

Electronically Delivered

March 29, 2024

Licensee

Care Plus Home Care LLC
2860 132nd Avenue Northwest
Coon Rapids, MN 55448

RE: Project Number(s) SL36802015


Dear Licensee:

On February 5, 2024, the Minnesota Department of Health completed a follow-up survey of your facility to determine if orders from the November 14, 2023, survey were corrected. This follow-up survey verified that the facility is in substantial compliance.

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

Please feel free to call me with any questions.

Sincerely,



Bob Dehler, P.E.
Engineering Manager
Engineering Services Section
Health Regulation Division
Email: Robert.Dehler@state.mn.us
Telephone: 651-201-3710

JMD

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36802	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/05/2024
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NAME OF PROVIDER OR SUPPLIER CARE PLUS HOME CARE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2860 132ND AVENUE NW COON RAPIDS, MN 55448
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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{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, this correction order(s) has been issued pursuant to a survey. Determination of whether a violation has been corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p>INITIAL COMMENTS: SL36802015-1</p> <p>On February 5, 2024, the Minnesota Department of Health conducted a revisit at the above provider to follow-up on orders issued pursuant to a survey completed on November 14, 2024. At the time of the survey, there were four residents; all whom were receiving services under the Assisted Living license. As a result of the revisit, the licensee is in substantial compliance.</p>	{0 000}		
{0 550} SS=F	<p>144G.41 Subd. 7 Resident grievances; reporting maltreatment</p> <p>All facilities must post in a conspicuous place information about the facilities' grievance procedure, and the name, telephone number, and email contact information for the individuals who are responsible for handling resident grievances. The notice must also have the contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities and must have information for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center. The notice must also</p>	{0 550}		

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

Minnesota Department of Health

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{0 550}	Continued From page 1 state that if an individual has a complaint about the facility or person providing services, the individual may contact the Office of Health Facility Complaints at the Minnesota Department of Health. This MN Requirement is not met as evidenced by: No further action needed.	{0 550}		
{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 chapter or rules; (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision; (4) documentation of annual performance reviews that identify areas of improvement needed and training needs; (5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and (6) documentation of the background study as required under section 144.057. This MN Requirement is not met as evidenced by:	{0 650}		

Minnesota Department of Health

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{0 650}	Continued From page 2 No further action needed.	{0 650}		
{0 660} SS=F	<p>144G.42 Subd. 9 Tuberculosis prevention and control</p> <p>(a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines.</p> <p>(b) The facility must maintain written evidence of compliance with this subdivision.</p> <p>This MN Requirement is not met as evidenced by: No further action needed.</p>	{0 660}		
{0 950} SS=C	<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 FOR CERTAIN PURPOSES.</p> <p>You have the right to name anyone as your</p>	{0 950}		

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{0 950}	<p>Continued From page 3</p> <p>"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 needed.</p>	{0 950}		
{0 970} SS=C	<p>144G.50 Subd. 5 Waivers of liability prohibited</p> <p>The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law.</p> <p>This MN Requirement is not met as evidenced by: No further action needed.</p>	{0 970}		

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{01530} SS=E	<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: No further action needed.</p>	{01530}		
{01640} SS=F	<p>144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to</p> <p>(a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan.</p>	{01640}		

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{01640}	Continued From page 5 (b) The service plan and any revisions must include a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities. (c) The facility must implement and provide all services required by the current service plan. (d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable. (e) Staff providing services must be informed of the current written service plan. This MN Requirement is not met as evidenced by: No further action needed.	{01640}		
{01650} SS=F	144G.70 Subd. 4 (f) Service plan, implementation and revisions to (f) The service plan must include: (1) a description of the services to be provided, the fees for services, and the frequency of each service, according to the resident's current assessment and resident preferences; (2) the identification of staff or categories of staff who will provide the services; (3) the schedule and methods of monitoring assessments of the resident; (4) the schedule and methods of monitoring staff providing services; and (5) a contingency plan that includes:	{01650}		

