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

**NOTICE OF REMOVAL OF CONDITIONAL LICENSE**

Electronic Delivery

November 4, 2024

Licensee
Homefelt Assisted Living
2319 University Avenue Northeast
Minneapolis, MN 55418

RE: Initial License Number 410701
Health Facility Identification Number (HFID) 39542
Project Number(s) SL39542015

Dear Licensee:

On September 30, 2024, The Minnesota Department of Health (MDH) completed a follow-up survey of your facility to determine correction of orders found during the survey completed April 18, 2024, and the follow-up survey completed July 9,2024. This follow-up survey found the facility to be in substantial compliance. Based on these findings, the condition(s) on the license were removed effective November 4, 2024.

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 Department of Health concludes the licensee is in substantial compliance. State law requires the facility must take action to correct the state correction orders and document the actions taken to comply in the facility's records. The Department reserves the right to return to the facility at any time should the Department receive a complaint or deem it necessary to ensure the health, safety, and welfare of residents in your care.

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,

Rick Michals

Rick Michals, J.D.
**Executive Regional Operations Manager**

**Minnesota Department of Health**
**Health Regulation Division**

JMD

DEPARTMENT OF HEALTH

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

# NOTICE OF PROVISIONAL EXTENSION AND CONDITIONAL LICENSE

Electronically Delivered

August 16, 2024

Licensee
Homefelt Assisted Living
2319 University Avenue Northeast
Minneapolis, MN 55418

RE: Provisional Conditional License Number 410701
Health Facility Identification Number (HFID) 39542
Project Number(s) SL39542015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a follow-up survey on July 9, 2024, to determine correction of orders found on the initial survey completed on April 14, 2024. Based on the follow-up survey results you were found to continue to not to be in substantial compliance with the laws pursuant to Minnesota Statutes, Chapter 144G.

As a result, pursuant to Minn. Stat. § 144G.16, Subd. 3(b)(2), MDH is extending the provisional license for 90-days and applying conditions necessary to bring the facility into substantial compliance. The provisional license extension and conditions are due to expire **November 14, 2024**.

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

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

**DOCUMENTATION OF ACTION TO COMPLY**
In accordance with Minn. Stat. § 144G.30, Subd. 5(c), the provisional licensee must document actions taken to comply with the correction orders and immediately correct any reissued orders outlined on the state form; however, plans of correction are not required to be submitted for approval.
The correction order documentation should include the following:

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

**CORRECTION ORDER RECONSIDERATION PROCESS**

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

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.

To submit a reconsideration request, please visit:
**https://forms.web.health.state.mn.us/form/HRDAppealsForm**

**CONDITIONAL LICENSE ISSUED:**

MDH will issue Homefelt Assisted Living an extenstion to the conditional provisional assisted living facility license for 90 calendar days from the date of this notice. At an unannounced point in time, within the 90 calendar days, MDH will conduct a follow-up survey, as defined in Minn. Stat. § 144G.30, Subd. 6. Based on the results of the follow-up survey, MDH will determine if Homefelt Assisted Living is in substantial compliance.

The following conditions will remain in effect through the on the extended conditional provisional assisted living facility license:

a. **Health Facility Construction Permit:** Homefelt Assisted Living, will contact The Minnesota Department of Labor and Industry (MNDLI) or City with delegated authority and obtain a construction permit for a health facility. Within 14-days from the date of this notice, Homefelt Assisted Living, will provide MDH with a copy of the permit obtained from MNDLI or City with delegated authority.

b. **General Contractor:** Homefelt Assisted Living must provide the following to Tim Hanna, Supervisor, via email at Tim.Hanna@state.mn.us, within two (2) weeks of the date of this notice:
    i. Name
    ii. License Number
    iii. Contact Information

c. **Egress Window Requirements:** Homefelt Assisted Living will replace at least one

window in occupied resident sleeping room #1 meeting the minimum size requirements. At least one window in each resident bedroom must meet the minimum window opening size of no less than 20 inches in width, with a total of at least 648 square inches (4.5 square feet) required for egress, and have a windowsill height from the floor to the 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.

**RESULTS OF FOLLOW-UP EVALUATION DURING THE CONDITIONAL PROVISIONAL LICENSE PERIOD:**
MDH will determine if Homefelt Assisted Living is in substantial compliance based on the results of the follow up survey. MDH will make this determination within the extended 90-day conditional provisional license period. If MDH determines Homefelt Assisted Living is in substantial compliance on the follow up survey, MDH will remove the conditions and grant the assisted living facility license to Homefelt Assisted Living. If MDH determines Homefelt Assisted Living is not in substantial compliance, MDH may deny the license pursuant to Minn. Stat. § 144G.16, Subd. 3 (b) (2).

**REQUEST FOR RECONSIDERATION:**
Pursuant to Minn. Stat. §144G.16, Subd. 4, if a provisional licensee whose assisted living facility license has been denied, or extended with conditions, disagrees with the action taken against the provisional license under this section, the provisional licensee may request a reconsideration no later than 15 calendar days after provisional licensee receives notice of the action. **This is your only ability to request a reconsideration under this enforcement action.**

To submit a reconsideration request, please visit:
**https://forms.web.health.state.mn.us/form/HRDAppealsForm**

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 Tim Hanna directly at: 507-208-8982.

Sincerely,

Rick Michals

Rick Michals, J.D.
**Executive Regional Operations Manager**

**Minnesota Department of Health**
**Health Regulation Division**

HHH

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 39542 | A. BUILDING: _____ B. WING _____ | R 07/09/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| HOMEFELT ASSISTED LIVING | 2319 UNIVERSITY AVENUE NE MINNEAPOLIS, MN 55418 |

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| {0 000} | Initial Comments<br><br>*****ATTENTION******<br>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER<br>In accordance with Minnesota Statutes, section 144G.08 to 144G.95 this correction order(s) has been issued pursuant to a survey.<br>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.<br>INITIAL COMMENTS:<br>SL39542015-1<br><br>On July 9, 2024, the Minnesota Department of Health conducted a follow-up survey at the above provider to follow-up on orders issued pursuant to a survey completed on April 18, 2024. At the time of the survey, there were four residents: four receiving services under the Provisional Assisted Living license. As a result of the follow-up survey, the following orders were reissued. | {0 000} | Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators ' findings is the Time Period for Correction.<br><br>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.<br><br>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.<br><br>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. | |
| {0 180} SS=F | 144G.16 Subd. 2 Initial survey<br><br>(a) During the provisional license period, the | {0 180} | | |

