



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

June 9, 2023

Licensee

Happy Care Inc.

6703 89th Avenue North

Brooklyn Park, MN 55445

RE: Project Number(s) SL38616015

Dear Licensee:

On April 26, 2023, the Minnesota Department of Health (MDH) completed a follow-up survey of your facility to determine correction of orders found on the survey completed on February 8, 2023. This follow-up survey determined your facility had not corrected all of the state correction orders issued pursuant to the February 8, 2023 survey.

In accordance with Minn. Stat. § 144G.31 Subd. 4 (a), state correction orders issued pursuant to the last survey completed on February 8, 2023, found not corrected at the time of the April 26, 2023, follow-up survey and/or subject to penalty assessment are as follows:

0650 - Employee Records - 144g.42 Subd. 8 - \$500.00

1530 - Training In Dementia Care Required - 144g.64 - \$500.00

1730 - Individualized Medication Management Plan - 144g.71 Subd. 5 - \$500.00

The details of the violations noted at the time of this follow-up survey completed on April 26, 2023 (listed above), are on the attached State Form. Brackets around the ID Prefix Tag in the left hand column, e.g., {2 ----} will identify the uncorrected tags.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, **the total amount you are assessed is \$1,500.00**. 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.

IMPOSITION OF FINES:

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.

CORRECTION ORDER RECONSIDERATION PROCESS

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

A state correction order under Minn. Stat. § 144G.91, Subd. 8, Free from Maltreatment is associated with a maltreatment determination by the Office of Health Facility Complaints. If maltreatment is substantiated, you will receive a separate letter with the reconsideration process under Minn. Stat. § 626.557.

Please email reconsideration requests to: **Health.HRD.Appeals@state.mn.us**. Please attach this letter as part of your reconsideration request. Please clearly indicate which tag(s) you are contesting and submit information supporting your position(s).

Please address your cover letter for reconsideration requests to:

Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place
St. Paul, MN 55164-0970

REQUESTING A HEARING

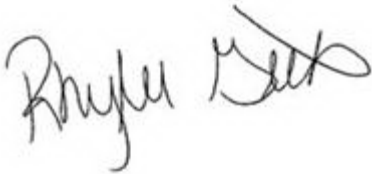
Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by the MDH 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. Requests for hearing may be emailed to: **Health.HRD.Appeals@state.mn.us**.

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.

We urge you to review these orders carefully. If you have questions, please contact Rhylee Gilb at 218-232-8285.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Rhylee Gilb". The signature is written in a cursive, flowing style.

Rhylee Gilb, Supervisor
State Rapid Response Team
Email: rhylee.gilb@state.mn.us
Telephone: 218-232-8285 Fax: 651-215-6894

JMD

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 38616	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/26/2023
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NAME OF PROVIDER OR SUPPLIER HAPPY CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 6703 89TH AVENUE NORTH BROOKLYN PARK, MN 55445
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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>Initial Comments</p> <p>On April 26, 2023 the Minnesota Department of Health conducted a licensing order follow-up related to correction orders issued for survey #SL38616015-0.</p> <p>The following correction order is re-issued/orders are re-issued for #SL38616015-1, tag identification 0650, 1530, 1650, 1730.</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>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.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</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>	
{0 480} SS=F	<p>144G.41 Subd 1 (13) (i) (B) Minimum requirements</p> <p>(13) offer to provide or make available at least the</p>	{0 480}		

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

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{0 480}	Continued From page 1 following services to residents: (B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and This MN Requirement is not met as evidenced by: No further action required.	{0 480}		
{0 630} SS=D	144G.42 Subd. 6 (b) Compliance with requirements for reporting ma (b) The facility must develop and implement an individual abuse prevention plan for each 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. This MN Requirement is not met as evidenced by: No further action required.	{0 630}		
{0 650} SS=F	144G.42 Subd. 8 Employee records (a) The facility must maintain current records of each paid employee, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following information: (1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this	{0 650}		

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{0 650}	<p>Continued From page 2</p> <p>chapter or rules; (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision; (4) documentation of annual performance reviews that identify areas of improvement needed and training needs; (5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and (6) documentation of the background study as required under section 144.057.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure records for three of three employees (RN-A, ULP-B, LALD-C) with record review contained all required content.</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>Registered nurse (RN)-A started working at the licensee September 23, 2021.</p> <p>RN-A's employee record lacked evidence of completed orientation, an annual performance</p>	{0 650}		

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{0 650}	<p>Continued From page 3</p> <p>review, and signed job position.</p> <p>Unlicensed personnel (ULP)-B started working at the licensee September 23, 2021.</p> <p>ULP-B's employee record lacked evidence of completed orientation, signed current job position, documentation of an annual performance review, and documentation of a 30-day supervisory visit completed by the RN.</p> <p>The licensee did not provide licensed assisted living director (LALD)-C's date of hire.</p> <p>LALD-C's record lacked evidence of completed orientation and signed job description.</p> <p>During an interview on April 26, 2023 at 12:00 p.m., ULP-B stated the personnel records were currently being worked on by the consultant, so the licensee had not yet made any updates to the personnel records.</p> <p>The licensee-provided policy titled Personnel Records, dated March 29, 2023, indicated the personnel record would contain documentation of orientation, performance reviews, signed job descriptions, and documentation of supervision.</p>	{0 650}		
{0 810} SS=F	<p>144G.45 Subd. 2 (b)-(f) Fire protection and physical environment</p> <p>(b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to:</p> <ul style="list-style-type: none"> (1) location and number of resident sleeping rooms; (2) employee actions to be taken in the event of a fire or similar emergency; 	{0 810}		

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{0 810}	<p>Continued From page 4</p> <p>(3) fire protection procedures necessary for residents; and</p> <p>(4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation.</p> <p>(c) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter.</p> <p>(d) Fire safety and evacuation plans shall be readily available at all times within the facility.</p> <p>(e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year.</p> <p>(f) Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill.</p> <p>This MN Requirement is not met as evidenced by: No further action required.</p>	{0 810}		
{0 920} SS=C	<p>144G.50 Subd. 2 (c) Contract information</p> <p>(c) The contract must include:</p> <p>(1) a disclosure of the category of assisted living facility license held by the facility and, if the facility is not an assisted living facility with dementia care, a disclosure that it does not hold an assisted living facility with dementia care license;</p>	{0 920}		