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{01650}	<p>Continued From page 6</p> <p>(i) the action to be taken if the scheduled service cannot be provided;</p> <p>(ii) information and a method to contact the facility;</p> <p>(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</p> <p>(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> <p>This MN Requirement is not met as evidenced by: No further action needed.</p>	{01650}		



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

November 17, 2023

Licensee

Care Plus Home Care, LLC
2860 132nd Avenue Northwest
Coon Rapids, MN 55448

RE: Project Number(s) SL36802015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on November 14, 2023, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, the MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

STATE CORRECTION ORDERS

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

IMPOSITION OF FINES

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

- Level 1: no fines or enforcement.
- Level 2: a fine of \$500 per violation, in addition to any enforcement mechanism authorized in § 144G.20 for widespread violations;
- Level 3: a fine of \$3,000 per violation per incident, in addition to any enforcement mechanism authorized in § 144G.20.
- Level 4: a fine of \$5,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20.

In accordance with Minn. Stat. § 144G.31, Subd. 4 (a)(5), the MDH may impose fine amounts of either \$1,000 or \$5,000 to licensees who are found to be responsible for maltreatment.

The MDH may impose a fine of \$1,000 for each substantiated maltreatment violation that consists of abuse, neglect, or financial exploitation according to Minn. Stat. § 626.5572, Subds. 2, 9, 17. The MDH

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

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

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

St - 0 - 0820 - 144g.45 Subd. 2 (g) - Fire Protection And Physical Environment = \$3,000.00

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

DOCUMENTATION OF ACTION TO COMPLY

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

The correction order documentation should include the following:

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

CORRECTION ORDER RECONSIDERATION PROCESS

In accordance with Minn. Stat. § 144G.32, Subd. 2, you may challenge the correction order(s) issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by 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
HRD 3A, 3rd Floor
P.O. Box 64900
625 Robert Street North
St. Paul, MN 55164

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.

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

If you have any questions, please contact me.

Sincerely,

A handwritten signature in black ink that reads "Jessie Chenze". The signature is written in a cursive, flowing style.

Jessie Chenze, Supervisor
State Evaluation Team
Email: jessie.chenze@state.mn.us
Telephone: 218-332-5175 Fax: 1-866-890-9290

PMB

Minnesota Department of Health

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0 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)</p> <p>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.</p> <p>Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p>INITIAL COMMENTS: SL36802015</p> <p>On November 13, 2023, through November 14, 2023, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were four active residents all whom were receiving services under the Assisted Living license.</p> <p>An immediate correction order was identified on November 14, 2023, issued for SL36802015015-0, tag identification 0820.</p> <p>On November 15, 2023, the immediacy of correction order 0820 was removed, however non-compliance remained at an scope and level of I.</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>	
0 550 SS=F	144G.41 Subd. 7 Resident grievances; reporting maltreatment	0 550		

Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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0 550	<p>Continued From page 1</p> <p>All facilities must post in a conspicuous place information about the facilities' grievance procedure, and the name, telephone number, and email contact information for the individuals who are responsible for handling resident grievances. The notice must also have the contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities and must have information for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center. The notice must also state that if an individual has a complaint about the facility or person providing services, the individual may contact the Office of Health Facility Complaints at the Minnesota Department of Health.</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to post the required information related to the grievance procedure. This had the potential to affect all current residents, staff, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On November 13, 2023, at 1:37 p.m., the surveyor toured the facility with licensed assisted living director (LALD)-B, clinical nurse supervisor (CNS)-A, and manager (M)-C. Posted on a</p>	0 550		
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0 550	<p>Continued From page 2</p> <p>bulletin board in the main floor common area was the facility's grievance procedure; however, the grievance procedure posted did not include the required content to include the contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities. LALD-B stated she thought she had updated the grievance procedure to include all the required information however the contact information for the ombudsman offices was not posted.</p> <p>The licensee's Grievance policy dated August 1, 2021, noted a copy of the grievance procedure would be conspicuously posted in the residence with the following information:</p> <ul style="list-style-type: none"> - Contact information for the state and any regional Office of Ombudsman for Long-Term Care - Contact information for the Office of Ombudsman for Mental Health and Developmental Disabilities <p>No further information was provided.</p> <p>TIME PERIOD OF CORRECTION: Twenty-One days</p>	0 550		
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>	0 650		