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| {0 180} | Continued From page 1<br>commissioner shall survey the provisional licensee after the commissioner is notified or has evidence that the provisional licensee is providing assisted living services to at least one resident.<br>(b) Within two days of beginning to provide assisted living services, the provisional licensee must provide notice to the commissioner that it is providing assisted living services by sending an e-mail to the e-mail address provided by the commissioner.<br>(c) If the provisional licensee does not provide services during the provisional license period, the provisional license shall expire at the end of the period and the applicant must reapply.<br>(d) If the provisional licensee notifies the commissioner that the licensee is providing assisted living services within 45 calendar days prior to expiration of the provisional license, the commissioner may extend the provisional license for up to 60 calendar days in order to allow the commissioner to complete the on-site survey required under this section and follow-up survey visits.<br><br>This MN Requirement is not met as evidenced by:<br>No further action required. | {0 180} | | |
| {0 480} SS=F | 144G.41 Subd 1 (13) (i) (B) Minimum requirements<br><br>(13) offer to provide or make available at least the following services to residents:<br>(B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and<br><br>This MN Requirement is not met as evidenced by: | {0 480} | | |

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| {0 480} | Continued From page 2<br>No further action required. | {0 480} | | |
| {0 510} SS=D | 144G.41 Subd. 3 Infection control program<br><br>(a) All assisted living facilities must establish and maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control.<br>(b)The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities.<br>(c) The facility must maintain written evidence of compliance with this subdivision.<br><br>This MN Requirement is not met as evidenced by:<br>No further action required. | {0 510} | | |
| {0 650} SS=F | 144G.42 Subd. 8 Employee records<br><br>(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:<br>(1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules;<br>(2) records of orientation, required annual training and infection control training, and competency evaluations;<br>(3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision; | {0 650} | | |

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| {0 650} | Continued From page 3<br>(4) documentation of annual performance reviews that identify areas of improvement needed and training needs;<br>(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<br>(6) documentation of the background study as required under section 144.057.<br><br>This MN Requirement is not met as evidenced by:<br>No further action required. | {0 650} | | |
| {0 660} SS=D | 144G.42 Subd. 9 Tuberculosis prevention and control<br><br>(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.<br>(b) The facility must maintain written evidence of compliance with this subdivision.<br><br>This MN Requirement is not met as evidenced by:<br>No further action required. | {0 660} | | |

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| {0 680} | Continued From page 4 | {0 680} | | |
| {0 680} SS=F | 144G.42 Subd. 10 Disaster planning and emergency preparedness<br><br>(a) The facility must meet the following requirements:<br>(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;<br>(2) post an emergency disaster plan prominently;<br>(3) provide building emergency exit diagrams to all residents;<br>(4) post emergency exit diagrams on each floor; and<br>(5) have a written policy and procedure regarding missing residents.<br>(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.<br>(c) The facility must meet any additional requirements adopted in rule.<br><br>This MN Requirement is not met as evidenced by:<br>No further action required. | {0 680} | | |
| {0 790} SS=F | 144G.45 Subd. 2 (a) (2)-(3) Fire protection and physical environment<br><br>(2) install and maintain portable fire extinguishers in accordance with the State Fire Code; | {0 790} | | |

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| {0 790} | Continued From page 5<br><br>(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<br><br>This MN Requirement is not met as evidenced by:<br>No further action required. | {0 790} | No further action required. | |
| {0 800} SS=F | 144G.45 Subd. 2 (a) (4) Fire protection and physical environment<br><br>(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.<br><br>This MN Requirement is not met as evidenced by:<br>No further action required. | {0 800} | | |
| {0 810} SS=F | 144G.45 Subd. 2 (b)-(f) Fire protection and physical environment<br><br>(b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to:<br>(1) location and number of resident sleeping rooms; | {0 810} | | |

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| {0 810} | Continued From page 6<br>(2) employee actions to be taken in the event of a fire or similar emergency;<br>(3) fire protection procedures necessary for residents; and<br>(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.<br>(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.<br>(d) Fire safety and evacuation plans shall be readily available at all times within the facility.<br>(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.<br>(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.<br><br>This MN Requirement is not met as evidenced by:<br>No further action required. | {0 810} | | |
| {0 820} SS=D | 144G.45 Subd. 2 (g) Fire protection and physical environment<br><br>(g) Existing construction or elements, including assisted living facilities that were registered as housing with services establishments under | {0 820} | | |

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| {0 820} | Continued From page 7<br><br>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.<br><br>This MN Requirement is not met as evidenced by:<br>Seo, Soo Young<br>Based on observation and interview, the licensee failed to ensure physical facility elements did not constitute a distinct hazard to life. The licensee failed to provide a resident bedroom with the minimum window opening meeting the minimum state standard for egress. This affected the occupied resident in bedroom #1 on the main level.<br><br>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).<br><br>The findings include:<br><br>INITIAL SURVEY<br><br>On April 17, 2024, at 10:20 a.m., survey staff toured the facility with agent (A)-A. During the facility tour, survey staff observed the following | {0 820} | | |

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| {0 820} | Continued From page 8<br>items:<br><br>It was observed that occupied resident bedroom #1 on the main level did not have windows that met the minimum size requirements for egress escape. The clear openable area of the opened windows measured 33.5 inches in height and 18 inches in width, with a total openable area of 603 square inches. The windows did not meet the minimum requirements for opening width and did not meet the minimum requirements for total openable area.<br><br>Egress windows in existing sleeping rooms must have a minimum openable width of 20 inches and minimum openable height of 20 inches with no less than 648 square inches total of openable area (4.5 square feet) for the window. Survey staff explained to A-A that at least one egress window in each bedroom must be provided to meet the minimum state standard for an egress window to be a complying bedroom for resident occupancy. A-A verbally confirmed the findings.<br><br>On April 17, 2024, at 11:00 a.m., during the interview, survey staff explained to A-A that an immediate correction order was issued for the above finding. A-A acknowledged the above finding.<br><br>FOLLOW-UP SURVEY<br><br>On July 9, 2024, at 11:56 a.m., unlicensed personnel (ULP)-B stated that the window had not been replaced at the time of the follow up survey. ULP-B stated that they remembered seeing someone come over "a couple of days ago" to obtain measurements of a window.<br><br>On July 9, 2024, at 12:16 p.m., the surveyor | {0 820} | | |

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| {0 820} | Continued From page 9<br>obtained copies of the licensee's ongoing fire-watch log.<br><br>On July 9, 2024, at 12:26 p.m., A-A stated the licensee had not yet signed a purchase agreement but did have a signed proposal from a contractor. A-A provided a copy of their signed proposal with a signature date of June 25, 2024. Additionally, A-A stated that the current contractor had given the licensee a time frame of 6-8 weeks for the installation of the new window.<br><br>No further information was provided. | {0 820} | | |
| {01370} SS=F | 144G.61 Subd. 2 (a) Training and evaluation of unlicensed personn<br><br>(a) Training and competency evaluations for all unlicensed personnel must include the following:<br>(1) documentation requirements for all services provided;<br>(2) reports of changes in the resident's condition to the supervisor designated by the facility;<br>(3) basic infection control, including blood-borne pathogens;<br>(4) maintenance of a clean and safe environment;<br>(5) appropriate and safe techniques in personal hygiene and grooming, including:<br>(i) hair care and bathing;<br>(ii) care of teeth, gums, and oral prosthetic devices;<br>(iii) care and use of hearing aids; and<br>(iv) dressing and assisting with toileting;<br>(6) training on the prevention of falls;<br>(7) standby assistance techniques and how to perform them;<br>(8) medication, exercise, and treatment reminders; | {01370} | | |