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{0 920}	Continued From page 5 (2) a description of all the terms and conditions of the contract, including a description of and any limitations to the housing or assisted living services to be provided for the contracted amount; (3) a delineation of the cost and nature of any other services to be provided for an additional fee; (4) a delineation and description of any additional fees the resident may be required to pay if the resident's condition changes during the term of the contract; (5) a delineation of the grounds under which the resident may be transferred or have housing or services terminated or be subject to an emergency relocation; (6) billing and payment procedures and requirements; and (7) disclosure of the facility's ability to provide specialized diets. This MN Requirement is not met as evidenced by: No further action required.	{0 920}		
{0 940} SS=C	144G.50 Subd. 2 (e; 5-7) Contract information (5) a description of the facility's policies related to medical assistance waivers under chapter 256S and section 256B.49 and the housing support program under chapter 256I, including: (i) whether the facility is enrolled with the commissioner of human services to provide customized living services under medical assistance waivers; (ii) whether the facility has an agreement to provide housing support under section 256I.04, subdivision 2, paragraph (b); (iii) whether there is a limit on the number of	{0 940}		

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{0 940}	<p>Continued From page 6</p> <p>people residing at the facility who can receive customized living services or participate in the housing support program at any point in time. If so, the limit must be provided;</p> <p>(iv) whether the facility requires a resident to pay privately for a period of time prior to accepting payment under medical assistance waivers or the housing support program, and if so, the length of time that private payment is required;</p> <p>(v) a statement that medical assistance waivers provide payment for services, but do not cover the cost of rent;</p> <p>(vi) a statement that residents may be eligible for assistance with rent through the housing support program; and</p> <p>(vii) a description of the rent requirements for people who are eligible for medical assistance waivers but who are not eligible for assistance through the housing support program;</p> <p>(6) the contact information to obtain long-term care consulting services under section 256B.0911; and</p> <p>(7) the toll-free phone number for the Minnesota Adult Abuse Reporting Center.</p> <p>This MN Requirement is not met as evidenced by: No further action required.</p>	{0 940}		
{0 950} SS=D	<p>144G.50 Subd. 3 Designation of representative</p> <p>(a) Before or at the time of execution of an assisted living contract, an assisted living facility must offer the resident the opportunity to identify a designated representative in writing in the contract and must provide the following verbatim notice on a document separate from the contract:</p> <p>"RIGHT TO DESIGNATE A REPRESENTATIVE</p>	{0 950}		

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{0 950}	<p>Continued From page 7</p> <p>FOR CERTAIN PURPOSES.</p> <p>You have the right to name anyone as your "Designated Representative." A Designated Representative can assist you, receive certain information and notices about you, including some information related to your health care, and advocate on your behalf. A Designated Representative does not take the place of your guardian, conservator, power of attorney ("attorney-in-fact"), or health care power of attorney ("health care agent"), if applicable.</p> <p>(b) The contract must contain a page or space for the name and contact information of the designated representative and a box the resident must initial if the resident declines to name a designated representative. Notwithstanding subdivision 1, paragraph (f), the resident has the right at any time to add, remove, or change the name and contact information of the designated representative.</p> <p>This MN Requirement is not met as evidenced by: No further action required.</p>	{0 950}		
{01500} SS=D	<p>144G.63 Subd. 5 Required annual training</p> <p>(a) All staff that perform direct services must complete at least eight hours of annual training for each 12 months of employment. The training may be obtained from the facility or another source and must include topics relevant to the provision of assisted living services. The annual training must include: (1) training on reporting of maltreatment of vulnerable adults under section 626.557; (2) review of the assisted living bill of rights and</p>	{01500}		

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{01500}	Continued From page 8 staff responsibilities related to ensuring the exercise and protection of those rights; (3) review of infection control techniques used in the home and implementation of infection control standards including a review of hand washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting communicable diseases; (4) effective approaches to use to problem solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders; (5) review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and (6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person. (b) In addition to the topics in paragraph (a), annual training may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics: (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and challenges it poses to communication; (2) the health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or	{01500}		

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{01500}	Continued From page 9 (3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions. This MN Requirement is not met as evidenced by: No further action required.	{01500}		
{01530} SS=F	144G.64 TRAINING IN DEMENTIA CARE REQUIRED (a) All assisted living facilities must meet the following training requirements: (1) supervisors of direct-care staff must have at least eight hours of initial training on topics specified under paragraph (b) within 120 working hours of the employment start date, and must have at least two hours of training on topics related to dementia care for each 12 months of employment thereafter; (2) direct-care employees must have completed at least eight hours of initial training on topics specified under paragraph (b) within 160 working hours of the employment start date. Until this initial training is complete, an employee must not provide direct care unless there is another employee on site who has completed the initial eight hours of training on topics related to dementia care and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for consultation with the new employee until the training requirement is complete. Direct-care employees must have at least two hours of training on topics related to dementia for	{01530}		

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{01530}	<p>Continued From page 10</p> <p>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 two of two employees (RN-A, ULP-B) completed required dementia training. RN-A and ULP-B failed to complete two hours of annual training on topics related to dementia after the year 2021. Additionally, ULP-B failed to complete at least eight hours of initial training related to dementia care topics within 160 hours of his start date.</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>Registered nurse (RN)-A started working at the licensee September 23, 2021.</p> <p>RN-A's training transcript indicated RN-A completed 10 courses related to dementia topics from August 4, 2021 through August 7, 2021. RN-A's training transcript lacked any additional training on the topic of dementia since August 7, 2021.</p> <p>Unlicensed personnel (ULP)-B started working at the licensee September 23, 2021.</p> <p>ULP-B's training transcript lacked any training courses related to the topic of dementia.</p>	{01530}		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 38616	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/26/2023
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NAME OF PROVIDER OR SUPPLIER HAPPY CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 6703 89TH AVENUE NORTH BROOKLYN PARK, MN 55445
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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
{01530}	Continued From page 11 During an interview on April 26, 2023 at 12:00 p.m., ULP-B stated he and RN-A were in process of completing the training. The licensee-provided policy titled Dementia Education, dated March 29, 2023 indicated direct care staff and supervisors of direct care staff would complete at least two hours of education on topics related to	{01530}		
{01650} SS=D	144G.70 Subd. 4 (f) Service plan, implementation and revisions to (f) The service plan must include: (1) a description of the services to be provided, the fees for services, and the frequency of each service, according to the resident's current assessment and resident preferences; (2) the identification of staff or categories of staff who will provide the services; (3) the schedule and methods of monitoring assessments of the resident; (4) the schedule and methods of monitoring staff providing services; and (5) a contingency plan that includes: (i) the action to be taken if the scheduled service cannot be provided; (ii) information and a method to contact the facility; (iii) the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency; and (iv) the circumstances in which emergency medical services are not to be summoned	{01650}		

Minnesota Department of Health

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{01650}	<p>Continued From page 12</p> <p>consistent with chapters 145B and 145C, and declarations made by the resident under those chapters.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the service plan included all required content for one of two residents (R1). Additionally, the licensee listed itself as R1's emergency contact in the service agreement.</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>Findings include:</p> <p>R1 admitted to the licensee November 1, 2022. R1's diagnoses included hypertension and seizure disorder. R1's care plan dated November 1, 2022 indicated the resident received services including medication administration.</p> <p>R1's service agreement, signed November 1, 2022, failed to include the following:</p> <ul style="list-style-type: none"> -a description of all the services to be provided, the fees for services, and the frequency of each service, according to the resident's current assessment and resident preferences; -the identification of staff or categories of staff who would provide the services; 	{01650}		

