



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

Electronically Delivered

October 21, 2024

Licensee  
Grace Homes  
414 Wilshire Walk  
Hopkins, MN 55305

RE: Project Number(s) SL31889015

Dear Licensee:

On September 30, 2024, the Minnesota Department of Health completed a follow-up survey of your facility to determine if orders from the July 10, 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 'Kelly Thorson'.

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

JMD



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

Electronically Delivered

August 2, 2024

Licensee  
Grace Homes  
414 Wilshire Walk  
Hopkins, MN 55305

RE: Project Number(s) SL31889015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on July 10, 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 . . ."

### **IMPOSITION OF FINES**

In accordance with Minn. Stat. § 144G.31, Subd. 4, fines and enforcement actions may be imposed based on the level and scope of the violations and may be imposed immediately with no opportunity to correct the violation first as follows:

Level 1: no fines or enforcement.

Level 2: a fine of \$500 per violation, in addition to any enforcement mechanism authorized in § 144G.20 for widespread violations;

Level 3: a fine of \$3,000 per violation per incident, in addition to any enforcement mechanism authorized in § 144G.20.

Level 4: a fine of \$5,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20.

In accordance with Minn. Stat. § 144G.31, Subd. 4(a)(5), MDH may impose fine amounts of either \$1,000 or \$5,000 to licensees who are found to be responsible for maltreatment. MDH may impose a fine of \$1,000 for each substantiated maltreatment violation that consists of abuse, neglect, or financial exploitation according to Minn. Stat. § 626.5572, Subds. 2, 9, 17. MDH also may impose a

fine of \$5,000 for each substantiated maltreatment violation consisting of sexual assault, death, or abuse resulting in serious injury.

In accordance with Minn. Stat. § 144G.31, Subd. 4(b), when a fine is assessed against a facility for substantiated maltreatment, the commissioner shall not also impose an immediate fine under this chapter for the same circumstance.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, the following fines are assessed pursuant to this survey:

**St - 0 - 1290 - 144g.60 Subdivision 1 - Background Studies Required - \$3,000.00**

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$3,000.00**. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

**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>**

**REQUESTING A HEARING**

Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the Department of Health within 15 business days of the

correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor. to submit a hearing request, please visit:

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

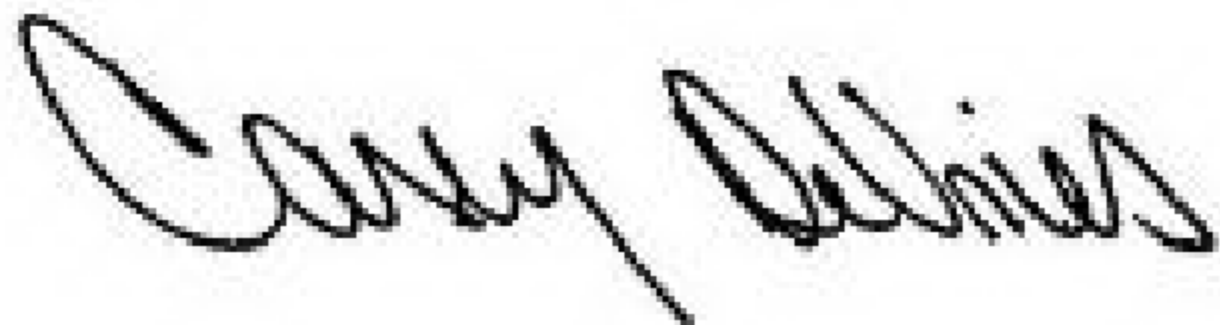
To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration or a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

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,



Casey DeVries, Supervisor  
State Evaluation Team  
Email: [Casey.DeVries@state.mn.us](mailto:Casey.DeVries@state.mn.us)  
Telephone: 651-201-5917 Fax: 1-866-890-9290

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>31889</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/10/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GRACE HOMES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>414 WILSHIRE WALK HOPKINS, MN 55305</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
0 000	<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> SL31889015-0</p> <p>On July 8, 2024, through July 10, 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, all of whom received services under the Assisted Living license.</p> <p>An immediate correction order was identified on July 9, 2024, issued for SL31889015-0, tag identification 1290.</p> <p>On July 9, 2024, the immediacy of correction order 1290 was removed, however non-compliance remained, and the scope and level remained unchanged.</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 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.</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>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.</p>	
0 650 SS=E	<p><b>144G.42 Subd. 8 Employee records</b></p> <p>(a) The facility must maintain current records of</p>	0 650		

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

Minnesota Department of Health

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0 650	<p>Continued From page 1</p> <p>each paid employee, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following information:</p> <p>(1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules;</p> <p>(2) records of orientation, required annual training and infection control training, and competency evaluations;</p> <p>(3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision;</p> <p>(4) documentation of annual performance reviews that identify areas of improvement needed and training needs;</p> <p>(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</p> <p>(6) documentation of the background study as required under section 144.057.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure employee records included all required content for two of three employees (unlicensed personnel (ULP)-A, ULP-B) with records reviewed.</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 pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the</p>	0 650		

Minnesota Department of Health

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0 650	<p>Continued From page 2</p> <p>situation has occurred repeatedly; but is not found to be pervasive).</p> <p>The findings include:</p> <p>ULP -A ULP-A was hired on December 5, 2022, to provide direct care services to residents.</p> <p>On July 9, 2024, at 8:00 a.m., the surveyor observed ULP-A perform medication administration.</p> <p>ULP-A's employee record lacked the required documentation for the following training topics: -unplanned times away medication administration.</p> <p>ULP-B ULP-B was hired on April 12, 2024, to provide direct care services to residents.</p> <p>ULP-B's employee record lacked documentation to indicate ULP-B was provided a current job description.</p> <p>On July 9, 2024, at 12:57 p.m., LALD/CNS-D stated they trained ULP-A on how to prepare medication for a resident who is going on unplanned times away but did not do documentation to show the training was given.</p> <p>On July 9, 2024, at 12:58 p.m., ULP-A stated they did prepare medication for residents who were going on unplanned times away and they were trained on how to prepare medication for a resident who was going on unplanned times away.</p> <p>The licensee's personnel Records policy dated</p>	0 650		