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|---|---|---|---|
| | 39542 | A. BUILDING: _____ B. WING _____ | R 07/09/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| HOMEFELT ASSISTED LIVING | 2319 UNIVERSITY AVENUE NE MINNEAPOLIS, MN 55418 |

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| {01370} | Continued From page 10<br>(9) basic nutrition, meal preparation, food safety, and assistance with eating;<br>(10) preparation of modified diets as ordered by a licensed health professional;<br>(11) communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family;<br>(12) awareness of confidentiality and privacy;<br>(13) understanding appropriate boundaries between staff and residents and the resident's family;<br>(14) procedures to use in handling various emergency situations; and<br>(15) awareness of commonly used health technology equipment and assistive devices.<br><br>This MN Requirement is not met as evidenced by:<br>No further action required. | {01370} | | |
| {01380} SS=F | 144G.61 Subd. 2 (b) Training and evaluation of unlicensed personn<br><br>(b) In addition to paragraph (a), training and competency evaluation for unlicensed personnel providing assisted living services must include:<br>(1) observing, reporting, and documenting resident status;<br>(2) basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel;<br>(3) reading and recording temperature, pulse, and respirations of the resident;<br>(4) recognizing physical, emotional, cognitive, and developmental needs of the resident;<br>(5) safe transfer techniques and ambulation;<br>(6) range of motioning and positioning; and | {01380} | | |

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| {01380} | Continued From page 11<br>(7) administering medications or treatments as required.<br><br>This MN Requirement is not met as evidenced by:<br>No further action required. | {01380} | | |
| {01640} SS=D | 144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to<br><br>(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.<br>(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.<br>(c) The facility must implement and provide all services required by the current service plan.<br>(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.<br>(e) Staff providing services must be informed of the current written service plan.<br><br>This MN Requirement is not met as evidenced by:<br>No further action required. | {01640} | | |
| {01910} SS=D | 144G.71 Subd. 22 Disposition of medications | {01910} | | |

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| {01910} | Continued From page 12<br>(a) Any current medications being managed by the assisted living facility must be provided to the resident when the resident's service plan ends or medication management services are no longer part of the service plan. Medications for a resident who is deceased or that have been discontinued or have expired may be provided for disposal.<br>(b) The facility shall dispose of any medications remaining with the facility that are discontinued or expired or upon the termination of the service contract or the resident's death according to state and federal regulations for disposition of medications and controlled substances.<br>(c) Upon disposition, the facility must document in the resident's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition.<br><br>This MN Requirement is not met as evidenced by:<br>No further action required. | {01910} | | |
| {02320} SS=D | 144G.91 Subd. 4 (b) Appropriate care and services<br><br>(b) Residents have the right to receive health care and other assisted living services with continuity from people who are properly trained and competent to perform their duties and in sufficient numbers to adequately provide the services agreed to in the assisted living contract and the service plan.<br><br>This MN Requirement is not met as evidenced by: | {02320} | | |

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| {02320} | Continued From page 13<br>No further action required. | {02320} | | |
| {02410} SS=D | 144G.91 Subd. 13 Personal and treatment privacy<br><br>(a) Residents have the right to consideration of their privacy, individuality, and cultural identity as related to their social, religious, and psychological well-being. Staff must respect the privacy of a resident's space by knocking on the door and seeking consent before entering, except in an emergency or unless otherwise documented in the resident's service plan.<br>(b) Residents have the right to have and use a lockable door to the resident's unit. The facility shall provide locks on the resident's unit. Only a staff member with a specific need to enter the unit shall have keys. This right may be restricted in certain circumstances if necessary for a resident's health and safety and documented in the resident's service plan.<br>(c) Residents have the right to respect and privacy regarding the resident's service plan. Case discussion, consultation, examination, and treatment are confidential and must be conducted discreetly. Privacy must be respected during toileting, bathing, and other activities of personal hygiene, except as needed for resident safety or assistance.<br><br>This MN Requirement is not met as evidenced by:<br>No further action required. | {02410} | | |

DEPARTMENT OF HEALTH

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

# NOTICE OF PROVISIONAL EXTENSION AND CONDITIONAL LICENSE

Electronically Delivered

May 20, 2024

Licensee
Homefelt Assisted Living
2319 University Avenue Northeast
Minneapolis, MN 55418

RE: Provisional Conditional License Number 410701
Health Facility Identification Number (HFID) 39542
Project Number(s) SL39542015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on April 18, 2024, for the purpose of assessing compliance with state licensing statutes. Based on the survey results you were found not to be in substantial compliance with the laws pursuant to Minnesota Statutes, Chapter 144G and Minnesota Food Code, Minnesota Rules Chapter 4626.

As a result, pursuant to Minn. Stat. § 144G.16, Subd. 3(b)(2), MDH is extending the provisional license for 90-days and applying conditions necessary to bring the facility into substantial compliance. The provisional license extension and conditions are due to expire **August 18, 2024**.

**STATE CORRECTION ORDERS**
The enclosed State Form documents the state correction orders. MDH documents state 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.

MDH may assess fines based on the level and scope of the orders outlined below. The total amount of **potential** fines that may be assessed related to these correction orders is $3,000.00. **MDH is not imposing these fines against your provisional license at this time.**

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

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

**DOCUMENTATION OF ACTION TO COMPLY**
In accordance with Minn. Stat. § 144G.30, Subd. 5(c), the provisional licensee must document actions taken to comply with the correction orders and immediately correct any reissued orders outlined on the state form; however, plans of correction are not required to be submitted for approval. **If corrections are not made, MDH may impose fines as described above and in accordance with Minnesota Statutes 144G.**

The correction order documentation should include the following:

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

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

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.

To submit a reconsideration request, please visit:
**https://forms.web.health.state.mn.us/form/HRDAppealsForm**

**REQUESTING A HEARING**
Alternatively, in accordance with Minn. Stat. § 144G.31, Subd. 5(d), an assisted living provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144G.20, Subd. 14 and Subd. 18, a request for a hearing must be in writing and received by 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. To submit a hearing request, please visit **https://forms.web.health.state.mn.us/form/HRDAppealsForm**.

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration or a hearing, but not both. If you wish to contest tags without fines in a

reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

**CONDITIONAL LICENSE ISSUED:**
MDH will issue Homefelt Assisted Living a conditional provisional assisted living facility license for 90 calendar days from the date of this notice. At an unannounced point in time, within the 90 calendar days, MDH will conduct a follow-up survey, as defined in Minn. Stat. § 144G.30, Subd. 6. Based on the results of the follow-up survey, MDH will determine if Homefelt Assisted Living is in substantial compliance.