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0 650	<p>Continued From page 3</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 employee records contained the required content for one of one employee (clinical nurse supervisor (CNS)-A).</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>The findings include:</p> <p>CNS-A was hired on October 15, 2019, and began providing assisted living services on August 1, 2021.</p> <p>CNS-A's employee record did not include an annual performance review for 2020, 2021, 2022,</p>	0 650		
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0 650	<p>Continued From page 4</p> <p>or 2023, which identified areas of improvement and training needs.</p> <p>On November 14, 2023, at 12:28 p.m., licensed assisted living director (LALD)-B stated annual performance reviews had not been conducted for any of the employees. LALD-B stated she was aware they should be done but did not have a process in place to assure they get completed.</p> <p>The licensee's Performance Evaluation policy dated August 1, 2021, noted a formal performance evaluation would be conducted for all staff providing assisted living services at least annually.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One days</p>	0 650		
0 660 SS=F	<p>144G.42 Subd. 9 Tuberculosis prevention and control</p> <p>(a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines.</p> <p>(b) The facility must maintain written evidence of</p>	0 660		

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0 660	<p>Continued From page 5</p> <p>compliance with this subdivision.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to maintain a tuberculosis (TB) prevention program based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) and the Minnesota Department of Health (MDH), which included a TB risk assessment which was reviewed annually. This had the potential to affect all residents.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>The licensee's Facility Tuberculosis (TB) Risk Assessment Worksheet was completed on February 1, 2022, and last reviewed on September 6, 2022, indicating a low risk level.</p> <p>On November 13, 2023, at 2:17 p.m., clinical nurse supervisor (CNS)-A stated the TB risk assessment should be completed annually and it was last reviewed on September 6, 2022. CNS-A stated the facility TB risk assessment should have been reviewed in September (2023).</p> <p>The licensee's Tuberculosis Screening/Prevention policy dated August 1, 2021, noted the Director was responsible for</p>	0 660		
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0 660	Continued From page 6 conducting the formal TB Risk Assessment and updating it annually. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One days	0 660		
0 790 SS=F	144G.45 Subd. 2 (a) (2)-(3) Fire protection and physical environment (2) install and maintain portable fire extinguishers in accordance with the State Fire Code; (3) install portable fire extinguishers having a minimum 2-A:10-B:C rating within Group R-3 occupancies, as defined by the State Fire Code, located so that the travel distance to the nearest fire extinguisher does not exceed 75 feet, and maintained in accordance with the State Fire Code; and This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to store and maintain fire extinguishers as required by MN Fire Code, chapter 7511 throughout the facility. This deficient condition had the ability to affect all staff, visitors, and residents. 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	0 790		

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0 790	<p>Continued From page 7</p> <p>or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On a facility tour on November 14, 2023, at 3:00 p.m., with licensed assisted living director (LALD)-B, clinical nurse supervisor (CNS)-A and manager (M)-C, the surveyor observed the fire extinguisher provided in the kitchen had a date of last service of 2021. The fire extinguisher provided was 1-A:10-BC (size) rated.</p> <p>The licensee failed to have at least one fire extinguisher with minimum 2-A:10-B:C rating that is mounted, maintained, and located within 75 feet of travel throughout the facility.</p> <p>MN Fire Code, chapter 7511 indicated fire extinguishers are required to be mounted at least 4 inches off the floor and not higher than 60 inches from the floor to the top of the extinguisher. Documentation is required to demonstrate fire extinguishers have been inspected by facility personnel monthly, and annually replaced with a new extinguisher or serviced annually by a certified technician.</p> <p>During interview on November 14, 2023, at 3:00 p.m., LALD-B, CNS-A and M-B, verified this deficient finding.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days.</p>	0 790		
0 800 SS=F	144G.45 Subd. 2 (a) (4) Fire protection and physical environment	0 800		