Minnesota Department of Health

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{01650}	<p>Continued From page 13</p> <p>-the schedule and methods of monitoring assessments of the resident;</p> <p>-the schedule and methods of monitoring staff providing services;</p> <p>-a contingency plan which included the names and contact information of persons the resident wished to have notified in an emergency, or in case of a significant adverse change in the resident's condition, including identification of and information as to who had authority to sign for the resident in an emergency.</p> <p>R1's service agreement included the name and number for the licensee typed under the section where R1 should have indicated who he wanted notified in an emergency or significant adverse change in condition.</p> <p>During an interview on April 26, 2023 at 2:05 p.m., unlicensed personnel (ULP)-B stated the registered nurse (RN) had not updated the service plan, as he is waiting for the meeting May 9, 2023 with the consultant.</p> <p>The licensee lacked a policy addressing the service plan requirements in accordance with Minnesota Statutes 144G.</p>	{01650}		
{01730} SS=F	<p>144G.71 Subd. 5 Individualized medication management plan</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</p>	{01730}		

Minnesota Department of Health

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{01730}	<p>Continued From page 14</p> <p>individualized medication management record for each resident based on the resident's assessment that must contain the following:</p> <p>(1) a statement describing the medication management services that will be provided;</p> <p>(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;</p> <p>(3) documentation of specific resident instructions relating to the administration of medications;</p> <p>(4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis;</p> <p>(5) identification of medication management tasks that may be delegated to unlicensed personnel;</p> <p>(6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and</p> <p>(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.</p> <p>(b) The medication management record must be current and updated when there are any changes.</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 interview and record review, the licensee failed to ensure the registered nurse (RN) completed an individualized medication</p>	{01730}		
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Minnesota Department of Health

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{01730}	<p>Continued From page 15</p> <p>management plan which include all required content for two of two residents (R1, R2) 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) 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>R1 admitted to the licensee November 1, 2022. R1's diagnoses included hypertension and seizure disorder. R1's care plan dated November 1, 2022 indicated the resident received services including medication administration.</p> <p>R1's service agreement signed November 1, 2022, included medication reminders but failed to include medication management including administration as a provided service.</p> <p>Additionally, R1's record lacked the following:</p> <ul style="list-style-type: none"> -a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; -identification of persons responsible for monitoring medication supplies and ensuring medication refills would be ordered on a timely basis; -identification of medication management tasks that may be delegated to unlicensed personnel. 	{01730}		

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{01730}	<p>Continued From page 16</p> <p>R2 admitted to the licensee February 24, 2023. R2's diagnoses included cerebrovascular accident and hypertension. R2's care plan dated February 24, 2023 indicated R2 received services including medication administration.</p> <p>R2's record lacked the following:</p> <ul style="list-style-type: none"> -identification of persons responsible for monitoring medication supplies and ensuring medication refills would be ordered on a timely basis; -identification of medication management tasks that may be delegated to unlicensed personnel. <p>During an interview on April 26, 2023 at 2:05 p.m., unlicensed personnel (ULP)-B stated the RN had not updated the individual medication management plans. They will be updated May 9, 2023 when the consultant comes to the licensee with new forms.</p> <p>The licensee-provided policy titled Assessment of Medications dated March 29, 2023, indicated the RN would document an individualized medication management plan including all required content.</p>	{01730}		
{01890} SS=D	<p>144G.71 Subd. 20 Prescription drugs</p> <p>A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug.</p>	{01890}		

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{01890}	Continued From page 17 This MN Requirement is not met as evidenced by: No further action required.	{01890}		



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

February 28, 2023

Licensee
Happy Care Inc
6703 89th Avenue North
Brooklyn Park, MN 55445

RE: Project Number(s) SL38616015

Dear Licensee:

This is your **official notice** that you have been **granted your assisted living facility license**. Your license effective and expiration dates remain the same as on your provisional license. Your updated status will be listed on the license certificate at renewal and **this letter serves as proof** in the meantime. If you have not received a letter from us with information regarding renewing your license within 60 days prior to your expiration date, please contact us at (651) 201-5273 or by email at Health.assistedliving@state.mn.us.

The Minnesota Department of Health completed an initial evaluation on February 8, 2023, for the purpose assessing compliance with state licensing statutes. At the time of the evaluation, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G.

STATE LICENSING ORDERS

The enclosed State Form documents the state licensing orders. The Department of Health documents state licensing correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Home Care Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute number and the corresponding text of the state statute out of compliance 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 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.20, Subd. 4(a)(5), the Department of Health imposes fine amounts of either \$1,000 or \$5,000 to licensees who are found to be responsible for maltreatment. The Department of Health imposes 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. The Department of Health 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(a)(5)(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 evaluation:

St - 0 - 0110 - 144g.10 Subdivision 1a - Assisted Living Director License Required - \$500.00

St - 0 - 0680 - 144g.42 Subd. 10 - Disaster Planning And Emergency Preparedness - \$3,000.00

The total amount you are assessed is \$3,500.00. You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

DOCUMENTATION OF ACTION TO COMPLY

Per Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document any action taken to comply with the correction order by the correction order date. A copy of the provider's records documenting those actions may be requested for follow-up evaluations. The licensee is not required to submit a plan of correction 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 residents/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 issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by the Department of Health within 15 calendar days of the correction order receipt date.

A state licensing order under Minn. Stat. § 144G.91, Subd. 8, Free from Maltreatment is associated with a maltreatment determination by the Office of Health Facility Complaints. If maltreatment is substantiated, you will receive a separate letter with the reconsideration process under Minn. Stat. § 626.557.

Please email reconsideration requests to: **Health.HRD.Appeals@state.mn.us**. Please attach this letter as part of your reconsideration request. Please clearly indicate which tag(s) you are contesting and submit information supporting your position(s).

Please address your cover letter for reconsideration requests to:

Reconsideration Unit
Health Regulation Division

Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place
St. Paul, MN 55164-0970

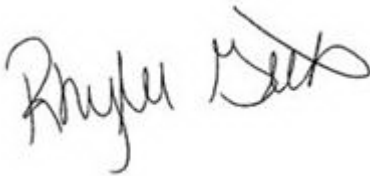
REQUESTING A HEARING

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. Requests for hearing may be emailed to: **Health.HRD.Appeals@state.mn.us**.

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.

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in this letter and the results of this visit with the President of your organization's Governing Body. If you have any questions, please contact me.

