



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

Electronically Delivered

December 17, 2024

Licensee  
United Social Services Of MN LLC  
581 Van Buren Avenue  
Minneapolis, MN 55413

RE: Project Number(s) SL36798015

Dear Licensee:

On November 14, 2024, the Minnesota Department of Health completed a follow-up survey of your facility to determine if orders from the September 11, 2024, survey were corrected. This follow-up survey verified that the facility is in substantial compliance.

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

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink that reads 'Benjamin J. Zwart'.

Benjamin J. Zwart, P.E., Supervisor  
State Engineering Services Section  
Health Regulation Division  
Email: Benjamin.Zwart@state.mn.us  
Telephone: 651-201-3715 Fax: 1-866-890-9290

JMD



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

Electronically Delivered

October 14, 2024

Licensee  
United Social Service of MN LLC  
581 Van Buren Avenue  
Minneapolis, MN 55413

RE: Project Number(s) SL36798015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on September 11, 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.

### **STATE CORRECTION ORDERS**

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

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

### **DOCUMENTATION OF ACTION TO COMPLY**

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

The correction order documentation should include the following:

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

**CORRECTION ORDER RECONSIDERATION PROCESS**

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

To submit a reconsideration request, please visit:

**<https://forms.web.health.state.mn.us/form/HRDAppealsForm>**

The MDH Health Regulation Division (HRD) values your feedback about your experience during the survey and/or investigation process. Please fill out this anonymous provider feedback questionnaire at your convenience at this link: **<https://forms.office.com/g/Bm5uQEPhVa>**. Your input is important to us and will enable MDH to improve its processes and communication with providers. If you have any questions regarding the questionnaire, please contact Susan Winkelmann at [susan.winkelmann@state.mn.us](mailto:susan.winkelmann@state.mn.us) or call 651-201-5952.

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

If you have any questions, please contact me.

Sincerely,



Jess Schoenecker, Supervisor  
State Evaluation Team  
Email: [Jess.Schoenecker@state.mn.us](mailto:Jess.Schoenecker@state.mn.us)  
Telephone: 651-201-3789 Fax: 1-866-890-9290

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>36798</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/11/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>UNITED SOCIAL SERVICES OF MN L</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>581 VAN BUREN AVENUE MINNEAPOLIS, MN 55413</b>
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0 000	<p><b>Initial Comments</b></p> <p>*****ATTENTION*****</p> <p><b>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)</b></p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.</p> <p>Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p><b>INITIAL COMMENTS:</b></p> <p><b>SL36798015-0</b></p> <p>On September 9, 2024, through September 11, 2024, the Minnesota Department of Health conducted a full survey at the above provider. At the time of the survey, there were four (4) residents; 4 receiving services under the Assisted Living license.</p>	0 000	<p>Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators ' findings is the Time Period for Correction.</p> <p><b>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.</b></p> <p><b>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</b></p> <p><b>THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.</b></p>	
0 480 SS=F	<b>144G.41 Subd 1 (13) (i) (B) Minimum requirements</b>	0 480		

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

Minnesota Department of Health

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0 480	<p>Continued From page 1</p> <p>(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</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents).</p> <p>The findings include:</p> <p>Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated September 10, 2024, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.</p> <p>TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates.</p>	0 480		
0 630 SS=D	<p>144G.42 Subd. 6 (b) Compliance with requirements for reporting ma</p> <p>(b) The facility must develop and implement an individual abuse prevention plan for each</p>	0 630		

Minnesota Department of Health

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0 630	<p>Continued From page 2</p> <p>vulnerable adult. The plan shall contain an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults; the person's risk of abusing other vulnerable adults; and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. For purposes of the abuse prevention plan, abuse includes self-abuse.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to develop an individual abuse prevention plan (IAPP) with the required content for one of two residents (R2).</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client'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).</p> <p>The findings include:</p> <p>R2 was admitted on August 7, 2023, and began receiving assisted living services.</p> <p>R2's Service Plan Waiver - Addendum to Contract signed on July 8, 2024, indicated R2's services included medication administration, assistance with meals, and behavior management.</p> <p>R2's IAPP dated August 16, 2024, lacked</p>	0 630		

