee on May 5, 2021, and began receiving assisted living services on August 1, 2021. R1's diagnoses included schizophrenia, chronic leukopenia (low white blood cells), marijuana and methamphetamine use disorder, and hepatitis B chronic carrier.	02290		

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	34287	A. BUILDING: _____ B. WING _____	11/29/2023

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02290	Continued From page 16 R1's Service Plan dated June 19, 2023, indicated R1 received services for medication administration, behavior management, housekeeping, and laundry. R2 R2 admitted to the licensee on August 11, 2022. R2's diagnoses included schizophrenia, alcohol use disorder, cannabis use disorder, and antisocial personality traits. R2's Service Plan dated June 19, 2023, indicated R2 received services for medication administration, behavior management, housekeeping, and laundry. R1 and R2's signed Assisted Living Contract's dated May 24, 2021, and August 15, 2022, included the following language: In the section titled Resident Responsibilities, under subsection one, the contract indicated: -The resident will comply with all rules and regulations of licensee regarding resident conduct, which may be amended as licensee determines to be appropriate, subject to any applicable regulations of the State of Minnesota. -Guests are permitted in the residence, but overnight guests must register. Licensee does not permit anyone other than married couples to have sexual relations in the building. -Female guests are not allowed in the client's room. Female guests are only allowed limited visiting times, maximum of two hours between the hours of 10 a.m. and 6:00 p.m. The visitation must be out in the driveway. In the section titled Term and Termination,	02290		

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	34287	A. BUILDING: _____ B. WING _____	11/29/2023

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ALL HOPES INCORPORATED	2509 PEARSON PARKWAY BROOKLYN PARK, MN 55444

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02290	Continued From page 17 subsection C indicated: -The licensee may terminate this agreement prior to the expiration of its term, upon prior written notice of not less than thirty (30) days to the Resident stating the reason for termination, upon the occurrence of any of the following events, as determined by licensee. -The Resident requires care or services that licensee is not licensed to provide at the residence or requires facilities or staff that are not available. - The Resident is disruptive, create unsafe conditions, or is physically or verbally abusive to other residents or otherwise endangers the welfare of others or presents a danger to himself. -The Resident fails to pay fees and charges when due, fails to abide by the Rules and Regulations or breaches any representation, covenant, agreement, or obligation of the Resident under this Agreement. -The Resident's need cannot adequately be met by licensee. -The Resident's family, guardian, responsible party and/or visitors are disrupted to the assisted living environment affecting residents and/or staff. -The responsible party for health decisions or Power of Attorney/Guardian is unresponsive in participating as needed with the licensees staff in evaluating the resident's needs and in planning and implementing an appropriate plan for the Resident's care. Licensee's form titled Resident Rules at licensee included the following language which limited the rights of residents: -Avoid profanity, loud discussions and topics generally considered inappropriate in mixed company. -Avoid racial, ethnic and religious slurs or comments.	02290		

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02290	Continued From page 18 -Keep the volume of talking, radios, stereos and televisions at a level which is not distracting or intrusive. -Open visiting hours in the evenings on weekdays and between 9:00 a.m. and 10:00 p.m. on weekends. -Individuals wishing to visit at other times must make arrangements with the manager. -Going into female/male room and boyfriend or girlfriend into your room is not allowed. Only married couple have the privilege to be in their rooms with their spouses. -Smoking is only in the backyard as designated by management. -Alcohol beverages and illicit drugs are not allowed in the home and around the premises. -Bringing medications into the home and using them without a written physician's order is not allowed. -Clients are not allowed to come in the kitchen to prepare extra food without staff permission. - Clients are not allowed in the kitchen for food preparation after dinner. -All residents must be at home and visitors must leave by 10:00 p.m. -Clients shall not engage in horseplay, there is to be no physical playing around with other clients/staff. On November 28, 2023, licensed assisted living director (LALD)-B stated the rules were added to keep drugs and alcohol out of the house due to the resident's having substance abuse issues, the limiting guest of the opposite sex is to keep prostitutes out of the house, and visitor restrictions is to keep other drug users and drug dealers off of the property. LALD-B stated he does not really enforce the rules but uses them as deterrent and will remove them from the resident's records.	02290		

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02290	Continued From page 19 No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	02290		

DEPARTMENT OF HEALTH

Type: Full
Date: *11/27/23*
Time: 11:46:12
Report: 1036231300

Food and Beverage Establishment Inspection Report

Location:
All Hopes Incorporated
2509 Pearson Parkway
Brooklyn Park, MN55444
Hennepin County, 27

Establishment Info:
ID #: 0038744
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 7634821487
ID #:

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

The following orders were issued during this inspection.