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0 650	<p>Continued From page 3</p> <p>August 1, 2021, read, " 2. The personnel record for each person will include:</p> <ul style="list-style-type: none"> <li>a. Evidence of current professional licensure, registration or certificate, if licensure, registration, or certification is required by the law or other state requirements;</li> <li>b. Record of orientation;</li> <li>c. Record of all required training for unlicensed personnel and competency evaluations;</li> <li>d. Record of required in-service education for all staff providing services to residents, including annual trainings and infection control training;</li> <li>e. Documentation of a completed background study;</li> <li>f. Documentation that the employee is not on the OIG or MHCP exclusion list;</li> <li>g. TB screening results (and other documentation related to communicable diseases, if appropriate);</li> <li>h. Results of supervision observations</li> <li>i. Performance evaluations which identify areas of improvement needed and training needs [performance reviews must be conducted at least annually];</li> <li>j. Current job description, which includes qualifications, responsibilities and identification of supervisors." <p>No further information provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p> </li></ul>	0 650		
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</p>	0 660		

Minnesota Department of Health

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0 660	<p>Continued From page 4</p> <p>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> <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 maintain a tuberculosis (TB) prevention and control program, based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC), which included a two-step tuberculin skin test (TST) or other evidence of TB screening such as a blood test, and a completed health history and symptom screening for one of three employees (unlicensed personnel (ULP)-B). This had the potential to 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, 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>	0 660		

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0 660	<p>Continued From page 5</p> <p>ULP-B was hired on April 12, 2024, to provide direct care services to residents.</p> <p>ULP-B's employee record lacked evidence a TST or other evidence of TB screening such as a blood test, was completed. ULP-B's employee record also lacked evidence TB symptom screening was completed upon hire.</p> <p>On July 9, 2024, at 1:13 p.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-D stated there was no TB record for TB testing or symptom screening for ULP-B. LALD/CNS-D stated it was overlooked.</p> <p>The CDC Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel dated May 17, 2019, indicated all health personnel should have a baseline screening and an individual risk assessment, which is necessary for interpreting any test result.</p> <p>The licensee's TB Prevention and Control Policy dated August 1, 2021, read, "3. TB screening for Assisted living Staff At time of hire and prior to any contact with residents, all assisted living employees and all volunteers will be screened for Tuberculosis.</p> <p>a. Prior to contact with residents, the RN will review TB symptoms with each new assisted living employee and with any volunteers having direct resident contact.</p> <p>b. Prior to contact with residents, each staff person will be screened for TB. A two-step skin test or single interferon gamma release assay (IGRA) for M. tuberculosis (e.g., QuantiFERON® TB Gold or TB Gold-In Tube, TSPOT ®.TB) will be administered unless the person's past medical history indicates that a TB skin test is contraindicated. Individuals who have been</p>	0 660		

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0 660	<p>Continued From page 6</p> <p>vaccinated with Bacillus Calmette-Guerin (BCG) vaccine are not exempt from tuberculin skin testing. Pregnant women are not exempt from tuberculin skin testing unless they have filed the exemption form for TB skin testing of a pregnant health care worker. The RN will follow the MDH guidance in 06-009 regarding how to screen employees with a previous or current positive TST or TB blood test or with a documented history of previous treatment for latent TB infection (LTBI) or active TB disease. For any questions the RN will contact the MDH TB staff at 651-201-5414 or 1-877-676-5414 and/or visit <a href="http://www.health.state.mn.us/divs/idepc/diseases/tb/tst.html#two">http://www.health.state.mn.us/divs/idepc/diseases/tb/tst.html#two</a></p> <p>c. After the baseline screening, the RN will review the TB symptoms annually with all employees and volunteers but additional testing will not be necessary as long as the assisted living agency's TB risk assessment determines the agency to be in the "low risk" category.</p> <p>d. Any employee with abnormal TB screening results must receive a follow-up medical evaluation by a physician. Such employees may not have any contact with residents until a physician has determined that they do not have contagious TB. The employee must provide copies of the medical reports, chest radiograph results or verification of completed treatment to the agency to keep in the employee's personnel file.</p> <p>e. Any employee exhibiting signs or symptoms consistent with TB must be evaluated by a physician within 72 hours and cannot return to work until determined by the physician to be non-infectious."</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one</p>	0 660		

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0 660	Continued From page 7  (21) days	0 660		
0 680 SS=F	<p><b>144G.42 Subd. 10 Disaster planning and emergency preparedness</b></p> <p>(a) The facility must meet the following requirements:                      (1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency;                      (2) post an emergency disaster plan prominently;                      (3) provide building emergency exit diagrams to all residents;                      (4) post emergency exit diagrams on each floor; and                      (5) have a written policy and procedure regarding missing residents.                      (b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site.                      (c) The facility must meet any additional requirements adopted in rule.</p> <p>This MN Requirement is not met as evidenced by:                      Based on interview and record review, the licensee failed to revise the missing resident policy quarterly. This had the potential to affect all residents, staff, and visitors.</p> <p>This practice resulted in a level two violation (a</p>	0 680		

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0 680	<p>Continued From page 8</p> <p>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>The licensee's Missing Resident Policy was last revised on November 1, 2023. The Missing Resident Policy lacked quarterly revision, which was due on February 1, 2024, and May 1, 2024.</p> <p>On July 8, 2024, at approximately 11:15 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-D stated they were aware of the requirement to update the missing resident policy quarterly and stated they missed to update the plan.</p> <p>The licensee's Missing Resident Policy dated August 1, 2021, read, " The assisted living director and clinical nurse supervisors must review the missing resident plan at least quarterly and document any changes to the plan."</p> <p>Per Assisted Living Facilities: Minnesota Rules Chapter 4659, 4659.0110, Subp. 4. Review missing resident plan. The assisted living director and clinical nurse supervisor must review the missing person plan at least quarterly and document any changes to the plan.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 680		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>31889</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/10/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GRACE HOMES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>414 WILSHIRE WALK HOPKINS, MN 55305</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
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01290 SS=G	<p><b>144G.60 Subdivision 1 Background studies required</b></p> <p>(a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section 144.057 and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information.</p> <p>(b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12.</p> <p>(c) Termination of an employee in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits.</p> <p>This MN Requirement is not met as evidenced by: Based on interview, and record review, the licensee failed to ensure a background study (BGS) was submitted and received in affiliation with the assisted living licensee for one of eighteen employees (unlicensed personnel (ULP)-B).</p> <p>This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death) and was issued at 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>	01290		
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01290	<p>Continued From page 10</p> <p>ULP-B was hired on April 12, 2024, to provide direct care and services to residents.</p> <p>The licensee's staffing schedule for the month of July 2024, indicated ULP-B had worked the following shifts: evening shift (3:00p.m., to 11:00p.m.) on July 1, 2, and 5. ULP-B is also scheduled to work the following shifts, evening shift (3:00p.m., to 11:00p.m.) on July 8, 9, 10, 13, 14, 15, 16, 19, 22, 23, 24, 27, 28, 29, and 31.</p> <p>ULP-B's employee record included a Background Study Clearance Notice dated December 3, 2021, under the licensee's sister facility HFID 28023 (Homecare).</p> <p>The licensee's NETstudy 2.0 printed on July 8, 2024, did not include ULP-B in the list of employees whose BGS was affiliated to the licensee's HFID 31889.</p> <p>On July 8, 2024, at approximately 9:30 a.m., licensed assisted living director (LALD/CNS)-D stated ULP-B used to be the licensee's Homecare employee under HFID 28023, ULP-B was let go as they did not have enough job for them. ULP-B then came back and started working at the licensee's facility on April 12, 2024. LALD/CNS-D stated human resource (HR) did not do the BGS clearance for ULP-B upon rehire.</p> <p>On July 8, 2024, at approximately 10:15 a.m., LALD/CNS-D logged on to Netsudy 2.0 and showed the surveyor the BGS roster for HFID 28023 which indicated ULP-B's BGS was cleared under HFID 28023 on December 3, 2021, and ended on November 1, 2022. The roster also indicated eligibility expiration date of December 31, 2023.</p>	01290		