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0 630	<p>Continued From page 3</p> <p>information on the resident's risk of causing harm to other vulnerable adults.</p> <p>On September 9, 2024, at 1:45 p.m., licensed assisted living director (LALD)-A stated they were unaware of required content of IAPPs.</p> <p>The licensee's Vulnerable Adult policy dated February 10, 2022, indicated an IAPP would be established for each vulnerable adult for whom assisted living services are provided and would include:</p> <ul style="list-style-type: none"> <li>-an assessment of the resident's susceptibility to abuse by another individual; and</li> <li>-the resident's risk of abusing other vulnerable adults.</li> </ul> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 630		
0 660 SS=D	<p>144G.42 Subd. 9 Tuberculosis prevention and control</p> <p>(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.</p>	0 660		

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0 660	<p>Continued From page 4</p> <p>(b) The facility must maintain written evidence of compliance with this subdivision.</p> <p>This MN Requirement is not met as evidenced by: Based on 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 TB testing for one of two employees (unlicensed personnel (ULP)-B).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>The licensee's Facility TB Risk Assessment form was completed June 27, 2024, and identified the facility TB risk level as low.</p> <p>ULP-B was hired on May 13, 2024, and began providing assisted living services.</p> <p>ULP-B's employee record contained a TB history and symptom screen completed on May 13, 2024, and a TB skin test with a negative result dated May 5, 2024. ULP-B's record lacked evidence of a second TB skin test.</p> <p>On September 9, 2024, at approximately 2:30 p.m., licensed assisted living director (LALD)-A stated they were unaware a second TST was</p>	0 660		

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0 660	<p>Continued From page 5</p> <p>required.</p> <p>The Facility Tuberculosis (TB) Risk Assessment Instructions and Worksheet for Health Care Settings Licensed by Minnesota Department of Health (MDH) updated June 11, 2024, indicated baseline TB screening includes:</p> <ul style="list-style-type: none"> <li>-assessing for current symptoms of active TB disease;</li> <li>-assessing TB history; and</li> <li>-testing for the presence of Mycobacterium tuberculosis by administering either a two-step TST or a single TB blood test.</li> </ul> <p>The MDH guidelines, Regulations for Tuberculosis Control in Minnesota Health Care Settings, dated July 2013, and the CDC guidelines, indicated a TB infection control program should include a facility TB risk assessment. The guidelines also indicated an employee may begin working with patients after a negative TB history and symptom screen (no symptoms of active TB disease) and a negative IGRA (serum blood test) or TST (first step) dated within 90 days before hire. The second TST may be performed after the HCW (health care worker) starts working with patients. Baseline TB screening should be documented in the employee's record.</p> <p>The licensee's Tuberculosis Screening/Prevention policy dated February 10, 2022, indicated baseline TB screening at the time of hire is required for all healthcare workers and consisted of three components:</p> <ul style="list-style-type: none"> <li>-assessing for current symptoms of active TB disease;</li> <li>-assessing TB history; and</li> <li>-TB testing for the presence of infection by administering a two-step TB skin test or a single</li> </ul>	0 660		

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0 660	Continued From page 6  TB blood test.  No further information was provided.  TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 660		
0 780 SS=F	144G.45 Subd. 2 (a) (1) Fire protection and physical environment  (a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:  (1) for dwellings or sleeping units, as defined in the State Fire Code: (i) provide smoke alarms in each room used for sleeping purposes; (ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms; (iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics; (iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and (v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated;  This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee	0 780		

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0 780	<p>Continued From page 7</p> <p>failed to comply with the current Minnesota Fire Code provisions. This had the potential to directly affect all residents, staff, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>Findings include:</p> <p>On a facility tour on September 10, 2024, from 11:00 a.m. to 12:00 p.m., with manager (M)-E, and licensed assisted living director (LALD)-A, the surveyor made the following observations of non-compliance with current Minnesota Fire Code provisions:</p> <p>There was a space heater plugged in with combustible storage around and touching the heater in resident sleeping room 2. It was explained by the surveyor the space heater is required to be maintained clear of storage around it in accordance with the manufacture's installation instructions.</p> <p>The emergency escape and rescue window well measured more than 44 inches from the floor of the window well to the top and did not have a ladder installed in resident sleeping 5 in the basement. It was explained by the surveyor that a ladder in accordance with current Minnesota Fire Code is required to be installed in emergency escape and rescue window wells where the height from the floor of the window well to the top is more than 44 inches.</p>	0 780		