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0 800	<p>Continued From page 8</p> <p>(4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program.</p> <p>This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain the facility's physical environment in a continuous state of good repair and operation regarding the health, safety, and well-being of the residents. This had the potential to directly affect all residents, staff, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>On a facility tour on November 14, 2023, at 3:00 p.m., with licensed assisted living director (LALD)-B, clinical nurse supervisor (CNS)-A and manager (M)-C, the surveyor made the following observations of facility hazards and disrepair:</p> <p>The fire-resistant separation between the residence and the attached garage was incomplete with an opening 12"x 48" next to the attic access door on the ceiling. The fire-resistant</p>	0 800		
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0 800	<p>Continued From page 9</p> <p>separation is required to be complete and sealed with minimum ½" drywall.</p> <p>The clothes dryer vent was disconnected in the laundry room in the basement. Dryer vents are required to vent the exhaust air from the dryer to the exterior of the facility to prevent moisture and lint particles from contaminating the air inside the facility.</p> <p>Wire connections were not competed inside an electrical junction box above the door leading into the laundry room in the basement. Wire connections are required to be made inside an approved electrical box with a cover and in accordance with MN Electrical Code.</p> <p>On November 14, 2023, at 3:00 p.m., LALD-B, CNS-A and M-B verified these deficient conditions while accompanying on the tour.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 800		
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; (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 	0 810		

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0 810	<p>Continued From page 10</p> <p>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: Based on record review and interview, the licensee failed to maintain the facility's fire safety and evacuation plan with required content, provided resident training and conduct evacuation drills as required. This had the potential to directly affect all residents, staff, and visitors.</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident 's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the residents).</p>	0 810		

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0 810	<p>Continued From page 11</p> <p>The findings include:</p> <p>On November 14, 2023, licensed assisted living director (LALD)-B, clinical nurse supervisor (CNS)-A and manager (M)-C, provided documentation on the fire safety and evacuation plan, fire safety and evacuation training, and evacuation drills for the facility.</p> <p>FIRE SAFETY AND EVACUATION PLAN Record review of the available documentation indicated the licensee failed to include room numbers identifying the resident rooms on the fire safety and evacuation floor plan and on or adjacent to the door of each resident sleeping room. The fire safety evacuation floor plan also failed to identify the location of the main exit of the facility.</p> <p>The fire safety and evacuation floor plan labeled the door leading to the attached garage from the house as an exit. The door leading to the attached garage from the house was not a compliant exit because the exit is from a lesser hazard to a higher hazard area.</p> <p>TRAINING Record review of the available documentation indicated the facility lacked specific training documentation to residents based on the facility fire safety and evacuation plan.</p> <p>DRILLS Record review of the available documentation indicated evacuation drills have been conducted but not in the required sequence. Documentation was provided for drills conducted once in May 2023 and twice in October 2023. Evacuation drills are required to be completed and documented every other month and twice per shift per year</p>	0 810		
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0 810	Continued From page 12 and separately from employee training. Drills are required to be completed separately for each shift. On November 14, 2023, at 3:00 p.m., LALD-B, CNS-A and M-B verified the lack of training, drills and required content for the fire safety and evacuation plan. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	0 810		
0 820 SS=I	144G.45 Subd. 2 (g) Fire protection and physical environment (g) Existing construction or elements, including assisted living facilities that were registered as housing with services establishments under chapter 144D prior to August 1, 2021, shall be permitted to continue in use provided such use does not constitute a distinct hazard to life. Any existing elements that an authority having jurisdiction deems a distinct hazard to life must be corrected. The facility must document in the facility's records any actions taken to comply with a correction order, and must submit to the commissioner for review and approval prior to correction. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide facilities that were not a distinct hazard to life. This had the potential to directly affect all residents and staff. This practice resulted in a level three violation (a violation that harmed a resident's health or safety,	0 820	This immediate correction order was identified on November 14, 2023, issued for SL36802015-0, tag identification 0820. On November 15, 2023, the immediacy of correction order 0820 was removed, however non-compliance remained at an	