Sincerely,



Rhylee Gilb, Supervisor
Health Regulation Division
State Rapid Response Team
85 East Seventh Place, Suite 220
P.O. Box 64970
St. Paul, MN 55164-0970
Email: rhylee.gilb@state.mn.us
Phone: 651-201-5977 Fax: 651-215-6894

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 38616	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/08/2023
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0 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a complaint investigation.</p> <p>Determination of whether a violation is corrected requires compliance with all requirements provided at the statute number indicated below. When a Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p>INITIAL COMMENTS:</p> <p>#SL38616015-0</p> <p>On February 6, 2023 through February 8, 2023, the Minnesota Department of Health conducted a provisional survey at the above provider, and the following correction orders are issued. At the time of the survey, there was 1 resident receiving services under the provider's Provisional Assisted Living license.</p>	0 000	<p>Minnesota Department of Health is documenting the State Licensing 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>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.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</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>	
0 110 SS=F	<p>144G.10 Subdivision 1a Assisted living director license required</p> <p>Each assisted living facility must employ an</p>	0 110		

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

Minnesota Department of Health

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0 110	<p>Continued From page 1</p> <p>assisted living director licensed or permitted by the Board of Executives for Long Term Services and Supports.?</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review, the licensee failed to ensure the licensed assisted living director (LALD) (registered nurse (RN)-A) listed himself as the Director of Record for the facility with the Board of Executives for Long-Term Support and Services (BELTSS).</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>RN-A started working at the licensee September 23, 2021.</p> <p>Unlicensed personnel (ULP)-B started working at the licensee September 23, 2021.</p> <p>At the time of the survey, RN-A held an assisted living director license through BELTSS but did not list himself as Director of Records with BELTSS for the licensee.</p> <p>At the time of the survey, ULP-B did not hold an active assisted living director license through BELTSS.</p> <p>During the entrance conference on February 6,</p>	0 110		

Minnesota Department of Health

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0 110	<p>Continued From page 2</p> <p>2023, at 10:10 a.m., ULP-B identified himself as the LALD.</p> <p>During an interview on February 6, 2023, at 11:30 a.m., ULP-B identified RN-A as his mentor while actively pursuing his licensure. ULP-B denied knowing why RN-A did not have himself listed as Director of Records for the licensee.</p> <p>During an interview on February 6, 2023, at 11:55 a.m., RN-A stated he should not be listed as Director of Records for the license and is only LALD for one other licensee.</p> <p>The licensee lacked a policy addressing this requirement.</p> <p>TIME PERIOD FOR CORRECTION: Two (2) Days</p>	0 110		
0 480 SS=F	<p>144G.41 Subd 1 (13) (i) (B) Minimum requirements</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</p>	0 480	<p>Minnesota Department of Health is documenting the State Licensing 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</p>	

Minnesota Department of Health

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0 480	<p>Continued From page 3</p> <p>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 included document titled, Food and Beverage Establishment Inspection Report dated February 6, 2023, for the specific Minnesota Food Code deficiencies.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days</p>	0 480	<p>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>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.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>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.</p>	
0 580 SS=F	<p>144G.42 Subd. 2 Quality management</p> <p>The facility shall engage in quality management appropriate to the size of the facility and relevant to the type of services provided. "Quality management activity" means evaluating the quality of care by periodically reviewing resident services, complaints made, and other issues that have occurred and determining whether changes in services, staffing, or other procedures need to</p>	0 580		

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0 580	<p>Continued From page 4</p> <p>be made in order to ensure safe and competent services to residents. Documentation about quality management activity must be available for two years. Information about quality management must be available to the commissioner at the time of the survey, investigation, or renewal.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to document its quality management activity. This had the potential to affect all residents 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> <p>Findings include:</p> <p>At the time of the survey, the licensee failed to provide documentation of its quality management program.</p> <p>During the entrance conference on February 6, 2023, at 10:10 a.m., unlicensed personnel (ULP)-B stated the last meeting was held on February 1, 2023. He and three other employees attended the meeting. They discussed how to manage medication administration quality, housekeeping, resident activities of daily living, what had been working and not working, and what the licensee needed to improve.</p> <p>The licensee-provided policy titled Quality</p>	0 580		

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0 580	Continued From page 5 Management Program, undated, indicated documentation of the quality management program would be maintained for at least two years TIME PERIOD FOR CORRECTION: Twenty-One (21) Days	0 580		
0 630 SS=D	144G.42 Subd. 6 (b) Compliance with requirements for reporting ma (b) The facility must develop and implement an individual abuse prevention plan for each 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. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the individual abuse prevention plan (IAPP) addressed the risk for self-abuse for one of one residents (R1) with records reviewed. 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	0 630		

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0 630	<p>Continued From page 6</p> <p>of staff are involved, or the situation has occurred only occasionally).</p> <p>Findings include:</p> <p>R1 admitted to the licensee November 1, 2022. R1's diagnoses included hypertension and seizure disorder. R1's care plan dated November 1, 2022 indicated the resident received services including medication administration.</p> <p>R1's nursing assessment dated November 1, 2022, identified R1 as not vulnerable to abuse by others, not at risk for abusing other vulnerable adults, and unable to report abuse or neglect concerns. This assessment failed to address R1's risk for self-abuse.</p> <p>During the entrance conference on February 6, 2023, at 10:10 a.m., registered nurse (RN)-A stated the RN completed the IAPP upon admission.</p> <p>During an interview on February 7, 2023, at 12:00 p.m., RN-A acknowledged the IAPP lacked the missing requirement of addressing the resident's risk for self-abuse.</p> <p>The licensee-provided policy titled Vulnerable Adult/Child Protection, undated, indicated the resident would be assessed for vulnerability status upon admission, including susceptibility to self-abuse.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) Days</p>	0 630		

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0 650	Continued From page 7	0 650		
0 650 SS=F	<p>144G.42 Subd. 8 Employee records</p> <p>(a) The facility must maintain current records of each paid employee, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following information:</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 interview and record review, the licensee failed to ensure records for two of two employees (registered nurse (RN)-A, unlicensed personnel (ULP)-B), with records reviewed, contained all required content.</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</p>	0 650		

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0 650	<p>Continued From page 8</p> <p>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>RN-A started working at the licensee September 23, 2021.</p> <p>RN-A's employee record lacked evidence of his current assisted living director license, completed orientation, tuberculosis screening, an annual performance review, and signed job position.</p> <p>ULP-B started working at the licensee September 23, 2021.</p> <p>ULP-B's employee record lacked evidence of completed orientation, signed current job position, documentation of an annual performance review, and documentation of a 30-day supervisory visit completed by the RN.</p> <p>During the entrance conference on February 6, 2023, at 10:10 a.m., ULP-B stated he was familiar with the required contents of employee records.</p> <p>During an interview on February 7, 2023, at 12:00 p.m., RN-A stated all staff have gone through orientation. Regarding ULP-B's 30-day supervision, RN-A stated he completed the supervision but did not document it.</p> <p>The licensee-provided policy titled Employee Records, undated, indicated employee records would include evidence of current professional licensure, record of orientation, required annual training, current job descriptions, and documentation of annual performance reviews.</p>	0 650		