The following conditions apply on the conditional provisional assisted living facility license:

a. **Health Facility Construction Permit:** Homefelt Assisted Living, will contact The Minnesota Department of Labor and Industry (MNDLI) or City with delegated authority and obtain a construction permit for a health facility. Within 14-days from the date of this notice, Homefelt Assisted Living, will provide MDH with a copy of the permit obtained from MNDLI or City with delegated authority.

b. **General Contractor:** Homefelt Assisted Living must provide the following to Supervisor Name (SupvisorEmailAddress) via email within two (2) weeks of the date of this notice:
    i. Name
    ii. License Number
    iii. Contact Information

c. **Egress Window Requirements:** Homefelt Assisted Living will replace at least one window in occupied resident sleeping room #1 meeting the minimum size requirements. At least one window in each resident bedroom must meet the minimum window opening size of no less than 20 inches in width, with a total of at least 648 square inches (4.5 square feet) required for egress, and have a windowsill height from the floor to the 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.

**RESULTS OF FOLLOW-UP EVALUATION DURING THE CONDITIONAL PROVISIONAL LICENSE PERIOD:**
MDH will determine if Homefelt Assisted Living is in substantial compliance based on the results of the follow up survey. MDH will make this determination within the 90-day conditional provisional license period. If MDH determines Homefelt Assisted Living is in substantial compliance on the follow up survey, MDH will remove the conditions and grant the assisted living facility license to Homefelt Assisted Living. If MDH determines Homefelt Assisted Living is not in substantial compliance, MDH may deny the license pursuant to Minn. Stat. § 144G.16, Subd. 3 (b) (2).

**REQUEST FOR RECONSIDERATION:**
Pursuant to Minn. Stat. §144G.16, Subd. 4, if a provisional licensee whose assisted living facility license has been denied, or extended with conditions, disagrees with the action taken against the provisional license under this section, the provisional licensee may request a reconsideration no later than 15 calendar days after provisional licensee receives notice of the action. **This is your only ability to request a reconsideration under this enforcement action.**

To submit a reconsideration request, please visit:
**https://forms.web.health.state.mn.us/form/HRDAppealsForm**

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 Bob Dehler directly at: 651-201-3710.

Sincerely,

Rick Michals

Rick Michals, J.D.
**Interim Assistant Division Director**

**Minnesota Department of Health**
**Health Regulation Division**

JMD

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| 0 000 | Initial Comments<br><br>******ATTENTION******<br><br>ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S)<br><br>In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey.<br><br>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.<br><br>INITIAL COMMENTS:<br><br>SL39542015-0<br><br>On April 15, 2024, through April 18, 2024, 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 two resident(s); two receiving services under the provider's provisional Assisted Living license. | 0 000 | Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators ' findings is the Time Period for Correction.<br><br>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. | |
| 0 180 SS=F | 144G.16 Subd. 2 Initial survey<br><br>(a) During the provisional license period, the commissioner shall survey the provisional licensee after the commissioner is notified or has evidence that the provisional licensee is providing assisted living services to at least one resident.<br>(b) Within two days of beginning to provide assisted living services, the provisional licensee must provide notice to the commissioner that it is providing assisted living services by sending an | 0 180 | | |

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| 0 180 | Continued From page 1<br>e-mail to the e-mail address provided by the commissioner.<br>(c) If the provisional licensee does not provide services during the provisional license period, the provisional license shall expire at the end of the period and the applicant must reapply.<br>(d) If the provisional licensee notifies the commissioner that the licensee is providing assisted living services within 45 calendar days prior to expiration of the provisional license, the commissioner may extend the provisional license for up to 60 calendar days in order to allow the commissioner to complete the on-site survey required under this section and follow-up survey visits.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to notify the Minnesota Department of Health (MDH) within two days of starting services. This had the potential to affect all residents residing at the assisted living facility.<br><br>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).<br><br>The findings include:<br><br>The licensee was issued their Provisional Assisted Living license on January 31, 2023.<br><br>R1 was admitted and began receiving assisted living services on May 16, 2023. | 0 180 | | |

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| 0 180 | Continued From page 2<br><br>The licensee notified the Minnesota Department of Health (MDH) of providing services December 26, 2023.<br><br>The licensee failed to provide notice to MDH within two (2) days when licensee first started providing assisted living services.<br><br>On April 17, 2024, at approximately 1:00 p.m., during a phone interview, agent (A)-A stated the licensee was under different management at the time of beginning services. A-A stated they believed there had been a notification form sent in, and the form received on December 26, 2023, was sent in as a precaution.<br><br>No further information provided.<br><br>TIME PERIOD FOR CORRECTION: Two (2) days | 0 180 | | |
| 0 480 SS=F | 144G.41 Subd 1 (13) (i) (B) Minimum requirements<br><br>(13) offer to provide or make available at least the following services to residents:<br>(B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to ensure food was prepared and served according to the Minnesota Food Code.<br>This practice resulted in a level two violation (a violation that did not harm a resident's health or | 0 480 | | |

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| 0 480 | Continued From page 3<br>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).<br>The findings include:<br>Please refer to the document titled, Food and Beverage Establishment Inspection Report (FBEIR) dated April 15, 2024, for the specific Minnesota Food Code violations. The Inspection Report was provided to the licensee within 24 hours of the inspection.<br>TIME PERIOD FOR CORRECTION: Please refer to the FBEIR for any compliance dates. | 0 480 | | |
| 0 510 SS=D | 144G.41 Subd. 3 Infection control program<br><br>(a) All assisted living facilities must establish and maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control.<br>(b)The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities.<br>(c) The facility must maintain written evidence of compliance with this subdivision.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to establish and maintain an effective infection control program that complied with accepted health care, medical and nursing standards for infection control related | 0 510 | | |

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| 0 510 | Continued From page 4<br><br>to gloving and hand hygiene for one of two unlicensed personnel ((ULP)-D).<br><br>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).<br><br>The findings include:<br><br>On April 16, 2024, from 10:00 a.m. through 10:25 a.m., the surveyor observed ULP-D complete hand hygiene, apply gloves, and enter the room of R2 to provide perineal cares. After removing soiled products from R2's bed, the surveyor observed ULP-D searching for clean gloves to put on. ULP-D removed their contaminated gloves and then left the room to retrieve clean gloves. The surveyor remained in the room with R2 while ULP-D was out of the room. Upon returning to the room the surveyor observed ULP-D put on a clean set of gloves without completing hand hygiene. After completing cares, the surveyor observed ULP-D remove all soiled products from the room, and with the gloves still on, ULP-D exited the room and disposed of the soiled products in trash bins outside of the facility where ULP-D then removed their gloves and performed hand hygiene at the facility's kitchen sink.<br><br>On April 16, 2024, ULP-D stated they did not complete hand hygiene between glove changes and stated they had forgotten to complete the task. | 0 510 | | |

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| HOMEFELT ASSISTED LIVING | 2319 UNIVERSITY AVENUE NE MINNEAPOLIS, MN 55418 |