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01290	<p>Continued From page 11</p> <p>On July 8, 2024, at approximately 10:20 a.m., HR stated they were not aware they had to rerun a BGS for re hires.</p> <p>On July 8, 2024, at approximately 11:15 a.m., LALD/CNS-D stated they were not aware that ULP-B did not have BGS on file. LALD/CNS-D also stated ULP-B had been helping resident's and answering resident's call lights without direct supervision.</p> <p>The licensee's Background Studies Policy dated August 1, 2021, indicated no employee may provide direct services and have independent direct contact with any residents until acceptable result of the BGS have been received.</p> <p>No further information was provided.</p> <p><b>TIME PERIOD FOR CORRECTION: IMMEDIATE</b></p> <p>On July 9, 2024, the immediacy of correction order 1290 was removed, however non-compliance remained, and the scope and level remained unchanged.</p>	01290		
01370 SS=D	<p><b>144G.61 Subd. 2 (a) Training and evaluation of unlicensed personn</b></p> <p>(a) Training and competency evaluations for all unlicensed personnel must include the following:                      (1) documentation requirements for all services provided;                      (2) reports of changes in the resident's condition to the supervisor designated by the facility;                      (3) basic infection control, including blood-borne pathogens;                      (4) maintenance of a clean and safe environment;</p>	01370		

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01370	<p>Continued From page 12</p> <p>(5) appropriate and safe techniques in personal hygiene and grooming, including: (i) hair care and bathing; (ii) care of teeth, gums, and oral prosthetic devices; (iii) care and use of hearing aids; and (iv) dressing and assisting with toileting; (6) training on the prevention of falls; (7) standby assistance techniques and how to perform them; (8) medication, exercise, and treatment reminders; (9) basic nutrition, meal preparation, food safety, and assistance with eating; (10) preparation of modified diets as ordered by a licensed health professional; (11) communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family; (12) awareness of confidentiality and privacy; (13) understanding appropriate boundaries between staff and residents and the resident's family; (14) procedures to use in handling various emergency situations; and (15) awareness of commonly used health technology equipment and assistive devices.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure training and competency evaluations were completed for all required skill areas, prior to providing services, for one of three 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</p>	01370		

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01370	<p>Continued From page 13</p> <p>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>ULP-B was hired on April 12, 2024, to provide direct care services to residents.</p> <p>ULP-B's employee record lacked the following competency evaluations:</p> <ul style="list-style-type: none"> <li>- documentation requirements for all services provided;</li> <li>- reports of changes in the resident's condition to the supervisor designated by the assisted living provider;</li> <li>- basic infection control, including blood-borne pathogens;</li> <li>- maintenance of a clean and safe environment;</li> <li>- appropriate and safe techniques in personal hygiene and grooming, including: <ul style="list-style-type: none"> <li>(i) hair care and bathing;</li> <li>(ii) care of teeth, gums, and oral prosthetic devices;</li> <li>(iii) care and use of hearing aids;</li> <li>(iv) dressing and assisting with toileting;</li> </ul> </li> <li>- training on the prevention of falls for providers working with the elderly or individuals at risk of falls;</li> <li>- standby assistance techniques and how to perform them;</li> <li>- medication, exercise, and treatment reminders;</li> <li>- basic nutrition, meal preparation, food safety, and assistance with eating;</li> <li>- preparation of modified diets as ordered by a licensed health professional;</li> </ul>	01370		

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01370	<p>Continued From page 14</p> <ul style="list-style-type: none"> <li>- communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family;</li> <li>- awareness of confidentiality and privacy;</li> <li>- understanding appropriate boundaries between staff and residents and the resident's family;</li> <li>- procedures to utilize in handling various emergency situations; and</li> <li>- awareness of commonly used health technology equipment and assistive devices.</li> </ul> <p>On July 9, 2024, at approximately 11:10 a.m., ULP-B stated they only do housekeeping and help with answering call lights. During the interview, the surveyor observed ULP-B leave to go help R2 with toileting. ULP-B stated they were trained on how to help residents with toileting. The surveyor referred the ULP to the schedule where it was indicated the ULP-B was scheduled to work with another ULP and asked if they would help residents with cares. ULP-B stated they only do cleaning, they were still in training, and they stated they do not do cares.</p> <p>On July 9, 2024, at approximately 11:15 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-D stated they had not trained ULP-B on medication administration or cares, ULP-B was not competent enough, and they had not allowed ULP-B to help residents on their own.</p> <p>On July 9, 2024, at approximately 11:20 a.m., LALD/CNS-D stated they did not do any orientation, training or competency, and there was no employee record file to provide for ULP-B, and stated it was overlooked. LALD/CNS-D stated other ULPs from the other house (a sister facility across a walkway from the licensee)</p>	01370		