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0 650	Continued From page 9 Minnesota Statute 144G.62 Subd. 5 titled Documentation indicated the licensee must retain documentation of supervision activities in the personnel records. TIME PERIOD FOR CORRECTION: Twenty-One (21) Days	0 650		
0 680 SS=I	144G.42 Subd. 10 Disaster planning and emergency preparedness (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. This MN Requirement is not met as evidenced	0 680		

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0 680	<p>Continued From page 10</p> <p>by: Based on interview and record review, the licensee failed to ensure its emergency preparedness (EP) plan included all required content. This had the ability to affect all residents, staff, and visitors.</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 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 February 6, 2023, at 1:50 p.m., unlicensed personnel (ULP)-B stated the consultant forgot to send the EP plan, so he would email it to ULP-B. At 2:15 p.m., ULP-B provided the EP Plan.</p> <p>The EP plan's forms were not completed and individualized to the licensee's needs. The plan lacked the following elements:</p> <ul style="list-style-type: none"> -how the licensee would coordinate with other health care facilities, as well as the community during emergency or disaster -missing resident plan -development of strategies for addressing the licensee and community-based risks -identification of at risk population needs -identification of which staff would assume specific roles in another's absence through succession planning and delegation of authority -a process for cooperation and collaboration with local, tribal, regional, State, and Federal EP to maintain integrated response 	0 680		

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0 680	<p>Continued From page 11</p> <ul style="list-style-type: none"> -development and implementation of EP policies and procedures based on the EP, risk assessment, and communication plan -development of a communication plan including all required elements -development and maintenance of an EP training and testing program -development of EP policies and procedures for the following: <ul style="list-style-type: none"> -a system to track the location of on-duty staff and sheltered residents -evacuation including all required elements -sheltering in place for residents, staff, and volunteers who remain in the licensee and identifying how it provided means to shelter in place -use of volunteers, including the process/role for integration -documented arrangements with other facilities/providers to receive residents in the event of limitations/cessation of operations to maintain the continuity of services to residents -providing care or treatment at an alternate site under 1135 waiver <p>During an interview on February 7, 2023, at 11:30 a.m., ULP-B stated the licensee would take residents to his home, using a company vehicle in case of an emergency until an arrangement could be made with a local hotel. Stated he needed to work on creating a formal document detailing the agreement to bring residents to his home. ULP-B stated the licensee reviewed and updated the EP every three months. Regarding the missing resident plan, ULP-B stated the plan is a verbal plan, but the licensee had a paragraph in the policy manual. Regarding subsistence needs for staff and residents, ULP-B stated they would call for delivery of food from restaurants if staff were unable to make food at the licensee. The licensee</p>	0 680		

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0 680	Continued From page 12 had no current, written agreement with a restaurant. The licensee-provided policy titled Emergency Preparedness, undated, indicated the licensee would have an identified plan in place to assure the safety and well-being of clients and staff during periods of an emergency or disaster that disrupts service. This policy lacked information regarding a missing resident plan. This policy failed to address the twenty-five (25) requirements in Appendix Z. TIME PERIOD FOR CORRECTION: Twenty-One (21) Days	0 680		
0 810 SS=F	144G.45 Subd. 2 (b)-(f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) employee actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be	0 810		

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0 810	<p>Continued From page 13</p> <p>readily available at all times within the facility.</p> <p>(e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to include movement, evacuation, or relocation. The training shall be made available to residents at least once per year.</p> <p>(f) Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill.</p> <p>This MN Requirement is not met as evidenced by: Based on a record review and interview, the licensee failed to develop a fire safety and evacuation plan with the required elements, failed to provide required employee and resident training on fire safety and evacuation, and failed to conduct required evacuation drills. This had the potential to affect all staff, residents, 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 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>Findings include:</p> <p>A record review and interview were conducted on February 8, 2023, at approximately 11:15 a.m. with the registered nurse (RN)-A and the</p>	0 810		

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0 810	<p>Continued From page 14</p> <p>unlicensed professional (ULP)-B on the fire safety and evacuation plan, fire safety and evacuation training, and evacuation drills for the facility.</p> <p>Record review of the available documentation indicated that the licensee did not have employee actions to be taken in the event of a fire or similar emergency. The facility plan indicated to use RACE acronym but was very vague and did not provide complete actions for employees to take in the event of a fire or similar emergency. During interview, RN-A and ULP-B verified that the fire safety and evacuation plan for the facility lacked these provisions.</p> <p>Record review of the available documentation indicated that the licensee did not have fire protection procedures necessary for residents included in the fire safety and evacuation plan. During interview, RN-A and ULP-B verified that the fire safety and evacuation plan for the facility lacked these provisions.</p> <p>Record review of the available documentation indicated that the fire safety and evacuation plan did not include procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. The facility plan did include some provisions for the relocation of residents but did not specify how to move or evacuate residents or identify the unique and unusual needs of the residents. During interview, RN-A and ULP-B verified that the fire safety and evacuation plan for the facility lacked these provisions.</p> <p>Record review of available documentation indicated that the licensee did not provide</p>	0 810		

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0 810	<p>Continued From page 15</p> <p>employee training on the fire safety and evacuation plan twice per year after the training at initial hire. During interview, RN-A and ULP-B stated the licensee did not have any documented training or a policy on training employees.</p> <p>Record review of the available documentation indicated that the licensee did not provide annual training to residents who can assist in their own evacuation on the proper actions to take in the event of a fire including movement, evacuation, or relocation as required by statute. During interview, RN-A and ULP-B stated that the facility did not have documentation or a policy on offering resident training of the fire safety and evacuation plan.</p> <p>Record review of the available documentation indicated that the licensee did not conduct evacuation drills twice per year per shift and every other month as required by statute. During interview, RN-A and ULP-B verified that they had not completed any drills since opening and verified this deficient condition.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	0 810		
0 920 SS=C	<p>144G.50 Subd. 2 (c) Contract information</p> <p>(c) The contract must include: (1) a disclosure of the category of assisted living facility license held by the facility and, if the facility is not an assisted living facility with dementia care, a disclosure that it does not hold an assisted living facility with dementia care license; (2) a description of all the terms and conditions of the contract, including a description of and any limitations to the housing or assisted living</p>	0 920		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 38616	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/08/2023
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NAME OF PROVIDER OR SUPPLIER HAPPY CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 6703 89TH AVENUE NORTH BROOKLYN PARK, MN 55445
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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
0 920	<p>Continued From page 16</p> <p>services to be provided for the contracted amount; (3) a delineation of the cost and nature of any other services to be provided for an additional fee; (4) a delineation and description of any additional fees the resident may be required to pay if the resident's condition changes during the term of the contract; (5) a delineation of the grounds under which the resident may be transferred or have housing or services terminated or be subject to an emergency relocation; (6) billing and payment procedures and requirements; and (7) disclosure of the facility's ability to provide specialized diets.</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 disclose the licensee's ability to provide specialized diets. This had the ability to affect all residents.</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 resident 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 the residents).</p> <p>Findings include:</p> <p>The licensee-provided contract lacked a disclosure of the licensee's ability to provide specialized diets.</p>	0 920		