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| 0 510 | Continued From page 5<br><br>On April 17, 2024, clinical nurse supervisor (CNS)-B stated it was the expectation of the licensee all staff complete hand hygiene before putting on clean gloves, in between glove changes, and after all glove changes.<br><br>The licensee's 8.09 Hand Washing Policy dated December 1, 2022, indicated when conducting a procedure requiring the use of gloves, proper hand hygiene should be completed before donning gloves and after removing gloves.<br><br>No further information provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days | 0 510 | | |
| 0 650 SS=F | 144G.42 Subd. 8 Employee records<br><br>(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:<br>(1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules;<br>(2) records of orientation, required annual training and infection control training, and competency evaluations;<br>(3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision;<br>(4) documentation of annual performance reviews that identify areas of improvement needed and training needs;<br>(5) for individuals providing assisted living services, verification that required health | 0 650 | | |

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| 0 650 | Continued From page 6<br><br>screenings under subdivision 9 have taken place and the dates of those screenings; and<br>(6) documentation of the background study as required under section 144.057.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to ensure employee records contained the required content for two of two employees (unlicensed personnel (ULP)-D, ULP-E).<br><br>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).<br><br>The findings include:<br><br>ULP-D<br>ULP-D was hired September 4, 2023, to provide assisted living services.<br><br>On April 16, 2024, between 7:30 a.m. and 10:00 a.m., the surveyor observed ULP-D provide dressing, grooming, perineal cares, and medication administration to R2.<br><br>ULP-E<br>ULP-E was hired June 21, 2023, to provide assisted living services.<br><br>ULP-D and ULP-E's employee record lacked documentation of evidence of demonstrated | 0 650 | | |

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| 0 650 | Continued From page 7<br><br>competency training completed by a registered nurse (RN) for the following topics:<br>- hair care and bathing;<br>- care of teeth, gums, and oral prosthetic devices;<br>- care and use of hearing aids;<br>- dressing and assisting with toileting;<br>- standby assistance techniques and how to perform them;<br>- reading and recording temperature, pulse, and respirations of the resident;<br>- safe transfer techniques and ambulation;<br>- range of motioning and positioning;<br>- administering medications or treatments as required; and<br>- other RN/professionally delegated tasks (i.e., monitor vital signs, catheter, or stoma care, Broda chair, mechanical lifts).<br><br>On April 16, 2024, at 9:14 a.m., housing manager (HM)-C stated all staff are tested out on competencies upon hire.<br><br>On April 16, 2024, at 10:44 a.m., ULP-D stated they recalled receiving in person training from the RN on the missing above listed required components and did not know why there was no documentation of the training. ULP-D stated all staff receive these trainings in person when hired.<br><br>On April 17, 2024, at 10:41 a.m., clinical nurse supervisor (CNS)-B stated they were aware of the requirement to document competency testing for all staff providing assisted living services, and the ULP's received competency testing at another affiliated licensee but did not receive competency testing at this licensee, and no documentation existed to show that competency testing occurred under this license.<br><br>Minnesota Rules Chapter 4659.0190, Subp. 5. | 0 650 | | |

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| 0 650 | Continued From page 8<br><br>indicated the following:<br>Portability of staff training.<br>A. Unlicensed personnel providing assisted living services who transfer from one licensed assisted living facility to another or who are newly hired by a licensed assisted living facility may satisfy the training requirements under Minnesota Statutes, section 144G.61, subdivision 2, by providing written proof of previously completed training within the past 18 months.<br><br>The licensee failed to maintain documentation of any trainings ULPs received from another assisted living facility within the past 18 months prior to their hire date at the licensee.<br><br>The licensee's 5.02 Competency Training Evaluations policy dated December 1, 2022, indicated a copy of all education training and competency testing shall be kept in each employee's personnel file.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 0 650 | | |
| 0 660 SS=D | 144G.42 Subd. 9 Tuberculosis prevention and control<br><br>(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 | 0 660 | | |

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| 0 660 | Continued From page 9<br><br>covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines.<br>(b) The facility must maintain written evidence of compliance with this subdivision.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to maintain a tuberculosis (TB) prevention and control program, based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC), which included a two-step tuberculin skin test (TST) or other evidence of TB screening such as a blood test for one of two employees (unlicensed personnel (ULP)-E).<br><br>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).<br><br>The findings include:<br><br>The licensee's TB risk assessment dated March 4, 2024, indicated the facility was a low risk.<br><br>ULP- E was hired June 21, 2023, to provide assisted living services.<br><br>ULP-E's employee record contained TB skin tests dated May 30, 2023, with a negative reading and | 0 660 | | |

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| 0 660 | Continued From page 10<br>January 31, 2024, with a negative reading.<br><br>On April 17, 2024, at 10:41 a.m., clinical nurse supervisor (CNS)-B stated all staff should be TB tested before starting work, and if they have a positive result, they should then receive an x-ray screening. The second step of the TB skin test should be completed within 10 days of the reading of the first reading.<br><br>The licensee's 8.01 Infection Control Policy dated December 1, 2022, indicated the licensee's infection control program will be consistent with current guidelines from CDC for prevention control in long-term care facilities, where applicable in assisted living facilities.<br><br>The CDC TB Screening and Testing of Health Care Personnel dated August 30, 2022, indicated the following procedure for two step TB skin tests: "If the Mantoux tuberculin skin test (TST) is used to test health care personnel upon hire, two-step testing should be used. This is because some people with latent TB infection have a negative reaction when tested years after being infected. The first TST may stimulate or boost a reaction. Positive reactions to subsequent TSTs could be misinterpreted as a recent infection.<br><br>Step 1<br>Administer first TST following proper protocol;<br>Review result<br>Positive - consider TB infected, no second TST needed; evaluate for TB disease;<br>Negative - a second TST is needed. Retest in 1 to 3 weeks after first TST result is read;<br>Document result;<br><br>Step 2<br>Administer second TST 1 to 3 weeks after first | 0 660 | | |

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| 0 660 | Continued From page 11<br><br>test;<br>Review results;<br>Positive - consider TB infected and evaluate for TB disease;<br>Negative - consider person not infected;<br>Document result "<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 0 660 | | |
| 0 680 SS=F | 144G.42 Subd. 10 Disaster planning and emergency preparedness<br><br>(a) The facility must meet the following requirements:<br>(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;<br>(2) post an emergency disaster plan prominently;<br>(3) provide building emergency exit diagrams to all residents;<br>(4) post emergency exit diagrams on each floor; and<br>(5) have a written policy and procedure regarding missing residents.<br>(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.<br>(c) The facility must meet any additional | 0 680 | | |

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| 0 680 | Continued From page 12<br>requirements adopted in rule.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to maintain a written emergency preparedness (EP) plan with all the required content as defined in Appendix Z. This had the potential to affect all residents, staff, and visitors.<br><br>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).<br><br>The findings include:<br><br>On April 15, 2024, at 12:19 p.m., the surveyor observed housing manager (HM)-C retrieve the licensee's Emergency preparedness plan binder from an unlabeled cabinet which was secured by a child safety lock.<br><br>On April 17, 2024, at 10:10 a.m., agent (A)-A stated to the best of their knowledge, the licensee's emergency preparedness binder was complete in its content and met all requirements.<br><br>The licensee's written emergency disaster preparedness plan dated February 1, 2023, lacked evidence of the following required content:<br>- Policies and procedures for subsistence needs for staff and residents;<br>- EPP contained a blank template that had not been customized to licensee; | 0 680 | | |