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01370	<p>Continued From page 15</p> <p>helped as a second person when needed, ULP-B helped with cleaning and answering call lights only.</p> <p>The licensee's staffing schedule for the month of July 2024, indicated ULP-B had worked the following shifts: evening shift (3:00 p.m., to 11:00 p.m.) on July 1, 2, and 5, 2024. ULP-B is also scheduled to work the following shifts, evening shift (3:00 p.m., to 11:00 p.m.) on July 8, 9, 10, 13, 14, 15, 16, 19, 22, 23, 24, 27, 28, 29, and 31, 2024.</p> <p>On July 9, 2024, at approximately 12:50 p.m., R1 stated ULP-B helped them with everything except medication pass.</p> <p>On July 9, 2024, at approximately 1:00 p.m., R2 stated ULP-B helped them with transfers, toileting, dressing, and ambulation, unsupervised.</p> <p>R1's Service Recap Summary for the month of July 2024, indicated ULP-B performed the following service for R1, on July 1, 2, and 5, 2024, PM shift:</p> <ul style="list-style-type: none"> <li>- check dressings;</li> <li>- catheter care;</li> <li>- compression socks/wraps;</li> <li>- dressing/grooming-PM;</li> <li>- heel protectors;</li> <li>- hot/cold packs;</li> <li>- Hoyer;</li> <li>- push fluids;</li> <li>- safety, repositioning and brief check;</li> <li>- meal intake-dinner;</li> <li>- total assist with feeding;</li> <li>-</li> <li>behavior-hallucination/delusion/anxiety/aggression;</li> <li>- record-output; and</li> </ul>	01370		

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01370	<p>Continued From page 16</p> <p>- record-BM</p> <p>On July 9, 2024, at approximately 1:15 p.m., ULP-B stated the did have access to the licensee's electronic medical record software Rtask, and stated they do have a log in, and they did do chartings for the tasks they completed.</p> <p>On July 9, 2024, at approximately 1:35 p.m., LALD/CNS-D verified the initials indicated on R1's service recap summary mentioned-above were ULP-B's initials. LALD/CNS-D also stated ULP-B could do catheter cares, and they were trained, but there was no documentation. "[ULP-B] is trained by me but there is no documentation, I tell her this what you are supposed to do".</p> <p>The licensee's Delegation of Nursing Tasks policy dated august 1, 2019, read, "POLICY: Nursing tasks will be appropriately delegated to unlicensed personnel, using the licensed nurses [sic] professional judgment. Other Licensed Health Professionals may delegate treatments or assign therapy tasks to unlicensed personnel, consistent with the applicable standards that apply to their license (e.g., PT, OT, Speech Therapy, Respiratory Therapy, and Registered Dietician) "</p> <p>Due to conflicting information gathered by the surveyor during observation, interviews, and record review, the surveyor was unable to determine what orientation and training, if any, the licensee provided to ULP-B, prior to ULP-B providing cares to residents.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01370		

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01380 SS=D	<p><b>144G.61 Subd. 2 (b) Training and evaluation of unlicensed personn</b></p> <p>(b) In addition to paragraph (a), training and competency evaluation for unlicensed personnel providing assisted living services must include:            (1) observing, reporting, and documenting resident status;            (2) basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel;            (3) reading and recording temperature, pulse, and respirations of the resident;            (4) recognizing physical, emotional, cognitive, and developmental needs of the resident;            (5) safe transfer techniques and ambulation;            (6) range of motioning and positioning; and            (7) administering medications or treatments as required.</p> <p>This MN Requirement is not met as evidenced by:            Based on observation, interview, and record review, the licensee failed to ensure training was completed in all required areas for one of three 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, 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>	01380		
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01380	<p>Continued From page 18</p> <p>ULP-B was hired on April 12, 2024, to provide direct care services to residents.</p> <p>ULP-B's employee record lacked the following competency evaluations:</p> <ul style="list-style-type: none"> <li>- observation, reporting, and documenting of resident status;</li> <li>- basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel;</li> <li>- reading and recording temperature, pulse, and respirations of the resident;</li> <li>- recognizing physical, emotional, cognitive, and developmental needs of the resident;</li> <li>- safe transfer techniques and ambulation;</li> <li>- range of motion and positioning; and</li> <li>- administering medications or treatments as required.</li> </ul> <p>On July 9, 2024, at approximately 11:10 a.m., ULP-B stated they only do housekeeping and help with answering call lights. During the interview, the surveyor observed ULP-B leave to go help R2 with toileting. ULP-B stated they were trained on how to help residents with toileting. Surveyor referred the ULP to the schedule where it was indicated the ULP-B was scheduled to work with another ULP and asked if they would help residents with cares. ULP-B stated the only do cleaning, they are still in training, and they stated they do not do cares.</p> <p>On July 9, 2024, at approximately 11:15 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS-D) stated they had not trained ULP-B on medication administration or cares, ULP-B was not competent enough, and they had not allowed ULP-B to help residents on their own.</p>	01380		

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01380	<p>Continued From page 19</p> <p>On July 9, 2024, at approximately 11:20 a.m., LALD/CNS-D stated they did not do any orientation, training or competency, and there was no employee record file to provide for ULP-B, and stated it was overlooked. LALD/CNS-D stated other ULPs from the other house (a sister facility across a walkway from the licensee) helped as a second person when needed, ULP-B helped with cleaning and answering call lights only.</p> <p>The licensee's staffing schedule for the month of July 2024, indicated ULP-B had worked the following shifts: evening shift (3:00 p.m., to 11:00 p.m.) on July 1, 2, and 5, 2024. ULP-B was also scheduled to work the following shifts, evening shift (3:00 p.m., to 11:00 p.m.) on July 8, 9, 10, 13, 14, 15, 16, 19, 22, 23, 24, 27, 28, 29, and 31, 2024.</p> <p>On July 9, 2024, at approximately 12:50 p.m., R1 stated ULP-B helped them with everything except medication pass.</p> <p>On July 9, 2024, at approximately 1:00 p.m., R2 stated ULP-B helped them with transfers, toileting, dressing, and ambulation, unsupervised.</p> <p>R1's Service Recap Summary for the month of July 2024, indicated ULP-B performed the following service for R1, on July 1, 2, and 5, 2024, PM shift:</p> <ul style="list-style-type: none"> <li>- check dressings;</li> <li>- catheter care;</li> <li>- compression socks/wraps;</li> <li>- dressing/grooming-PM;</li> <li>- heel protectors;</li> <li>- hot/cold packs;</li> <li>- Hoyer;</li> </ul>	01380		