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0 920	Continued From page 17 During an interview on February 7, 2023, at 12:00 p.m., unlicensed personnel (ULP)-B stated the consulting group created the contracts, but the licensee reviewed the contract to ensure it contained all required content. The licensee lacked a policy addressing the required content for assisted living contracts. TIME PERIOD FOR CORRECTION: Twenty-One (21) Days	0 920		
0 940 SS=C	144G.50 Subd. 2 (e; 5-7) Contract information (5) a description of the facility's policies related to medical assistance waivers under chapter 256S and section 256B.49 and the housing support program under chapter 256I, including: (i) whether the facility is enrolled with the commissioner of human services to provide customized living services under medical assistance waivers; (ii) whether the facility has an agreement to provide housing support under section 256I.04, subdivision 2, paragraph (b); (iii) whether there is a limit on the number of people residing at the facility who can receive customized living services or participate in the housing support program at any point in time. If so, the limit must be provided; (iv) whether the facility requires a resident to pay privately for a period of time prior to accepting payment under medical assistance waivers or the housing support program, and if so, the length of time that private payment is required; (v) a statement that medical assistance waivers provide payment for services, but do not cover	0 940		

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0 940	<p>Continued From page 18</p> <p>the cost of rent; (vi) a statement that residents may be eligible for assistance with rent through the housing support program; and (vii) a description of the rent requirements for people who are eligible for medical assistance waivers but who are not eligible for assistance through the housing support program; (6) the contact information to obtain long-term care consulting services under section 256B.0911; and (7) the toll-free phone number for the Minnesota Adult Abuse Reporting Center.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to include the toll-free number for the Minnesota Adult Abuse Reporting Center (MAARC). This had the potential to affect all residents.</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 resident 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 the residents).</p> <p>Findings include:</p> <p>The licensee-provided contract lacked the toll-free number for MAARC.</p> <p>During an interview on February 7, 2023, at 12:00 p.m., unlicensed personnel (ULP)-B stated the consulting group created the contracts, but the licensee reviewed the contract to ensure it</p>	0 940		

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0 940	Continued From page 19 contained all required content. The licensee lacked a policy addressing the required content for assisted living contracts. TIME PERIOD FOR CORRECTION: Twenty-One (21) Days	0 940		
0 950 SS=D	144.50 Subd. 3 Designation of representative (a) Before or at the time of execution of an assisted living contract, an assisted living facility must offer the resident the opportunity to identify a designated representative in writing in the contract and must provide the following verbatim notice on a document separate from the contract: "RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES. You have the right to name anyone as your "Designated Representative." A Designated Representative can assist you, receive certain information and notices about you, including some information related to your health care, and advocate on your behalf. A Designated Representative does not take the place of your guardian, conservator, power of attorney ("attorney-in-fact"), or health care power of attorney ("health care agent"), if applicable." (b) The contract must contain a page or space for the name and contact information of the designated representative and a box the resident must initial if the resident declines to name a designated representative. Notwithstanding subdivision 1, paragraph (f), the resident has the right at any time to add, remove, or change the	0 950		

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0 950	<p>Continued From page 20</p> <p>name and contact information of the designated representative.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure one of one residents (R1) designated a representative or initialed declining to designate a representative within the assisted living contract.</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>Findings include:</p> <p>R1 admitted to the licensee November 1, 2022. R1's diagnoses included hypertension and seizure disorder. R1's care plan dated November 1, 2022 indicated the resident received services including medication administration.</p> <p>Page five of R1's assisted living contract included an area for R1 to designate a representative or initial to decline to name a representative. This area lacked the name of the chosen representative or initials indicating R1 declined to name a representative.</p> <p>During an interview on February 7, 2023, at 12:00 p.m., registered nurse (RN)-A identified R1 as being his own representative but did not comment on why the licensee did not ensure R1 initialed, indicating he declined to designate a</p>	0 950		

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0 950	Continued From page 21 representative. The licensee lacked a policy addressing this requirement. TIME PERIOD FOR CORRECTION: Twenty-One (21) Days	0 950		
01500 SS=D	144G.63 Subd. 5 Required annual training (a) All staff that perform direct services must complete at least eight hours of annual training for each 12 months of employment. The training may be obtained from the facility or another source and must include topics relevant to the provision of assisted living services. The annual training must include: (1) training on reporting of maltreatment of vulnerable adults under section 626.557; (2) review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights; (3) review of infection control techniques used in the home and implementation of infection control standards including a review of hand washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting communicable diseases; (4) effective approaches to use to problem solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders; (5) review of the facility's policies and procedures	01500		

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01500	<p>Continued From page 22</p> <p>relating to the provision of assisted living services and how to implement those policies and procedures; and</p> <p>(6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person.</p> <p>(b) In addition to the topics in paragraph (a), annual training may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics:</p> <p>(1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and challenges it poses to communication;</p> <p>(2) the 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 two employees (registered nurse (RN)-A) completed required annual training.</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</p>	01500		

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01500	<p>Continued From page 23</p> <p>residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally).</p> <p>Findings include:</p> <p>RN-A started working at the licensee September 23, 2021.</p> <p>RN-A's training transcript indicated RN-A completed training courses from August 1, 2021 through August 9, 2021. RN-A's training transcript lacked all required annual training due September 23, 2022.</p> <p>During an interview on February 7, 2023, at 12:00 p.m., RN-A stated employees needed to complete annual training including two hours of dementia training, infection control, assisted living bill of rights, and Health Insurance Portability and Accountability Act (HIPAA), prior to the anniversary of date of hire.</p> <p>The licensee-provided policy titled Annual Training, undated, indicated all staff providing direct care would complete at least eight hours of education for every twelve months of employment. This training included reporting of maltreatment of vulnerable adults, review of assisted living bill of rights, infection control, Alzheimer's related training, review of the facility policy and procedures, and principles of person-centered planning and services delivery.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) Days</p>	01500		