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0 780	<p>Continued From page 8</p> <p>There were used cigarette butts on the floor in the garage that were not dispensed into the provided appropriate dispenser.</p> <p>The door leading from the assisted living through the garage was marked with an exit sign and the evacuation map included an exit route through the garage. The garage shall not be used as access to exit the building as it is a higher hazard area than the assisted living facility.</p> <p>During the facility tour on September 10, 2024, at 12:00 p.m., M-E, and LALD-A, verified the above listed observations while accompanying on the tour.</p> <p>TIME PERIOD FOR CORRECTION: Two (2) day.</p>	0 780		
0 800 SS=F	<p>144G.45 Subd. 2 (a) (4) Fire protection and physical environment</p> <p>(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.</p> <p>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.</p>	0 800		

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0 800	<p>Continued From page 9</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at 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).</p> <p>The findings include:</p> <p>On a facility tour on September 10, 2024, from 11:00 a.m. to 12:00 p.m., with manager (M)-E, and licensed assisted living director (LALD)-A, the surveyor made the following observations of facility hazard or disrepair:</p> <p>The clothes dryer power plug cover was loose and the strap holding the wire in the box was loose allowing the electrical wire to come out of the box.</p> <p>The light fixture globe was missing, and a light bulb was missing on the ceiling in resident sleeping room 3.</p> <p>There was a piece of floor covering missing causing a trip hazard in resident sleeping room 1.</p> <p>There was missing electrical outlet cover behind the dryer.</p> <p>There was a missing electrical outlet cover near the ceiling in the basement living room.</p> <p>During the facility tour on September 10, 2024, at 12:00 p.m., M-E, and LALD-A, verified the above listed observations while accompanying on the</p>	0 800		

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0 800	Continued From page 10  tour.  TIME PERIOD FOR CORRECTION: Seven (7) days.	0 800		
0 820 SS=F	<p>144G.45 Subd. 2 (g) Fire protection and physical environment</p> <p>(g) Existing construction or elements, including assisted living facilities that were registered as housing with services establishments under chapter 144D prior to August 1, 2021, shall be permitted to continue in use provided such use does not constitute a distinct hazard to life. Any existing elements that an authority having jurisdiction deems a distinct hazard to life must be corrected. The facility must document in the facility's records any actions taken to comply with a correction order, and must submit to the commissioner for review and approval prior to correction.</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide facilities that were not a distinct hazard to life. This had the potential to directly affect all residents, visitors, and staff.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p>	0 820		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>36798</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/11/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>UNITED SOCIAL SERVICES OF MN L</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>581 VAN BUREN AVENUE MINNEAPOLIS, MN 55413</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 820	<p>Continued From page 11</p> <p>Findings include:</p> <p>On a facility tour on September 10, 2024, from 11:00 a.m. to 12:00 p.m., with manager (M)-E, and licensed assisted living director (LALD)-A, the following distinct hazards were observed:</p> <p>A lock was installed requiring a key to open from the inside egress side of the main front exit door. Doors are required to open from the egress side in the direction of travel without the use of tools, keys, or special knowledge in accordance with current Minnesota Fire Code.</p> <p>During the facility tour on September 10, 2024, at 12:00 p.m., M-E, and LALD-A, verified the above listed observations while accompanying on the tour.</p> <p>TIME PERIOD FOR CORRECTION: Two (2) days.</p>	0 820		
0 970 SS=C	<p>144G.50 Subd. 5 Waivers of liability prohibited</p> <p>The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract did not include language waiving the</p>	0 970		