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| 0 680 | Continued From page 13<br><br>- Policies and procedures for medical documents;<br>- Must develop a policy and procedure to maintain medical documentation the preserves resident information, protects confidentiality, and secures/maintains the availability of records;<br>- Primary/Alternate Means for Communication<br>- EPP contained a blank template that had not been customized to licensee.<br><br>The licensee's 9.01 Emergency Preparedness Plan - Appendix Z Compliance policy dated December 1, 2022, indicated the following:<br>"It is the intent that Homefelt Assisted Living, LLC has in place an effective and compliant Emergency Preparedness Plan. The intent is the plan will be aligned with the Centers for Medicate Nd Medicaid Services State Operational Manual Appendix Z: "state Operations Manual Appendix Z - Emergency Preparedness for All Providers and Certified Supplier Types: Interpretive Guidance.""<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 0 680 | | |
| 0 790 SS=F | 144G.45 Subd. 2 (a) (2)-(3) Fire protection and physical environment<br><br>(2) install and maintain portable fire extinguishers in accordance with the State Fire Code;<br><br>(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 | 0 790 | | |

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| 0 790 | Continued From page 14<br>maintained in accordance with the State Fire Code; and<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation and interview, the licensee failed to maintain the portable fire extinguishers and failed to provide adequately rated (size) portable fire extinguishers as required for the facility. This deficient condition had the potential to affect all staff, residents, and visitors.<br><br>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).<br><br>The findings include:<br><br>On a facility tour on April 17, 2024, at 10:00 a.m., survey staff toured the facility with agent (A)-A. It was observed that the portable fire extinguishers throughout the facility lacked records to show the required annual certification and monthly visual inspections were performed on the portable fire extinguishers. The mounted fire extinguishers in lower level laundry room and upper level kitchen did not meet the minimum 2-A:10-B:C rating, and lacked tags or documentation that indicated annual testing and monthly inspections had been conducted. The fire extinguishers located on the floor in the lower level laundry room and upper level kitchen met the minimum 2A:10-B:C rating, however they were not mounted and lacked tags | 0 790 | | |

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| 0 790 | Continued From page 15<br><br>or documentation that monthly inspections had been conducted.<br><br>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. Fire extinguishers with a minimum 2-A:10-B:C rating are required to be located so that travel distance to the nearest fire extinguisher does not exceed 75 feet. All provided fire extinguishers are required to be mounted and maintained.<br><br>During interview on April 17, 2024, at 10:50 a.m., survey staff explained to A-A and house manager (HM)-C that the portable fire extinguishers must be properly mounted, meet the minimum rating, and be provided annual certification tags and also monthly visual inspection or "quick checks" of each extinguisher by their employees to ensure all portable extinguishers are readily available, fully charged, and operable at their designated location with no obvious physical damage or condition to the extinguisher that would prevent their operation when needed. A-A and HM-C verified the findings and stated that they understood the requirements.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days. | 0 790 | | |
| 0 800 SS=F | 144G.45 Subd. 2 (a) (4) Fire protection and physical environment<br><br>(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 | 0 800 | | |

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| 0 800 | Continued From page 16<br><br>health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program.<br><br>This MN Requirement is not met as evidenced by:<br>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.<br><br>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).<br><br>Findings include:<br><br>On a facility tour on April 17, 2024, at 10:00 a.m., with agent (A)-A, the surveyor made the following observations of facility hazards and disrepair:<br><br>In lower-level bedrooms #3, it was observed that the egress window was obstructed by a plastic well cover that was installed lower than the window head, and the well cover obstructed the egress window from closing properly.<br><br>In lower-level bedrooms #4, it was observed that the egress window was obstructed by a plastic well cover that was installed lower than the window head, and the well cover obstructed the | 0 800 | | |

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| HOMEFELT ASSISTED LIVING | 2319 UNIVERSITY AVENUE NE MINNEAPOLIS, MN 55418 |

| (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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| 0 800 | Continued From page 17<br>egress window from opening fully.<br><br>A-A visually verified the above listed observations at the time of discovery while accompanying on the tour.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days. | 0 800 | | |
| 0 810 SS=F | 144G.45 Subd. 2 (b)-(f) Fire protection and physical environment<br><br>(b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to:<br>(1) location and number of resident sleeping rooms;<br>(2) employee actions to be taken in the event of a fire or similar emergency;<br>(3) fire protection procedures necessary for residents; and<br>(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.<br>(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.<br>(d) Fire safety and evacuation plans shall be readily available at all times within the facility.<br>(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.<br>(f) Evacuation drills are required for employees | 0 810 | | |

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| 0 810 | Continued From page 18<br><br>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.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview and record review, the licensee failed to develop the fire safety and evacuation plan with required content. This had the potential to directly affect all residents, staff, and visitors.<br><br>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).<br><br>The findings include:<br><br>On April 17, 2024, agent (A)-A and house manager (HM)-C provided documents on the fire safety and evacuation plan (FSEP), fire safety and evacuation training, and evacuation drills for the facility.<br><br>FIRE SAFETY AND EVACUATION PLAN<br><br>The licensee FSEP dated December 1, 2022, failed to include the following:<br><br>The FSEP included standard employee procedures but failed to provide specific employee actions to take in the event of a fire or | 0 810 | | |

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| 0 810 | Continued From page 19<br><br>similar emergency relative to the facility's building layout and environmental risks. The policy inappropriately included life safety building features such as smoke compartments, magnetic door holders, automatic dialing to fire station and activation of building sprinklers. The policy had not been updated to provide complete actions for employees to take in the event of a fire or similar emergency at the licensed facility which did not have life safety systems.<br><br>The FSEP evacuation floor plan was posted in a conspicuous location in the common area of both floors of the facility but failed to include location and number of resident rooms. The door from the dwelling into the garage was marked with an exit sign. Marked exit doors shall not lead through an intervening space.<br><br>The FSEP included standard resident evacuation procedures but failed to provide specific procedures for resident movement and evacuation or relocation during a fire or similar emergency including individualized unique needs of residents. The plan failed to include evacuation status for each individual resident in writing and available for reference during an emergency evacuation.<br><br>During an interview on April 17, 2024, at 11:50 a.m. HM-C stated the employee procedures provided in the FSEP were not specific to the facility and, evacuation status for each individual resident was not available with the FSEP.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days. | 0 810 | | |

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| 0 820 | Continued From page 20 | 0 820 | | |
| 0 820 SS=G | 144G.45 Subd. 2 (g) Fire protection and physical environment<br><br>(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.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation and interview, the licensee failed to ensure physical facility elements did not constitute a distinct hazard to life. The licensee failed to provide a resident bedroom with the minimum window opening meeting the minimum state standard for egress. This affected the occupied resident in bedroom #1 on the main level.<br><br>This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).<br><br>The findings include: | 0 820 | | |