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NAME OF PROVIDER OR SUPPLIER  <b>GRACE HOMES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>414 WILSHIRE WALK HOPKINS, MN 55305</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
01380	<p>Continued From page 20</p> <ul style="list-style-type: none"> <li>- push fluids;</li> <li>- safety, repositioning and brief check;</li> <li>- meal intake-dinner;</li> <li>- total assist with feeding;</li> <li>-</li> <li>behavior-hallucination/delusion/anxiety/aggression;</li> <li>- record-output; and</li> <li>- record-BM</li> </ul> <p>On July 9, 2024, at approximately 1:15 p.m., ULP-B stated the did have access to the licensee's electronic medical record software Rtask, and stated they do have a log in, and they did do chartings for the tasks they completed.</p> <p>On July 9, 2024, at approximately 1:35 p.m., LALD/CNS-D verified the initials indicated on R1's service recap summary mentioned-above were ULP-B's initials. LALD/CNS-D also stated ULP-B could do catheter cares, and they were trained, but there was no documentation. "[ULP-B] is trained by me but there is no documentation, I tell her, this what you are supposed to do".</p> <p>The licensee's Delegation of Nursing Tasks policy dated august 1, 2019, read, "POLICY: Nursing tasks will be appropriately delegated to unlicensed personnel, using the licensed nurses [sic] professional judgment. Other Licensed Health Professionals may delegate treatments or assign therapy tasks to unlicensed personnel, consistent with the applicable standards that apply to their license (e.g., PT, OT, Speech Therapy, Respiratory Therapy, and Registered Dietician) "</p> <p>Due to conflicting information gathered by the surveyor during observation, interviews, and record review, the surveyor was unable to</p>	01380		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>31889</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/10/2024</b>
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01380	Continued From page 21  determine what orientation and training, if any, the licensee provided to ULP-B, prior to ULP-B providing cares to residents.  No further information was provided.  TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01380		
01420 SS=D	144G.62 Subd. 2 Delegation of assisted living services  (b) When the registered nurse or licensed health professional delegates tasks to unlicensed personnel, that person must ensure that prior to the delegation the unlicensed personnel is trained in the proper methods to perform the tasks or procedures for each resident and is able to demonstrate the ability to competently follow the procedures and perform the tasks. If the unlicensed personnel has not regularly performed the delegated assisted living task for a period of 24 consecutive months, the unlicensed personnel must demonstrate competency in the task to the registered nurse or appropriate licensed health professional. The registered nurse or licensed health professional must document instructions for the delegated tasks in the resident's record.  This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure prior to delegating treatments and therapies, the unlicensed personnel (ULP) were trained by the registered nurse (RN) in the proper methods to perform the care, treatment or therapy for each resident and were able to demonstrate the ability to competently follow the procedure to perform	01420		

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01420	<p>Continued From page 22</p> <p>the treatment or therapy for one of two employees (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, 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>ULP-B was hired on April 12, 2024, to provide direct care services to residents.</p> <p>ULP-B's employee record lacked the following competency evaluations: RN/ professionally delegated tasks (i.e., monitor vital signs, catheter, mechanical lifts)</p> <p>On July 9, 2024, at approximately 11:10 a.m., ULP-B stated they only do housekeeping and help with answering call lights. During the interview, the surveyor observed ULP-B leave to go help R2 with toileting. ULP-B stated they were trained on how to help residents with toileting. The surveyor referred the ULP to the schedule where it was indicated the ULP-B was scheduled to work with another ULP and asked if they would help residents with cares. ULP-B stated they only do cleaning, they were still in training, and they stated they do not do cares.</p> <p>On July 9, 2024, at approximately 11:15 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-D stated they had not trained ULP-B on medication administration or</p>	01420		

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01420	<p>Continued From page 23</p> <p>cares, ULP-B was not competent enough, and they had not allowed ULP-B to help residents on their own.</p> <p>On July 9, 2024, at approximately 11:20 a.m., LALD/CNS-D stated they did not do any orientation, training or competency, and there was no employee record file to provide for ULP-B, and stated it was overlooked. LALD/CNS-D stated other ULPs from the other house (a sister facility across a walkway from the licensee) helped as a second person when needed, ULP-B helped with cleaning and answering call lights only.</p> <p>The licensee's staffing schedule for the month of July 2024, indicated ULP-B had worked the following shifts: evening shift (3:00 p.m., to 11:00 p.m.) on July 1, 2, and 5, 2024. ULP-B is also scheduled to work the following shifts, evening shift (3:00 p.m., to 11:00 p.m.) on July 8, 9, 10, 13, 14, 15, 16, 19, 22, 23, 24, 27, 28, 29, and 31, 2024.</p> <p>On July 9, 2024, at approximately 12:50 p.m., R1 stated ULP-B helped them with everything except medication pass.</p> <p>On July 9, 2024, at approximately 1:00 p.m., R2 stated ULP-B helped them with transfers, toileting, dressing, and ambulation, unsupervised.</p> <p>R1's Service Recap Summary for the month of July 2024, indicated ULP-B performed the following service for R1, on July 1, 2, and 5, 2024, PM shift:</p> <ul style="list-style-type: none"> <li>- check dressings;</li> <li>- catheter care;</li> <li>- compression socks/wraps;</li> <li>- dressing/grooming-PM;</li> </ul>	01420		

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01420	<p>Continued From page 24</p> <ul style="list-style-type: none"> <li>- heel protectors;</li> <li>- hot/cold packs;</li> <li>- Hoyer;</li> <li>- push fluids;</li> <li>- safety, repositioning and brief check;</li> <li>- meal intake-dinner;</li> <li>- total assist with feeding;</li> <li>-</li> <li>behavior-hallucination/delusion/anxiety/aggression;</li> <li>- record-output; and</li> <li>- record-BM</li> </ul> <p>On July 9, 2024, at approximately 1:15 p.m., ULP-B stated the did have access to the licensee's electronic medical record software Rtask, and stated they do have a log in, and they did do chartings for the tasks they completed.</p> <p>On July 9, 2024, at approximately 1:35 p.m., LALD/CNS-D verified the initials indicated on R1's service recap summary mentioned-above were ULP-B's initials. LALD/CNS-D also stated ULP-B could do catheter cares, and they were trained, but there was no documentation. "[ULP-B] is trained by me but there is no documentation, I tell her this what you are supposed to do".</p> <p>The licensee's Delegation of Nursing Tasks policy dated august 1, 2019, read, "POLICY: Nursing tasks will be appropriately delegated to unlicensed personnel, using the licensed nurses [sic] professional judgment. Other Licensed Health Professionals may delegate treatments or assign therapy tasks to unlicensed personnel, consistent with the applicable standards that apply to their license (e.g., PT, OT, Speech Therapy, Respiratory Therapy, and Registered Dietician) "</p>	01420		