Minnesota Department of Health

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0 970	<p>Continued From page 12</p> <p>licensee's liability for health, safety, or personal property for two of two residents (R1, R2).</p> <p>This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the client and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>R1 R1 was admitted on July 12, 2023, and began receiving assisted living services.</p> <p>R1's Service Plan Waiver dated July 14, 2023, indicated R1's services included assistance with dressing and bathing, medication administration and behavior management.</p> <p>R1's [licensee] Assisted Living Agreement signed July 29, 2021, read under Miscellaneous Provisions 1. Insurance Liability and Release (p. 11), read " ...The resident agrees that [licensee] will not be liable to the resident for any personal injury or property damage (including without limitation, damage to, or loss or theft of, automobiles or personal property of resident) suffered by the resident ... unless and to the extent that the injury or damage is caused by the negligence of [licensee] or its employees or agents. The resident hereby releases [licensee] from liability for any personal injury or property damage suffered by the resident ... unless caused by the negligence of [licensee] or its employees or agents]."</p>	0 970		

Minnesota Department of Health

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0 970	<p>Continued From page 13</p> <p>R2 R2 was admitted on August 7, 2023, and began receiving assisted living services.</p> <p>R2's Service Plan (Waiver)-Addendum to Contract signed July 8, 2024, indicated R2's services included dressing and bathing assistance, behavior management, and medication administration.</p> <p>R2's [licensee] Assisted Living Contract signed August 7, 2023, read under Miscellaneous Provisions 1. Insurance Liability and Release (p. 11), read " ...The resident agrees that [licensee] will not be liable to the resident for any personal injury or property damage (including without limitation, damage to, or loss or theft of, automobiles or personal property of resident) suffered by the resident ... unless and to the extent that the injury or damage is caused by the negligence of [licensee] or its employees or agents. The resident hereby releases [licensee] from liability for any personal injury or property damage suffered by the resident ... unless caused by the negligence of [licensee] or its employees or agents]."</p> <p>On September 10, 2024, at approximately 1:00 p.m., licensed assisted living director (LALD)-A and manager (M)-E stated they were aware contracts needed to be updated and have reached out to their consultant.</p> <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 970		

Minnesota Department of Health

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01730	Continued From page 14	01730		
01730 SS=D	<p><b>144G.71 Subd. 5 Individualized medication management plan</b></p> <p>(a) For each resident receiving medication management services, the assisted living facility must prepare and include in the service plan a written statement of the medication management services that will be provided to the resident. The facility must develop and maintain a current individualized medication management record for each resident based on the resident's assessment that must contain the following:</p> <ol style="list-style-type: none"> <li>(1) a statement describing the medication management services that will be provided;</li> <li>(2) a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions;</li> <li>(3) documentation of specific resident instructions relating to the administration of medications;</li> <li>(4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis;</li> <li>(5) identification of medication management tasks that may be delegated to unlicensed personnel;</li> <li>(6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and</li> <li>(7) any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions.</li> </ol> <p>(b) The medication management record must be current and updated when there are any changes.</p>	01730		

Minnesota Department of Health

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01730	<p>Continued From page 15</p> <p>(c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to develop an individualized medication management plan with all required content for one of two residents (R1).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death) and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>R1 was admitted July 12, 2023, and began receiving assisted living services.</p> <p>R1's Service Plan-Waiver dated July 14, 2023, indicated R1 received services including bathing assistance, medication administration, and behavior management.</p> <p>R1's Individualized Medication Management Plan dated July 19, 2024, lacked the following required information: -a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with manufacturer's recommendations; -identification of medication management tasks</p>	01730		

Minnesota Department of Health

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01730	<p>Continued From page 16</p> <p>that may be delegated to unlicensed personnel; and</p> <ul style="list-style-type: none"> <li>-procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services.</li> </ul> <p>On September 10, 2024, at approximately 10:00 a.m., licensed assisted living director (LALD)-A stated they were not aware the medication management plan was incomplete.</p> <p>The licensee's Service Plan for Medication Management policy dated February 10, 2022, indicated the written Medication Management Plan would include the following provisions:</p> <ul style="list-style-type: none"> <li>-a description of the storage of medications based on the resident assessment;</li> <li>-description of medication tasks to be delegated to unlicensed personnel; and</li> <li>-plans for staff notifying the licensed health professional when/if a problem with medication management services arises.</li> </ul> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01730		

Type: Full  
Date: 09/10/24  
Time: 10:50:00  
Report: 1039241281

## Food and Beverage Establishment Inspection Report

Page 1

**Location:**

United Social Services Of Mn L  
581 Van Buren Avenue  
Minneapolis, MN55413  
Hennepin County, 27

**Establishment Info:**

ID #: 0039242  
Risk:  
Announced Inspection: No

**License Categories:**

Expires on: / /

**Operator:**

Phone #: 9523815927  
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.