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0 820	<p>Continued From page 13</p> <p>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>Findings include:</p> <p>On a facility tour on November 14, 2023, at 3:45 p.m. with licensed assisted living director (LALD)-B, clinical nurse supervisor (CNS)-A and manager (M)-C it was observed that compliant emergency escape and rescue openings were not provided in resident sleeping rooms #1, #2, #3.</p> <p>Occupied Resident Rooms</p> <p>Resident sleeping room #1 emergency escape and rescue clear window opening measurements are 32 inches wide, 11 inches in height and 352 square inches in openable area. The window was measured with LALD-B, CNS-A, M-C and survey staff present. The window did not meet the minimum requirements for clear opening height, clear opening width and minimum clear opening area.</p> <p>Resident sleeping room #2 emergency escape and rescue clear window opening measurements are 32 inches wide, 11 inches in height and 352 square inches in openable area. The window was measured with LALD-B, CNS-A, M-C and survey staff present. The window did not meet the minimum requirements for clear opening height, clear opening width and minimum clear opening area.</p>	0 820	<p>scope and level of I.</p> <p>This was confirmed by the licensee via email and approved by evaluation supervisor.</p>	
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0 820	<p>Continued From page 14</p> <p>Unoccupied Room</p> <p>Resident sleeping room #3 emergency escape and rescue clear window opening measurements are 21 inches wide, 5 inches in height and 105 square inches in openable area. The window also measured 52 ¾ inches to the clear opening from the floor. The window was measured with LALD-B, CNS-A, M-C and survey staff present. The window did not meet the minimum requirements clear opening height, minimum clear opening width, minimum clear opening area and clear opening maximum distance from the floor.</p> <p>It was explained to LALD-B, CNS-A and M-C that at least one compliant emergency escape and rescue opening is required within each resident sleeping room.</p> <p>Existing emergency escape and rescue openings are required to meet a minimum clear opening area of 648 square inches and have a minimum dimension of 20 inches in height and a minimum dimension of 20 inches in width. And have a windowsill height from the floor to the clear opening of not more than 48 inches.</p> <p>These deficient conditions were visually verified by LALD-B, CNS-A and M-B accompanying on the tour. Survey staff explained that an immediate correction order was issued for the above findings.</p> <p>TIME PERIOD FOR CORRECTION: Immediate.</p>	0 820		
0 950 SS=C	<p>144G.50 Subd. 3 Designation of representative</p> <p>(a) Before or at the time of execution of an</p>	0 950		

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0 950	<p>Continued From page 15</p> <p>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 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: Based on interview and record review, the licensee failed to offer the resident the opportunity to identify a designated representative in writing for one of one resident (R1).</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</p>	0 950		

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0 950	<p>Continued From page 16</p> <p>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>The findings include:</p> <p>R1's diagnoses included human immunodeficiency virus (HIV - a virus that damages the immune system and interferes with the body's ability to fight infection and disease), anxiety, heart failure (condition in which the heart's function as a pump is inadequate to meet the body's needs), low back pain, and gastroesophageal reflux disease (GERD - stomach acid reflux).</p> <p>R1's undated Service Plan indicated the resident received the following services: medication administration, laundry, bathing reminder, and housekeeping.</p> <p>R1's records did not include evidence of a notice with the required statutory language for the resident to identify a designated representative or documentation R1 declined to name a designated representative.</p> <p>On November 14, 2023, at 10:21 a.m., licensed assisted living director (LALD)-B stated she was unaware of this regulation and none of the residents at the facility had been provided the opportunity to identify a designated representative.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One days</p>	0 950		
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36802	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/14/2023
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NAME OF PROVIDER OR SUPPLIER CARE PLUS HOME CARE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2860 132ND AVENUE NW COON RAPIDS, MN 55448
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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0 970 SS=C	<p>144G.50 Subd. 5 Waivers of liability prohibited</p> <p>The contract must not include a waiver of facility liability for the health and safety or personal property of a resident. The contract must not include any provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor include any provision that requires or implies a lesser standard of care or responsibility than is required by law.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the assisted living contract did not include language waiving the facility's liability for health, safety, or personal property of a resident. 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>The findings include:</p> <p>The Assisted Living Contract provided included clauses which indicated the resident would waive the facility's liability for health, safety, or personal property of the resident: -Section 7. Security/Valuables/Keys subdivision (d) indicated if you (the resident) choose not to lock your valuables, you assume liability for them. -Section 1. Insurance Liability and Release</p>	0 970		
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 36802	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/14/2023
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0 970	<p>Continued From page 18</p> <p>indicated the resident agrees the facility will not be liable to the resident for any personal injury or property damage (including, without limitation, damage to, or loss of theft of, automobiles or personal property of resident) suffered by the resident unless and to the extent that the injury or damage is caused by the negligence of the facility or its employees or agents. The resident hereby releases the facility from liability for any personal injury or property damage suffered by the resident, unless caused by negligence of the facility or it's employees or agents.</p> <p>-Section Indemnification indicated the facility would not be liable for any damage or injury to the resident, or to any property, occurring on the premises, or any part thereof, or in common areas thereof, and the resident agrees to hold the facility harmless from any claims or damages unless caused solely by negligence of the facility.</p> <p>-Section Liability indicated the resident agrees to be liable and responsible for all obligations herein referenced, monetary and otherwise, of the resident and where this Contract has been executed by a party designated below.</p> <p>On November 14, 2023, at 9:59 a.m., manager (M)-C stated the assisted living contract was a template contract that was developed by a consulting company and provided to all residents. Licensed assisted living director (LALD)-B and manager (M)-C reviewed the above noted sections of the assisted living contract and stated they could see how these statements could be interpreted as the facility waiving their liability.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One days</p>	0 970		
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Minnesota Department of Health