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01420	Continued From page 25  Due to conflicting information gathered by the surveyor during observation, interviews, and record review, the surveyor was unable to determine what orientation and training, if any, the licensee provided to ULP-B, prior to ULP-B providing cares to residents.  No further information was provided.  TIME PERIOD FOR CORRECTION: Twenty-one (21) days	01420		
01440 SS=D	144G.62 Subd. 4 Supervision of staff providing delegated nurs  (a) Staff who perform delegated nursing or therapy tasks must be supervised by an appropriate licensed health professional or a registered nurse according to the assisted living facility's policy where the services are being provided to verify that the work is being performed competently and to identify problems and solutions related to the staff person's ability to perform the tasks. Supervision of staff performing medication or treatment administration shall be provided by a registered nurse or appropriate licensed health professional and must include observation of the staff administering the medication or treatment and the interaction with the resident. (b) The direct supervision of staff performing delegated tasks must be provided within 30 calendar days after the date on which the individual begins working for the facility and first performs the delegated tasks for residents and thereafter as needed based on performance. This requirement also applies to staff who have not performed delegated tasks for one year or longer.	01440		

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01440	<p>Continued From page 26</p> <p>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 direct supervision of staff performing a delegated task within 30 days of providing services for one of three 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, 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>ULP-B was hired on April 12, 2024, to provide direct care services to residents.</p> <p>ULP-B's employee record lacked documentation of direct supervision of performing a delegated task within 30 days of providing services to verify the work was performed competently and to identify problems and solutions to address issues relating to the staff's ability to provide the services.</p> <p>On July 9, 2024, at approximately 11:20 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-D stated they did not do any orientation, training or competency, and there was no employee record file to provide for ULP-B, and stated it was overlooked.</p> <p>On July 9, 2024, at approximately 12:50 p.m., R1</p>	01440		

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01440	<p>Continued From page 27</p> <p>stated ULP-B helped them with everything except medication pass.</p> <p>On July 9, 2024, at approximately 1:00 p.m., R2 stated ULP-B helped them with transfers, toileting, dressing, and ambulation, unsupervised.</p> <p>R1's Service Recap Summary for the month of July 2024, indicated ULP-B performed the following service for R1, on July 1, 2, and 5, 2024, PM shift:</p> <ul style="list-style-type: none"> <li>- check dressings;</li> <li>- catheter care;</li> <li>- compression socks/wraps;</li> <li>- dressing/grooming-PM;</li> <li>- heel protectors;</li> <li>- hot/cold packs;</li> <li>- Hoyer;</li> <li>- push fluids;</li> <li>- safety, repositioning and brief check;</li> <li>- meal intake-dinner;</li> <li>- total assist with feeding;</li> <li>-</li> <li>behavior-hallucination/delusion/anxiety/aggression;</li> <li>- record-output; and</li> <li>- record-BM</li> </ul> <p>The licensee's Delegation of Nursing Task Policy dated August 1, 2019, read, "5. Determining that Staff is Competent to Perform the Delegated or Assigned Task.</p> <p>a) Before delegating or assigning a task to unlicensed personnel, the RN or Licensed Health Professional must determine that each staff member who will perform the task is trained and competent to perform the task and has been instructed in the proper procedures for performing the procedures with respect to the specific resident.</p>	01440		

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01440	<p>Continued From page 28</p> <p>b) Based on the professional judgment of the RN or Licensed Health Professional and on the individual needs of the resident, the RN or Licensed Health Professional may give any resident-specific instructions on the proper procedures for performing any new service to the unlicensed personnel on-site, verbally via telephone, or in writing.</p> <p>i. When the RN or Licensed Health Professional instructs unlicensed staff on the resident-specific procedures on-site or verbally, the RN will document which staff received this instruction.</p> <p>ii. Each unlicensed staff person will sign off on or electronically attest to the written instructions in the resident's file to document that they have read and understand the instructions prior to providing the service.</p> <p>c) The RN and/or Licensed Health Professional will assure that training and competency records for all unlicensed staff are kept up-to-date and are easily accessible to the RN or Licensed Health Professional so that the RN or Licensed Health Professional can determine which staff is competent to perform various delegated tasks.</p> <p>6. System to Track Competencies of Unlicensed Staff. The RN will establish, implement and update a system to communicate up-to-date information to the RN or Licensed Health Professional regarding the current available staff and their competencies so the RN or Licensed Health Professional has sufficient information to determine the appropriateness of delegating tasks to meet the individual resident's needs and preferences."</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01440		

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01470 SS=D	<p><b>144G.63 Subd. 2 Content of required orientation</b></p> <p>(a) The orientation must contain the following topics:</p> <ul style="list-style-type: none"> <li>(1) an overview of this chapter;</li> <li>(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;</li> <li>(3) handling of emergencies and use of emergency services;</li> <li>(4) compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC);</li> <li>(5) the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights;</li> <li>(6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person;</li> <li>(7) handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints;</li> <li>(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</li> <li>(9) a review of the types of assisted living services the employee will be providing and the facility's category of licensure.</li> </ul> <p>(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</p>	01470		

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01470	<p>Continued From page 30</p> <p>based, may include online training, and must include training on one or more of the following topics:</p> <p>(1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and the challenges it poses to communication;</p> <p>(2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or</p> <p>(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.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure one of three employees (unlicensed personnel (ULP)-B) completed an orientation to assisted living facility licensing requirements and regulations before providing services to residents.</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>ULP-B was hired on April 12, 2024, to provide direct care services to residents.</p>	01470		