### 4-300 Equipment Numbers and Capacities

#### 4-302.14 **\*\* Priority 2 \*\***

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

PERSON-IN-CHARGE STATES CHLORINE BLEACH SOLUTION IS USED FOR SANITIZING SURFACES. ACQUIRE CHLORINE TEST STRIPS TO VERIFY SOLUTION IS 50-200 PPM CHLORINE.

*Comply By: 09/13/24*

### 4-400 Equipment Location and Installation

#### 4-402.11A

MN Rule 4626.0725A Space fixed equipment to allow access for cleaning along the sides, behind and above the unit, or seal to adjoining equipment or walls.

CAULKING WHERE SINK JOINS COUNTERTOP IS IN BAD REPAIR. REMOVE OLD CAULKING AND RESEAL.

*Comply By: 10/15/24*

### 6-300 Physical Facility Numbers and Capacities

#### 6-301.14A

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

NO HANDWASHING REMINDER SIGN IS POSTED AT 1-COMPARTMENT SINK IN KITCHEN.  
COMPLY WITH ABOVE RULE.

*Comply By: 09/10/24*

Type: Full  
Date: 09/10/24  
Time: 10:50:00  
Report: 1039241281  
United Social Services Of Mn L

# Food and Beverage Establishment Inspection Report

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## 6-500 Physical Facility Maintenance/Operation and Pest Control

### 6-501.111ABD

MN Rule 4626.1565ABD Provide control of insects, rodents, and other pests by routinely inspecting incoming food and supply shipments; routinely inspecting the premises for evidence of pests; and eliminating harborage conditions.

FLIES PRESENT IN KITCHEN. ADD PEST CONTROL MEASURES AND COMPLY WITH ABOVE RULE.

Comply By: 09/13/24

---

## Food and Equipment Temperatures

Process/Item: FROZEN

Temperature: Degrees Fahrenheit - Location: BASEMENT CHEST FREEZER

Violation Issued: No

---

Process/Item: FROZEN

Temperature: Degrees Fahrenheit - Location: FREEZER ON REFRIGERATOR

Violation Issued: No

---

Process/Item: MILK

Temperature: 39 Degrees Fahrenheit - Location: COLD HOLD IN KITCEHN REFRIGERATOR

Violation Issued: No

---

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

The inspection was completed with the person in charge and reviewed with MDH nurse evaluator Michelle Winters

The kitchen is of residential build and should serve food for same-day service only.

The kitchen has wood cabinets with hollow base, laminate wood floor, painted walls and ceiling and faux-stone countertops. These kitchen finishes and surfaces are clean and well maintained.

The kitchen refrigerator/freezer are of residential grade.

A 1-compartment sink is present in kitchen.

A residential dishwashing machine is present in the kitchen. Per weekly log of thermo test strips maintained by establishment, the dishwashing machine achieves a utensil surface temperature >160 degrees F

A supply of single-use gloves is present in kitchen. A thin-probe food thermometer is present in kitchen. Person-in-charge state chlorine bleach solution is prepared and used to sanitize food contact surfaces.

Discussed the following with the person-in-charge: minimum cook temps for animal proteins, food source, foodborne illness symptoms and exclusion of ill employees, avoiding bare hand contact with ready to eat foods, handwashing, sanitizing.

Type: Full  
Date: 09/10/24  
Time: 10:50:00  
Report: 1039241281  
United Social Services Of Mn L

# Food and Beverage Establishment Inspection Report

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

I acknowledge receipt of the Minnesota Department of Health inspection report number 1039241281 of 09/10/24.

Certified Food Protection Manager: Abdukadir Nor

Certification Number: FM107981 Expires: 08/02/27

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

Signed: \_\_\_\_\_

Abdukadir Nor  
person-in-charge

Signed:  \_\_\_\_\_

Aron Goodner  
Public Health Sanitarian I  
Freeman Building  
aron.goodner@state.mn.us