3-500C Microbial Control: date marking

3-501.17A ***** Priority 2 *****

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

OBSERVED A CONTAINER OF RICE AND A CONTAINER OF CHICKEN IN THE FRIDGE WITH NO DATE LABEL. ITEMS DISCARDED ON SITE.

Comply By: 11/27/23

2-100 Supervision

2-102.12DMN

MN Rule 4626.0033D Post the certified food protection manager certificate.

ENSURE THE ORIGINAL CFPM CERTIFICATE IS POSTED (NOT A COPY). EACH ESTABLISHMENT MUST HAVE A CFPM AND MAY NOT BE SHARED BETWEEN ESTABLISHMENTS. INSTRUCTIONS FOR FOOD SAFETY CLASS AND CFPM APPLICATION SENT ALONG WITH REPORT.

Comply By: 12/18/23

4-100 Equipment Construction Materials

4-101.17

MN Rule 4626.0490 Discontinue using wood and wood wicker as a food contact surface.

OBSERVED TWO DAMAGED WOODED SPOONS IN DRAWER NEXT TO OVEN. ITEMS

DISCARDED ON SITE.
Comply By: 11/27/23

Surface and Equipment Sanitizers

UTENSIL SURFACE TEMP: = at 160 Degrees Fahrenheit
Location: DISHMACHINE
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cold Hold/MILK
Temperature: 40 Degrees Fahrenheit - Location: KITCHEN FRIDGE
Violation Issued: No

Process/Item: Ambient Temp
Temperature: 39 Degrees Fahrenheit - Location: KITCHEN FRIDGE
Violation Issued: No

Process/Item: Ambient Temp
Temperature: -5 Degrees Fahrenheit - Location: KITCHEN FREEZER
Violation Issued: No

Process/Item: Ambient Temp
Temperature: 0 Degrees Fahrenheit - Location: GARAGE FREEZER
Violation Issued: No

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

THIS INSPECTION WAS CONDUCTED IN CONJUNCTION WITH MDH HEALTH REGULATORY DIVISION (HRD) SURVEY. SURVEYOR FROM HRD WAS SARABETH REMKER. INSPECTION CONDUCTED IN PRESENCE OF ABI AJEWOLE (IN PERSON) AND VICTOR AWOSIKA (VIA PHONE), THE PERSON IN CHARGE. ALL VIOLATIONS WERE DISCUSSED WITH THE PERSON IN CHARGE AND HRD EVALUATOR DURING INSPECTION.

THIS FACILITY DOES NOT HAVE COMMERCIAL GRADE ANSI EQUIPMENT. ALL FOOD MUST BE SERVED THE SAME DAY IT IS PREPARED, AND LEFTOVERS CAN NEVER BE SAVED.

DISCUSSED ALL ORDERS ON SITE IN ADDITION TO THE FOLLOWING WITH THE PERSON IN CHARGE:
- EMPLOYEE ILLNESS LOG AND EXCLUSION POLICY.
- HAND WASHING POLICY AND REVIEW.
- GLOVE USAGE.
- DATE MARKING.
- PROPER FOOD STORAGE.
- THERMOMETER USE AND CALIBRATION.
- FULLY COOKING FOOD FOR HIGH RISK POPULATIONS.
- ANSI 184 STANDARD FOR RESIDENTIAL DISH WASHER.

FOR CORRECT BY DATES REFER TO COMPLETE REPORT ISSUED BY HRD.

Type: Full
Date: *11/27/23*
Time: 11:46:12
Report: 1036231300
All Hopes Incorporated

Food and Beverage Establishment Inspection Report

**IF ANY RESIDENT COMPLAINS OF ILLNESS, CONTACT THE MINNESOTA DEPARTMENT OF HEALTH AND PROVIDE THE FOODBORNE ILLNESS HOTLINE PHONE NUMBER TO THE CUSTOMER. THE FOODBORNE ILLNESS HOTLINE PHONE NUMBER IS 1-877-366-3455.

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

I acknowledge receipt of the inspection report number 1036231300 of 11/27/23.

Certified Food Protection Manager: BEATRICE R. AWOSIKA

Certification Number: FM107683 Expires: 08/16/24

Inspection report reviewed with person in charge and emailed.

Signed: _____
ABI AJEWOLE
PERSON IN CHARGE

Signed: _____
Jeff Johanson