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01530	Continued From page 19	01530		
01530 SS=E	<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 observation, interview, and record review, the licensee failed to ensure two of two employees (clinical nurse supervisor (CNS)-A, unlicensed personnel (ULP)-D) received the required amount of dementia care training in the required time frame.</p>	01530		

Minnesota Department of Health

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01530	<p>Continued From page 20</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 pattern scope (when more than a limited number of residents are affected, more than a limited number of staff are involved, or the situation has occurred repeatedly; but is not found to be pervasive).</p> <p>The findings include:</p> <p>CNS-A CNS-A was hired on October 15, 2019, and began providing assisted living services and supervision of the direct-care staff on August 1, 2021.</p> <p>CNS-A's record did not indicate CNS-A had completed two hours of annual dementia care training for 2021, or 2022. CNS-A's employee record indicated she had only completed 0.75 hours of dementia care training on November 3, 2021.</p> <p>ULP-D ULP-D was hired on May 21, 2022, to provide direct care services to the licensee's residents.</p> <p>On November 13, 2023, at 12:05 p.m., the surveyor observed ULP-D administer R1's scheduled afternoon medications.</p> <p>ULP-D's record did not indicate a total of eight hours of the required dementia care training was completed within 160 hours of the employee's state date. ULP-D's employee record indicated she had only completed 2.50 hours of initial dementia care training on May 22, 2022.</p>	01530		
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Minnesota Department of Health

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01530	<p>Continued From page 21</p> <p>On November 14, 2023, at 12:43 p.m., licensed assisted living director (LALD)-B reviewed CNS-A and ULP-D's education transcripts and stated neither one had completed the amount of dementia care training required. LALD-B stated it was hard sometimes to get the employees to complete the training. Manager (M)-C stated they did not have a process in place to assure the employees were completing the required training.</p> <p>The licensee's Dementia Education policy dated August 1, 2021, noted supervisors of direct-care staff and direct care employees must have at least two hours of education on topics related to dementia care for each 12 months of employment thereafter. Direct care employees must have completed at least eight hours of initial dementia care training within 160 working hours of the employment start date.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One days</p>	01530		
01640 SS=F	<p>144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to</p> <p>(a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan.</p> <p>(b) The service plan and any revisions must include a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services</p>	01640		