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01530	Continued From page 24	01530		
01530 SS=F	<p>144G.64 TRAINING IN DEMENTIA CARE REQUIRED</p> <p>(a) All assisted living facilities must meet the following training requirements: (1) supervisors of direct-care staff must have at least eight hours of initial training on topics specified under paragraph (b) within 120 working hours of the employment start date, and must have at least two hours of training on topics related to dementia care for each 12 months of employment thereafter; (2) direct-care employees must have completed at least eight hours of initial training on topics specified under paragraph (b) within 160 working hours of the employment start date. Until this initial training is complete, an employee must not provide direct care unless there is another employee on site who has completed the initial eight hours of training on topics related to dementia care and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for consultation with the new employee until the training requirement is complete. Direct-care employees must have at least two hours of training on topics related to dementia for each 12 months of employment thereafter;</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure two of two employees (registered nurse (RN)-A, unlicensed personnel (ULP)-B) completed required annual training. RN-A failed to complete two hours of annual training on topics related to dementia after the year 2021, and ULP-B failed to complete at least eight hours of initial training related to dementia</p>	01530		

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01530	<p>Continued From page 25</p> <p>care topics within 160 hours of his start date.</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>RN-A started working at the licensee September 23, 2021.</p> <p>RN-A's training transcript indicated RN-A completed 10 courses related to dementia topics from August 4, 2021 through August 7, 2021. RN-A's training transcript lacked any additional training on the topic of dementia since August 7, 2021.</p> <p>ULP-B started working at the licensee September 23, 2021.</p> <p>ULP-B's training transcript lacked any training courses related to the topic of dementia.</p> <p>During an interview on February 7, 2023, at 12:00 p.m., RN-A acknowledged staff are required to complete two hours of dementia training annually. During this interview, ULP-B stated the courses were added to his online education system and would complete them.</p> <p>The licensee's policy titled Annual Training, undated, failed to include the requirement of two hours of dementia training annually for</p>	01530		

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01530	Continued From page 26 supervisors and direct-care staff.	01530		
01650 SS=F	<p>144G.70 Subd. 4 (f) Service plan, implementation and revisions to</p> <p>(f) The service plan must include:</p> <ul style="list-style-type: none"> (1) a description of the services to be provided, the fees for services, and the frequency of each service, according to the resident's current assessment and resident preferences; (2) the identification of staff or categories of staff who will provide the services; (3) the schedule and methods of monitoring assessments of the resident; (4) the schedule and methods of monitoring staff providing services; and (5) a contingency plan that includes: <ul style="list-style-type: none"> (i) the action to be taken if the scheduled service cannot be provided; (ii) information and a method to contact the facility; (iii) the names and contact information of persons the resident wishes to have notified in an emergency or if there is a significant adverse change in the resident's condition, including identification of and information as to who has authority to sign for the resident in an emergency; and (iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters. <p>This MN Requirement is not met as evidenced</p>	01650		

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01650	<p>Continued From page 27</p> <p>by: Based on interview and record review, the licensee failed to ensure the service plan included all required content for one of one residents (R1) with record review. Additionally, the licensee listed itself as R1's emergency contact in the service agreement.</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>R1 admitted to the licensee November 1, 2022. R1's diagnoses included hypertension and seizure disorder. R1's care plan dated November 1, 2022 indicated the resident received services including medication administration.</p> <p>R1's service agreement, signed November 1, 2022, failed to include the following: -a description of all the services to be provided, the fees for services, and the frequency of each service, according to the resident's current assessment and resident preferences; -the identification of staff or categories of staff who would provide the services; -the schedule and methods of monitoring assessments of the resident; -the schedule and methods of monitoring staff providing services; -a contingency plan which included the names and contact information of persons the resident</p>	01650		

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01650	<p>Continued From page 28</p> <p>wished to have notified in an emergency, or in case of a significant adverse change in the resident's condition, including identification of and information as to who had authority to sign for the resident in an emergency.</p> <p>R1's service agreement included meal prep, meal serve, social activities, light housekeeping, blood sugars, medication reminders, psychiatric management, and diabetic management typed in the section titled Services To Be Provided. R1's record did not indicate R1 had diabetes mellitus or psychiatric disorder(s) requiring management.</p> <p>R1's service agreement included the name and number for the licensee typed under the section where R1 should have indicated who he wanted notified in an emergency or significant adverse change in condition.</p> <p>During an interview on February 7, 2023, at 12:00 p.m., registered nurse (RN)-A stated they did not have the correct forms from their consultant.</p> <p>The licensee lacked a policy addressing the service plan content requirements.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) Days</p>	01650		
01730 SS=F	<p>144G.71 Subd. 5 Individualized medication management plan</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</p>	01730		

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01730	<p>Continued From page 29</p> <p>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> <ul style="list-style-type: none"> (1) a statement describing the medication management services that will be provided; (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; (3) documentation of specific resident instructions relating to the administration of medications; (4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis; (5) identification of medication management tasks that may be delegated to unlicensed personnel; (6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and (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. <p>(b) The medication management record must be current and updated when there are any changes.</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 interview and record review, the licensee failed to ensure the registered nurse</p>	01730		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 38616	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/08/2023
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NAME OF PROVIDER OR SUPPLIER HAPPY CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 6703 89TH AVENUE NORTH BROOKLYN PARK, MN 55445
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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
01730	<p>Continued From page 30</p> <p>(RN) completed an individualized medication management plan which included all required content for one of one residents (R1) 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 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>R1 admitted to the licensee November 1, 2022. R1's diagnoses included hypertension and seizure disorder. R1's care plan dated November 1, 2022 indicated the resident received services including medication administration.</p> <p>R1's service agreement, signed November 1, 2022, failed to include medication management as a provided service.</p> <p>Additionally, R1's record lacked the following: -a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions; -identification of persons responsible for monitoring medication supplies and ensuring medication refills would be ordered on a timely basis; -identification of medication management tasks that may be delegated to unlicensed personnel.</p> <p>During an interview on February 7, 2023, at 12:00</p>	01730		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 38616	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/08/2023
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NAME OF PROVIDER OR SUPPLIER HAPPY CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 6703 89TH AVENUE NORTH BROOKLYN PARK, MN 55445
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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
01730	Continued From page 31 p.m., RN-A stated he completed the medication management assessments upon admission, and the individualized medication management plan is within the assessment. The licensee-provided policy titled Medication Management Program, undated, indicated the RN would have prepares a written medication management plan specific to each resident who received medication management services which included all required content. TIME PERIOD FOR CORRECTION: Seven (7) Days	01730		
01890 SS=D	144G.71 Subd. 20 Prescription drugs A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure all medications displayed the original prescription label for one of one residents (R1) with records reviewed. 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	01890		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 38616	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/08/2023
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NAME OF PROVIDER OR SUPPLIER HAPPY CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 6703 89TH AVENUE NORTH BROOKLYN PARK, MN 55445
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01890	<p>Continued From page 32</p> <p>residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally).</p> <p>Findings include:</p> <p>R1 admitted to the licensee November 1, 2022. R1's diagnoses included hypertension and seizure disorder. R1's care plan dated November 1, 2022, indicated the resident received services including medication administration.</p> <p>R1's physician orders, signed December 5, 2022, included albuterol sulfate two inhalations four times daily as needed, tiotropium bromide one inhalation daily, and fluticasone two sprays in each nostril daily.</p> <p>During an interview on February 6, 2023, at 1:05 p.m., unlicensed personnel (ULP)-B stated R1's inhaler did not have a prescription label attached.</p> <p>During an observation on February 6, 2023, at 1:10 p.m., R1's two albuterol inhalers, one tiotropium inhaler, and one fluticasone bottle lacked prescription labels.</p> <p>During an interview on February 7, 2023, at 12:00 p.m., registered nurse (RN)-A stated the licensee would implement an audit system to write an open date on the bottles and check expiration dates to make sure they were not expired. The licensee would also make sure labels were not removed; if they were, the licensee would get a new one from the pharmacy.</p> <p>The licensee-provided policy titled Medication Management Plan, undated, indicated the original label should remain on the containers of prescription drugs.</p>	01890		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 38616	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/08/2023
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01890	Continued From page 33 TIME PERIOD FOR CORRECTION: Seven (7) Days	01890		