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01470	<p>Continued From page 31</p> <p>ULP-B's employee record lacked evidence of orientation to assisted living regulations for the following topics:</p> <ul style="list-style-type: none"> <li>- overview of assisted living statutes;</li> <li>- review of provider's policies and procedures;</li> <li>- handling emergencies and using emergency services;</li> <li>- reporting maltreatment of vulnerable adults or minors;</li> <li>- assisted living bill of rights;</li> <li>- principles of person-centered planning/service delivery;</li> <li>- handing of resident complaints, reporting of complaints, where to report;</li> <li>- consumer advocacy services; and</li> <li>- review of types of assisted living services the employee will provide and provider's scope of license.</li> </ul> <p>On July 9, 2024, at approximately 11:10 a.m., ULP-B stated they only do housekeeping and help with answering call lights. During the interview, the surveyor observed ULP-B leave to go help R2 with toileting. ULP-B stated they were trained on how to help residents with toileting. The surveyor referred the ULP to the schedule where it was indicated the ULP-B was scheduled to work with another ULP and asked if they would help residents with cares. ULP-B stated they only do cleaning, they were still in training, and they stated they do not do cares.</p> <p>On July 9, 2024, at approximately 11:10 a.m., LALD/CNS-D stated they had not trained ULP-B on medication administration or cares, ULP-B was not competent enough, and they had not allowed ULP-B to help residents on their own.</p> <p>On July 9, 2024, at approximately 11:20 a.m.,</p>	01470		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>31889</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/10/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GRACE HOMES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>414 WILSHIRE WALK HOPKINS, MN 55305</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
01470	<p>Continued From page 32</p> <p>licensed assisted living director/clinical nurse supervisor (LALD/CNS)-D stated they did not do any orientation, training or competency and there was no employee record file to provide for ULP-B, and stated it was overlooked. LALD/CNS-D stated other ULPs from the other house (a sister facility across a walkway from the licensee) helped as a second person when needed, ULP-B helped with cleaning and answering call lights only.</p> <p>The licensee's staffing schedule for the month of July 2024, indicated ULP-B had worked the following shifts: evening shift (3:00 p.m., to 11:00 p.m.) on July 1, 2, and 5, 2024. ULP-B was also scheduled to work the following shifts, evening shift (3:00 p.m., to 11:00 p.m.) on July 8, 9, 10, 13, 14, 15, 16, 19, 22, 23, 24, 27, 28, 29, and 31, 2024.</p> <p>On July 9, 2024, at approximately 12:50 p.m., R1 stated ULP-B helped them with everything except medication pass.</p> <p>On July 9, 2024, at approximately 1:00 p.m., R2 stated ULP-B helped them with transfers, toileting, dressing, and ambulation.</p> <p>R1's Service Recap Summary for the month of July 2024, indicate ULP-B performed the following service for R1, on July 1, 2, and 5, 2024, PM shift:</p> <ul style="list-style-type: none"> <li>- check dressings;</li> <li>- catheter care;</li> <li>- compression socks/wraps;</li> <li>- dressing/grooming-PM;</li> <li>- heel protectors;</li> <li>- hot/cold packs;</li> <li>- Hoyer;</li> <li>- push fluids;</li> </ul>	01470		

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01470	<p>Continued From page 33</p> <ul style="list-style-type: none"> <li>- safety, repositioning and brief check;</li> <li>- meal intake-dinner;</li> <li>- total assist with feeding;</li> <li>-</li> <li>behavior-hallucination/delusion/anxiety/aggression;</li> <li>- record-output; and</li> <li>- record-BM</li> </ul> <p>On July 9, 2024, at approximately 1:15 p.m., ULP-B stated the did have access to the licensee's electronic medical record software Rtask, and stated they do have a log in, and they did do chartings for the tasks they completed.</p> <p>On July 9, 2024, at approximately 1:35 p.m., LALD/CNS-D verified the initials indicated on R1's service recap summary mentioned-above were ULP-B's initials. LALD/CNS-D also stated they trained ULP-B, ULP-B could do catheter cares they were trained, but there was no documentation. "[ULP-B] is trained by me but there is no documentation, I tell her this what you are supposed to do".</p> <p>The licensee's Assisted Living Orientation - All Staff policy dated August 1, 2021, read, " POLICY: Newly hired staff will receive orientation and training on topics required for assisted living organizations.</p> <p>PROCEDURE: 1. All assisted living employees must complete an orientation to assisted living facility licensing requirements and regulations before providing services to residents.     a. If any volunteers provide services to assisted living residents, they will also receive orientation to assisted living facility and licensing requirements.</p>	01470		

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01470	<p>Continued From page 34</p> <p>b. Orientation to assisted living facility licensing requirements and regulations is only required upon hire and is provided by our agency.</p> <p>c. Orientation to assisted living facility licensing requirements and regulations provided by a previous organization is not transferrable to this organization.</p> <p>2. At minimum, orientation must include the following topics:</p> <p>a. An overview of Minnesota's assisted living law</p> <p>b. An introduction and review of agency policies and procedures related to the provision of assisted living services</p> <p>c. Emergency and disaster training</p> <p>o Handling of emergencies and use of emergency services</p> <p>o Emergency and disaster preparedness plan</p> <p>o Procedures to use in handling various emergency situation</p> <p>d. Employee Right to Know</p> <p>e. The assisted living bill of rights and staff responsibilities to ensuring the exercise and protection of those rights</p> <p>f. Infection control</p> <p>o Bloodborne pathogens</p> <p>o Maintaining a clean and safe environment</p> <p>o TB prevention and control</p> <p>o Basic infection control</p> <p>g. HIPAA / Privacy Practices</p> <p>h. Employee job description</p> <p>i. Organizational chart and roles of staff within the facility</p> <p>j. Principles of person-centered planning and service delivery and how they apply to direct support services</p> <p>k. Types of assisted living services as</p>	01470		

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01470	<p>Continued From page 35</p> <p>indicated on the Uniform Disclosure of Assisted Living Services and Amenities and providers scope of licensure</p> <ul style="list-style-type: none"> <li>I. Maltreatment of vulnerable adults               <ul style="list-style-type: none"> <li>m. How to report maltreatment of vulnerable adults</li> </ul> </li> <li>n. How to report a crime</li> <li>o. Complaint process               <ul style="list-style-type: none"> <li>o Handling resident complaints</li> <li>o The facility's system for receiving and responding to complaints,</li> <li>o Where and how to report complaints</li> <li>o Contact information for the Office of Health Facility Complaints</li> <li>o Contact information for the Office of the Ombudsman for long-term care</li> <li>o Contact information for the Office of the Ombudsman for Mental Health and Disabilities."</li> </ul> </li> </ul> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01470		
01530 SS=F	<p>144G.64 TRAINING IN DEMENTIA CARE REQUIRED</p> <p>(a) All assisted living facilities must meet the following training requirements:</p> <ul style="list-style-type: none"> <li>(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;</li> <li>(2) direct-care employees must have completed at least eight hours of initial training on topics specified under paragraph (b) within 160 working</li> </ul>	01530		

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01530	<p>Continued From page 36</p> <p>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;</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure three of four employees (unlicensed personnel (ULP)-A, ULP-B, and ULP-E) received at least eight hours of initial dementia care training within 160 working hours of their employment start date, and two hours of dementia training annually.</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 the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>ULP -A ULP-A was hired on December 5, 2022, to provide direct care services to residents.</p>	01530		

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01530	<p>Continued From page 37</p> <p>ULP-A's employee record included an Educare (online training platform) training document which indicated ULP-A had 2.25 hours of dementia training completed on February 13, 2023, which was 5.75 hours short of the required eight hours of dementia training, and 0.75 hours of annual dementia training completed on May 20, 2024, which was 1.25 hours short of the required two hours of annual dementia training.</p> <p>ULP-B ULP-B was hired on April 12, 2024, to provide direct care services to residents.</p> <p>ULP-B's employee record lacked the required eight hours of dementia training. ULP-B's record contained zero hours of dementia training.</p> <p>ULP-E ULP-E was hired on January 24, 2024, to provide direct services to residents.</p> <p>ULP-E's employee record included an Educare training document which indicated ULP-E had 6.5 hours of dementia training completed on May 14, 2024, which was 1.5 hours short of the required eight hours of dementia training.</p> <p>On July 9, 2024, at 9:50 a.m., licensed assisted living director/clinical nurse supervisor (LALD/CNS)-D stated the required initial and annual dementia training was assigned to ULP-A, but ULP-A did not complete the training.</p> <p>On July 9, 2024, at approximately 11:20 a.m., LALD/CNS-D stated they did not do any orientation, training or competency, and there was no employee record file to provide for ULP-B, and stated it was overlooked.</p>	01530		