Minnesota Department of Health

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01640	<p>Continued From page 22</p> <p>and how to contact the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities.</p> <p>(c) The facility must implement and provide all services required by the current service plan.</p> <p>(d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable.</p> <p>(e) Staff providing services must be informed of the current written service plan.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the service plan included a signature or other authentication by the licensee and the resident or the resident's representative to document agreement on the services to be provided for one of one resident (R1).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).</p> <p>The findings include:</p> <p>R1's diagnoses included human immunodeficiency virus (HIV - a virus that damages the immune system and interferes with the body's ability to fight infection and disease), anxiety, heart failure (condition in which the heart's function as a pump is inadequate to meet the body's needs), low back pain, and</p>	01640		
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01640	<p>Continued From page 23</p> <p>gastroesophageal reflux disease (GERD - stomach acid reflux).</p> <p>On November 13, 2023, at 12:05 p.m., the surveyor observed unlicensed personnel (ULP)-D administer R1's scheduled afternoon medications.</p> <p>R1's undated Service Plan did not include a signature or other authentication by the licensee or the resident or their representative documenting agreement on the services provided.</p> <p>On November 14, 2023, at 9:47 a.m., licensed assisted living director (LALD)-B and clinical nurse supervisor (CNS)-A provided a printed copy of an electronic autogenerated Service Plan - Modification for R1. LALD-B stated R1's Service Plan was not signed by either R1 or the licensee. LALD-B stated this would be the same for all residents at the facility as they were unaware the Service Plan needed to be authenticated by both the resident and the licensee.</p> <p>The licensee's Service Plan policy dated August 1, 2021, noted the initial service plan and any revisions are signed by a representative from the licensee and the resident or resident's representative, indicating agreement with the services to be provided.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One days</p>	01640		
01650 SS=F	144G.70 Subd. 4 (f) Service plan, implementation and revisions to	01650		

Minnesota Department of Health

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01650	<p>Continued From page 24</p> <p>(f) The service plan must include:</p> <p>(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;</p> <p>(2) the identification of staff or categories of staff who will provide the services;</p> <p>(3) the schedule and methods of monitoring assessments of the resident;</p> <p>(4) the schedule and methods of monitoring staff providing services; and</p> <p>(5) a contingency plan that includes:</p> <p>(i) the action to be taken if the scheduled service cannot be provided;</p> <p>(ii) information and a method to contact the facility;</p> <p>(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</p> <p>(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> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the service plan included the required content for one of one resident (R1).</p> <p>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a</p>	01650		
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01650	<p>Continued From page 25</p> <p>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>The findings include:</p> <p>R1's diagnoses included human immunodeficiency virus (HIV - a virus that damages the immune system and interferes with the body's ability to fight infection and disease), anxiety, heart failure (condition in which the heart's function as a pump is inadequate to meet the body's needs), low back pain, and gastroesophageal reflux disease (GERD - stomach acid reflux).</p> <p>On November 13, 2023, at 12:05 p.m., the surveyor observed unlicensed personnel (ULP)-D administer R1's scheduled afternoon medications.</p> <p>R1's undated Service Plan indicated the resident received the following services: medication administration, laundry, bathing reminder, and housekeeping.</p> <p>R1's Service Plan did not include the following required content:</p> <ul style="list-style-type: none"> - fees for service - the schedule and methods of monitoring assessments of the resident - the schedule and methods of monitoring staff providing services; and <p>A contingency plan that included:</p> <ul style="list-style-type: none"> - the actions to be taken if the scheduled service cannot be provided - information and a method to contact the facility - the names and contact information of persons 	01650		
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01650	<p>Continued From page 26</p> <p>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</p> <ul style="list-style-type: none"> - the circumstances in which emergency medical services are not be summoned consistent with chapters 145 B and 145C, and declarations made by the resident under those chapters. <p>On November 14, 2023, at 9:47 a.m., licensed assisted living director (LALD)-B and clinical nurse supervisor (CNS)-A stated the template Service Plan used for R1 and all other residents at the facility had not been updated to reflect the required content noted above.</p> <p>The licensee's Service Plan policy dated August 1, 2021, noted the service plan would include the following:</p> <ul style="list-style-type: none"> - fees for service - the schedule and methods of monitoring reviews or assessments of the resident - the schedule and methods of monitoring staff providing services; and <p>A contingency plan that included:</p> <ul style="list-style-type: none"> - action to be taken if the scheduled service cannot be provided - information and method for a resident or resident's representative to contact the facility - 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 - the identification of and information as to who has authority to sign for the resident in an emergency; and - circumstances in which emergency medical services are not be summoned and declarations 	01650		