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| 0 820 | Continued From page 21<br><br>On April 17, 2024, at 10:20 a.m., survey staff toured the facility with agent (A)-A. During the facility tour, survey staff observed the following items:<br><br>It was observed that occupied resident bedroom #1 on the main level did not have windows that met the minimum size requirements for egress escape. The clear openable area of the opened windows measured 33.5 inches in height and 18 inches in width, with a total openable area of 603 square inches. The windows did not meet the minimum requirements for opening width and did not meet the minimum requirements for total openable area.<br><br>Egress windows in existing sleeping rooms must have a minimum openable width of 20 inches and minimum openable height of 20 inches with no less than 648 square inches total of openable area (4.5 square feet) for the window. Survey staff explained to A-A that at least one egress window in each bedroom must be provided to meet the minimum state standard for an egress window to be a complying bedroom for resident occupancy. A-A verbally confirmed the findings.<br><br>On April 17, 2024, at 11:00 a.m., during the interview, survey staff explained to A-A that an immediate correction order was issued for the above finding. A-A acknowledged the above finding.<br><br>No Further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Immediate. | 0 820 | | |

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| 01370 | Continued From page 22 | 01370 | | |
| 01370 SS=F | 144G.61 Subd. 2 (a) Training and evaluation of unlicensed personn<br><br>(a) Training and competency evaluations for all unlicensed personnel must include the following:<br>(1) documentation requirements for all services provided;<br>(2) reports of changes in the resident's condition to the supervisor designated by the facility;<br>(3) basic infection control, including blood-borne pathogens;<br>(4) maintenance of a clean and safe environment;<br>(5) appropriate and safe techniques in personal hygiene and grooming, including:<br>(i) hair care and bathing;<br>(ii) care of teeth, gums, and oral prosthetic devices;<br>(iii) care and use of hearing aids; and<br>(iv) dressing and assisting with toileting;<br>(6) training on the prevention of falls;<br>(7) standby assistance techniques and how to perform them;<br>(8) medication, exercise, and treatment reminders;<br>(9) basic nutrition, meal preparation, food safety, and assistance with eating;<br>(10) preparation of modified diets as ordered by a licensed health professional;<br>(11) communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family;<br>(12) awareness of confidentiality and privacy;<br>(13) understanding appropriate boundaries between staff and residents and the resident's family;<br>(14) procedures to use in handling various emergency situations; and | 01370 | | |

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| 01370 | Continued From page 23<br><br>(15) awareness of commonly used health technology equipment and assistive devices.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to ensure training and competency evaluations were completed for all required skill areas, prior to providing services, for two of two unlicensed personnel ((ULP)-D, ULP-E).<br><br>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).<br><br>The findings include:<br><br>ULP-D<br>ULP-D was hired September 4, 2023, to provide assisted living services.<br><br>On April 16, 2024, between 7:30 a.m. and 10:00 a.m., the surveyor observed ULP-D provide dressing, grooming, perineal cares, and medication administration to R2.<br><br>ULP-E<br>ULP-E was hired June 21, 2023, to provide assisted living services.<br><br>ULP-D and ULP-E's employee record lacked documentation of evidence of demonstrated competency training completed by a registered | 01370 | | |

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| 01370 | Continued From page 24<br><br>nurse (RN) for the following topics:<br>- hair care and bathing;<br>- care of teeth, gums, and oral prosthetic devices;<br>- care and use of hearing aids;<br>- dressing and assisting with toileting, and<br>- standby assistance techniques and how to perform them.<br><br>On April 16, 2024, at 9:14 a.m., house housing manager (HM)-C stated that all staff are tested out on competencies upon hire.<br><br>On April 16, 2024, at 10:44 a.m., ULP-D stated that they recalled receiving in person training from the RN on the missing above listed required components and did not know why there was no documentation of this the training. ULP-D stated that all staff receive these trainings in person when hired.<br><br>On April 17, 2024, at 10:41 a.m., clinical nurse supervisor (CNS)-B stated that they were aware of the requirement to document competency testing for all staff providing assisted living services and stated that the ULP's received competency testing at another affiliated licensee but did not receive competency testing at this licensee, and no documentation existed to show that competency testing occurred at under this license.<br><br>Minnesota Rules Chapter 4659.0190, Subp. 5. indicated the following:<br>Portability of staff training.<br>A. Unlicensed personnel providing assisted living services who transfer from one licensed assisted living facility to another or who are newly hired by a licensed assisted living facility may satisfy the training requirements under Minnesota Statutes, section 144G.61, subdivision 2, by providing | 01370 | | |

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| 01370 | Continued From page 25<br><br>written proof of previously completed training within the past 18 months.<br><br>B. The facility must complete an evaluation of the competency of the unlicensed personnel in the areas where the previously completed training is being accepted by the facility before the staff person may provide assisted living services to residents. Competency evaluations must be conducted by a competency evaluator under subpart 6 and Minnesota Statutes, section 144G.61, subdivision 1, and maintained under Minnesota Statutes, section 144G.42, subdivision 8.<br><br>The licensee's 5.02 Competency Training Evaluations policy dated December 1, 2022, indicated that when a registered nurse or licensed health professional staff of Homfelt Assisted Living, LLC delegates tasks, prior to the delegation of services they must make certain the unlicensed personnel is trained in the proper methods to perform the tasks or procedures for each client and are able to determine the ability to competently follow the procedures and perform the tasks. Additionally, the Registered Nurse (or other licensed health professional where appropriate) will determine what nursing services may be delegated to properly trained and competency tested unlicensed personnel. Only unlicensed personnel who are determined to be competent and possess the knowledge and skills consistent with the complexity of tasks being delegated will be permitted to perform such delegated tasks.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 01370 | | |

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| 01380 SS=F | 144G.61 Subd. 2 (b) Training and evaluation of unlicensed personn<br><br>(b) In addition to paragraph (a), training and competency evaluation for unlicensed personnel providing assisted living services must include:<br>(1) observing, reporting, and documenting resident status;<br>(2) basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel;<br>(3) reading and recording temperature, pulse, and respirations of the resident;<br>(4) recognizing physical, emotional, cognitive, and developmental needs of the resident;<br>(5) safe transfer techniques and ambulation;<br>(6) range of motioning and positioning; and<br>(7) administering medications or treatments as required.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to ensure training and competency evaluations were completed for all required skill areas, prior to providing services, for two of two unlicensed personnel ((ULP)-D, ULP-E).<br><br>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). | 01380 | | |