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01530	<p>Continued From page 38</p> <p>On July 10, 2024, at approximately 8:50 a.m., LALD/CNS-D stated the required eight hours of dementia training was assigned to ULP-E. ULP-E had two incomplete courses. ULP-E did not start one of the two courses, they failed the second course and did not redo it. LALD/CNS-D stated they were supposed to check ULPs transcript to ensure they have completed the trainings, but it was overlooked.</p> <p>The licensee's Assisted Living Dementia Training dated August 1, 2021, read, "POLICY: Assisted living staff will receive required training on dementia care during orientation and annually. PROCEDURE:</p> <ol style="list-style-type: none"> <li>1. Employees of a licensed assisted living who have not completed their initial dementia care training will not provide direct care independently: <ol style="list-style-type: none"> <li>i. There will be another employee onsite while this employee is working who <ol style="list-style-type: none"> <li>1. completed the initial eight hours of training on topics related to dementia care</li> <li>2. will serve as a resource for the employee who has not completed all of the initial dementia care training</li> </ol> </li> <li>ii. A trainer or supervisor will be available for consultation with the new employee until the training requirement is complete.</li> </ol> </li> <li>2. Assisted Living licensed <ol style="list-style-type: none"> <li>A. Orientation <ol style="list-style-type: none"> <li>i. Supervisors of direct-care staff will: <ol style="list-style-type: none"> <li>1. complete a minimum of 8 hours initial training on dementia care topics</li> <li>2. initial training will be completed within 120 working hours of the employment start date.</li> </ol> </li> <li>ii. Direct-care staff will complete <ol style="list-style-type: none"> <li>1. a minimum of 8 hours of initial</li> </ol> </li> </ol> </li> </ol> </li></ol>	01530		

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01530	<p>Continued From page 39</p> <p>training on dementia care topics</p> <p>2. initial training will be completed within 160 working hours of the employment start date.</p> <p>iii. Non-direct care staff will</p> <p>1. complete a minimum of 4 hours initial training on dementia care topics</p> <p>2. initial training will be completed within 120 working hours of the employment start date.</p> <p>iv. Dementia care training will include:</p> <p>1. An explanation of Alzheimer's disease and other dementias</p> <p>2. Assistance with activities of daily living</p> <p>3. Problem solving with challenging behaviors</p> <p>4. Communication skills</p> <p>5. Person-centered planning and service delivery</p> <p>B. Annual Training</p> <p>i. Supervisors of direct-care staff will have a minimum of 2 hours on training topics related to dementia care for each 12 months of employment after orientation.</p> <p>ii. Direct-care employees will have a minimum of two hours training on topics related to dementia for each 12 months of employment.</p> <p>iii. Non-direct care employees will have a minimum of two hours training on topics related to dementia for each 12 months of employment.</p> <p>C. Retraining:</p> <p>i. If a staff person is not demonstrating competency when performing assigned tasks, the staff person will receive retraining as determined by the organization's supervisor who meets the requirements in 3A.</p> <p>ii. If the supervisor determines retraining did not result in competency, the supervisor will</p>	01530		

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01530	<p>Continued From page 40</p> <p>create a plan to achieve competency based upon the skills of the individual staff member. The plan will include:</p> <ol style="list-style-type: none"> <li>1. Steps to achieve competency</li> <li>2. Time frame to complete the additional steps</li> <li>3. Actions taken to protect resident rights until competency is achieved."</li> </ol> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	01530		



Type: Full  
Date: 07/09/24  
Time: 13:39:19  
Report: 7963241055

# Food and Beverage Establishment Inspection Report

**Location:**  
Grace Homes - Wilshire Walk  
414 Wilshire Walk  
Hopkins, MN55305  
Hennepin County, 27

**Establishment Info:**  
ID #: 0037940  
Risk:  
Announced Inspection: No

**License Categories:**  
  
Expires on: / /

**Operator:**  
  
Phone #: 9522294814  
ID #:

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

No NEW orders were issued during this inspection.

## Surface and Equipment Sanitizers

Hot Water: = at 180 Degrees Fahrenheit  
Location: DISHWASHER RINSE  
Violation Issued: No

## Food and Equipment Temperatures

Process/Item: HAM  
Temperature: 37 Degrees Fahrenheit - Location: REFRIGERATOR  
Violation Issued: No

Process/Item: MILK  
Temperature: 40 Degrees Fahrenheit - Location: REFRIGERATOR  
Violation Issued: No

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

MET WITH ESTABLISHMENT REPRESENTATIVE ADDISON THAO AND MDH NURSE SURVEYOR DEE MOSSISA.

### DISCUSSED THE FOLLOWING-

- EMPLOYEE ILLNESS POLICY AND LOG
- HAND WASHING
- SANITIZING DISHES
- THERMOMETERS
- FOOD COLD HOLDING REQUIREMENTS
- EXPLANATION OF SAME-DAY SERVICE
- DISCUSSED NEW EXEMPTIONS TO THE ASSISTED LIVING STATUTE
- SANITIZER CONCENTRATION AND TESTING

Type: Full  
Date: 07/09/24  
Time: 13:39:19  
Report: 7963241055  
Grace Homes - Wilshire Walk

# Food and Beverage Establishment Inspection Report

THIS IS A RESIDENTIAL HOME THAT DOES SAME-DAY MEAL SERVICE.  
IT HAS A RESIDENTIAL DISHWASHER WITH A SANITIZER CYCLE.

FLOORING IS CERAMIC TILE, SMOOTH PAINTED CEILING, STAINLESS STEEL AND SOLID  
SURFACE COUNTERTOPS AND WOOD  
CABINETS.

**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 7963241055 of 07/09/24.

Certified Food Protection Manager: Addison Thao

Certification Number: FM 123357 Expires: 05/15/27

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

Signed: \_\_\_\_\_  
Addison Thao

Signed:  \_\_\_\_\_  
Peggy Spadafore  
Sanitarian Supervisor  
metro  
651-201-4500  
peggy.spadafore@state.mn.us