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01650	<p>Continued From page 27</p> <p>made by the resident related to health care directives.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One days</p>	01650		



Minnesota Department of Health
Food, Pools and Lodging Services Section
625 N Robert St
St Paul, MN 55164
651-201-4500

Type: Full
Date: 11/14/23
Time: 13:49:09
Report: 7963231144

Food and Beverage Establishment Inspection Report

Page 1

Location:

Care Plus Home Care Llc
2860 132nd Avenue Nw
Coon Rapids, MN55448
Anoka County, 02

Establishment Info:

ID #: 0037784
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 7632964660
ID #:

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

The following orders were issued during this inspection.

3-300B Protection from Contamination: cross-contamination, eggs

3-302.11A(1)

**** Priority 1 ****

MN Rule 4626.0235A(1) Separate raw animal foods during storage, preparation, holding, and display from ready-to-eat foods to prevent cross-contamination.

RAW HAMBURGER AND SHELL EGGS STORED ABOVE READY TO EAT FOOD IN REFRIGERATOR. ITEMS MOVED TO LOWER SHELF DURING INSPECTION. VIOLATION CORRECTED ON SITE.

Corrected on Site

Surface and Equipment Sanitizers

Hot Water: = at 169 Degrees Fahrenheit
Location: DISHWASHER RINSE
Violation Issued: No

Food and Equipment Temperatures

Process/Item: POTATO SALAD
Temperature: 38 Degrees Fahrenheit - Location: REFRIGERATOR
Violation Issued: No

Process/Item: PASTA
Temperature: 36 Degrees Fahrenheit - Location: REFRIGERATOR
Violation Issued: No

Type: Full
Date: 11/14/23
Time: 13:49:09
Report: 7963231144
Care Plus Home Care Llc

Food and Beverage Establishment Inspection Report

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

MET WITH MDH NURSE SURVEYOR JANA BROMENSHENKEL AND ESTABLISHMENT REPRESENTATIVE GAIL NGUFUA. NO FOLLOW-UP INSPECTION REQUIRED.

DISCUSSED THE FOLLOWING-

- EMPLOYEE ILLNESS POLICY AND LOG
- REPORTABLE DISEASES
- SAME DAY SERVICE REQUIREMENTS
- DISHWASHER SANITIZER CYCLE
- HIGHLY SUSCEPTIBLE POPULATION RESTRICTIONS

KITCHEN HAS TILE FLOORING, WOOD CABINETS WITH LAMINATE COUNTERTOPS AND A SMOOTH CEILING.

DISHWASHER HAS A SANITIZER CYCLE AND REACHES THE CORRECT TEMPERATURE AS REQUIRED BY CODE.

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

I acknowledge receipt of the Minnesota Department of Health inspection report number 7963231144 of 11/14/23.

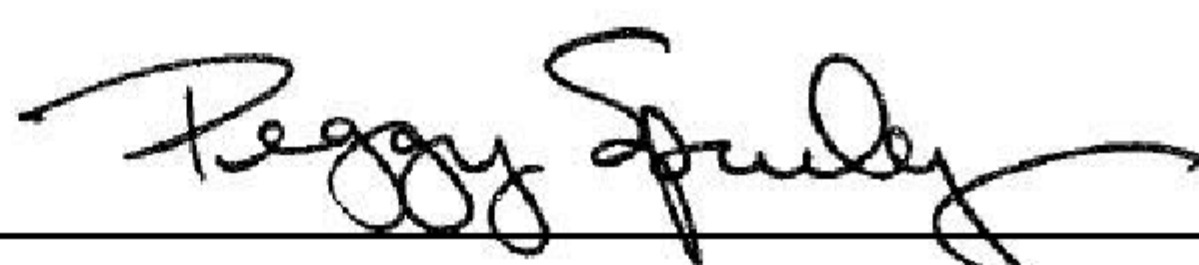
Certified Food Protection Manager Gail Ngufua

Certification Number: FM 107732 Expires: 08/31/24

Inspection report reviewed with person in charge and emailed.

Signed: _____

Gail Ngufua
PIC

Signed:  _____

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