Type: Full
Date: 02/06/23
Time: 11:00:00
Report: 1036231029

Food and Beverage Establishment Inspection Report

Location:

Happy Care INC
6703 89th Ave N
Brooklyn Park, MN55445
Hennepin County, 27

Establishment Info:

ID #: 0041116
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Kamal Obsa
Phone #: 952-288-7815
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.

2-200 Employee Health

2-201.11C

** Priority 1 **

MN Rule 4626.0040C The person in charge must record all reports of diarrhea or vomiting made by food employees and report those illnesses to the regulatory authority at the specific request of the regulatory authority.

NO EMPLOYEE ILLNESS LOG ON SITE. MDH PROVIDED AN ILLNESS LOG DURING INSPECTION. ISSUE CORRECTED ON SITE.

Comply By: 02/06/23

3-500B Microbial Control: hot and cold holding

3-501.16A2

** Priority 1 **

MN Rule 4626.0395A2 Maintain all cold, TCS foods at 41 degrees F (5 degrees C) or below under mechanical refrigeration.

THERE WERE SOME ITEMS IN THE FRIDGE THAT WERE ABOVE 41DF. INSTRUCTED TO TURN DOWN TEMPERATURE ON FRIDGE AND MONITOR THERMOMETER INSIDE FRIDGE.

Comply By: 02/06/23

3-500C Microbial Control: date marking

3-501.17B

** Priority 2 **

MN Rule 4626.0400B Mark the refrigerated, ready-to-eat, TCS food prepared and packaged in a processing plant and opened and held for more than 24 hours in the food establishment using an effective method to indicate the date by which the food must be consumed on the premises, sold, or discarded. The date must not exceed the manufacturer's use-by-date.

THERE WAS NO DATE LABEL INDICATING WHEN THE PACKAGE OF SALAMI AND CHEESE WERE OPENED. DEVELOP AN EFFECTIVE DATE LABELING SYSTEM AND STICK TO IT.

Type: Full
Date: 02/06/23
Time: 11:00:00
Report: 1036231029
Happy Care INC

Food and Beverage Establishment Inspection Report

Comply By: 02/20/23

4-300 Equipment Numbers and Capacities

4-302.12B ** Priority 2 **

MN Rule 4626.0705B Provide a readily accessible food temperature measuring device with a small diameter probe to measure the temperature in thin foods such as meat patties and fish fillets.
NO FOOD TEMPERATURE MEASURING DEVICE ON HAND. OBTAIN AND MAINTAIN SUCH A DEVICE.

Comply By: 02/20/23

4-300 Equipment Numbers and Capacities

4-302.13B ** Priority 2 **

MN Rule 4626.0710B Provide a readily accessible, irreversible registering temperature indicator for measuring the utensil surface temperature in mechanical hot water warewashing operations.
NO CURRENT DEVICE ON HAND FOR MEASURING THE SURFACE TEMPERATURE OF DISH MACHINE. OBTAIN AND MAINTAIN SUCH A DEVICE.

Comply By: 02/20/23

2-100 Supervision

2-102.12AMN

MN Rule 4626.0033A Employ a certified food protection manager (CFPM) for the establishment.
NO CURRENT CFPM AT ESTABLISHMENT. INSTRUCTIONS FOR APPLICATION SENT TO ESTABLISHMENT.

Comply By: 03/06/23

Surface and Equipment Sanitizers

Hot Water: > at 160 Degrees Fahrenheit
Location: DISH MACHINE
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cold Hold/MILK
Temperature: 43 Degrees Fahrenheit - Location: KITCHEN FRIDGE
Violation Issued: Yes

Process/Item: Cold Hold/CHEESE
Temperature: 42 Degrees Fahrenheit - Location: KITCHEN FRIDGE
Violation Issued: Yes

Process/Item: Cold Hold/SALAMI
Temperature: 43 Degrees Fahrenheit - Location: KITCHEN FRIDGE
Violation Issued: Yes

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

Type: Full
Date: 02/06/23
Time: 11:00:00
Report: 1036231029
Happy Care INC

Food and Beverage Establishment Inspection Report

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

THIS INSPECTION WAS CONDUCTED IN CONJUNCTION WITH MDH HEALTH REGULATORY DIVISION (HRD) SURVEY. SURVEYOR FROM HRD WAS NICOLE MYSLICKI. INSPECTION CONDUCTED IN PRESENCE OF KAMAL OBSA AND ABRAHAM ANGIMA . ALL VIOLATIONS WERE DISCUSSED WITH PERSON IN CHARGE AND HRD EVALUATOR DURING INSPECTION.

DISCUSSED ALL ORDERS ON SITE IN ADDITION TO THE FOLLOWING:

- EMPLOYEE ILLNESS LOG AND EXCLUSION POLICY.
- SANITIZER USE AND TEST KITS.
- HAND WASHING POLICY AND REVIEW.
- GLOVE USAGE
- THERMOMETER USE AND CALIBRATION.
- DATE MARKING.
- PEST CONTROL.

THIS IS A RESIDENTIAL HOUSE WITH KITCHEN EQUIPMENT THAT IS NOT ANSI CERTIFIED SO ALL FOOD IS PREPARED FOR SAME DAY SERVICE. ONLY ONE CLIENT IN RESIDENCE AT TIME OF INSPECTION.

REFER TO HRD SURVEYOR FULL REPORT FOR COMPLY BY DATES.

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

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


I acknowledge receipt of the inspection report number 1036231029 of 02/06/23.

Certified Food Protection Manager: _____

Certification Number: _____ Expires: ____/____/____

Inspection report reviewed with person in charge and emailed.

Signed: _____
KAMAL OBSA
OPERATOR

Signed:  _____
Jeff Johanson