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| 01380 | Continued From page 27<br>The findings include:<br><br>ULP-D<br>ULP-D was hired September 4, 2023, to provide assisted living services.<br><br>On April 16, 2024, between 7:30 a.m. and 10:00 a.m., the surveyor observed ULP-D provide dressing, grooming, perineal cares, and medication administration to R2.<br><br>ULP-E<br>ULP-E was hired June 21, 2023, to provide assisted living services.<br><br>ULP-D and ULP-E's employee record lacked documentation of evidence of demonstrated competency training completed by a registered nurse (RN) for the following topics:<br>- reading and recording temperature, pulse, and respirations of the resident;<br>- safe transfer techniques and ambulation;<br>- range of motioning and positioning;<br>- administering medications or treatments as required; and<br>- other RN/professionally delegated tasks (i.e., monitor vital signs, catheter, or stoma care, Broda chair, mechanical lifts).<br><br>On April 16, 2024, at 9:14 a.m., housing manager (HM)-C stated all staff are tested out on competencies upon hire.<br><br>On April 16, 2024, at 10:44 a.m., ULP-D stated they recalled receiving in person training from the RN on the missing above listed required components and did not know why there was no documentation of the training. ULP-D stated all staff receive these trainings in person when hired. | 01380 | | |

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| 01380 | Continued From page 28<br><br>On April 17, 2024, at 10:41 a.m., clinical nurse supervisor (CNS)-B stated they were aware of the requirement to document competency testing for all staff providing assisted living services, and the ULP's received competency testing at another affiliated licensee but did not receive competency testing at this licensee, and no documentation existed to show that competency testing occurred under this license.<br><br>Minnesota Rules Chapter 4659.0190, Subp. 5. indicated the following:<br>Portability of staff training.<br>A. Unlicensed personnel providing assisted living services who transfer from one licensed assisted living facility to another or who are newly hired by a licensed assisted living facility may satisfy the training requirements under Minnesota Statutes, section 144G.61, subdivision 2, by providing written proof of previously completed training within the past 18 months.<br><br>B. The facility must complete an evaluation of the competency of the unlicensed personnel in the areas where the previously completed training is being accepted by the facility before the staff person may provide assisted living services to residents. Competency evaluations must be conducted by a competency evaluator under subpart 6 and Minnesota Statutes, section 144G.61, subdivision 1, and maintained under Minnesota Statutes, section 144G.42, subdivision 8.<br><br>The licensee's 5.02 Competency Training Evaluations policy dated December 1, 2022, indicated that when a registered nurse or licensed health professional staff of Homfelt Assisted Living, LLC delegates tasks, prior to the delegation of services they must make certain the | 01380 | | |

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| 01380 | Continued From page 29<br><br>unlicensed personnel is trained in the proper methods to perform the tasks or procedures for each client and are able to determine the ability to competently follow the procedures and perform the tasks. Additionally, the Registered Nurse (or other licensed health professional where appropriate) will determine what nursing services may be delegated to properly trained and competency tested unlicensed personnel. Only unlicensed personnel who are determined to be competent and possess the knowledge and skills consistent with the complexity of tasks being delegated will be permitted to perform such delegated tasks.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 01380 | | |
| 01640 SS=D | 144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to<br><br>(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. (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. | 01640 | | |

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| HOMEFELT ASSISTED LIVING | 2319 UNIVERSITY AVENUE NE MINNEAPOLIS, MN 55418 |

| (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 |
|---|---|---|---|---|
| 01640 | Continued From page 30<br><br>(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.<br>(e) Staff providing services must be informed of the current written service plan.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to ensure the current service plan included a signature or other authentication by the resident or resident's designated representative to document agreement on the services to be provided for one of two residents (R2).<br><br>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).<br><br>The findings include:<br><br>R2 was admitted on February 20, 2024, to receive assisted living services.<br><br>R2's primary diagnosis was spinal stenosis.<br><br>R2's record contained a signed service plan dated April 15, 2024, (during the survey) which indicated R2 received services including activity assistance, assistance with ambulation, appointment reminders, bathing assistance, bedmaking, assistance with dressing, | 01640 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 39542 | A. BUILDING: _____ B. WING _____ | 04/18/2024 |

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|---|---|---|---|---|
| 01640 | Continued From page 31<br><br>escort/mobility assistance, grooming assistance, laundry, linen change, behavior management, medication administration, nail care, assistance with positioning, safety checks, shopping assistance, toileting assistance, transfer assistance, and wheelchair use.<br><br>On April 15, 2024, 1:11 p.m., housing manager (HM)-C stated there were no service plans signed at the time of R2's admission to the licensee.<br><br>On April 16, 2024, at 9:50 a.m., R2 stated they recalled signing something yesterday (April 15, 2024) but did not recall what it was they signed.<br><br>On April 17, 2024, at 10:55 a.m., clinical nurse supervisor (CNS)-B stated it was their expectation to obtain physical signatures at the start of service or any changes to service plans.<br><br>The licensee's 6.08 Service Plan policy dated December 1, 2022, indicated the service plan and any revisions shall include a signature or other authentication by Homefelt assisted Living, LLC and by the resident, or resident's representative, documenting agreement on the services to be provided.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Twenty-one (21) days | 01640 | | |
| 01910 SS=D | 144G.71 Subd. 22 Disposition of medications<br><br>(a) Any current medications being managed by the assisted living facility must be provided to the resident when the resident's service plan ends or medication management services are no longer | 01910 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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|---|---|---|---|---|
| 01910 | Continued From page 32<br><br>part of the service plan. Medications for a resident who is deceased or that have been discontinued or have expired may be provided for disposal.<br>(b) The facility shall dispose of any medications remaining with the facility that are discontinued or expired or upon the termination of the service contract or the resident's death according to state and federal regulations for disposition of medications and controlled substances.<br>(c) Upon disposition, the facility must document in the resident's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition.<br><br>This MN Requirement is not met as evidenced by:<br>Based on interview and record review, the licensee failed to provide documentation in the resident's record regarding the disposition of medication to include medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition for one of one discharged resident (R1).<br><br>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).<br><br>The findings include: | 01910 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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|---|---|---|---|---|
| 01910 | Continued From page 33<br><br>R1 was discharged from the licensee on September 19, 2023.<br><br>R1's diagnoses included alcohol abuse.<br><br>R1's Discharge - Transfer Summary lacked documentation describing the disposition of R1's medications.<br><br>On April 17, at 10:59 a.m., clinical nurse supervisor (CNS)-B stated they were aware of the requirement to document the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition. CNS-B stated the discharge occurred prior to their employment with the licensee.<br><br>The licensee's 7.23 Medication Disposal policy dated December 1, 2022, indicated the following: "Upon disposition, the facility must document in the resident's record the disposition of medication of the medication including the name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition."<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days | 01910 | | |
| 02320 SS=D | 144G.91 Subd. 4 (b) Appropriate care and services<br><br>(b) Residents have the right to receive health | 02320 | | |

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|---|---|---|---|---|
| 02320 | Continued From page 34<br><br>care and other assisted living services with continuity from people who are properly trained and competent to perform their duties and in sufficient numbers to adequately provide the services agreed to in the assisted living contract and the service plan.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to provide care and services according to acceptable health care medical or nursing standards for one of one resident (R2).<br><br>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).<br><br>The findings include:<br><br>R2 was admitted on February 20, 2024, to receive assisted living services.<br><br>R2's primary diagnosis was spinal stenosis.<br><br>R2's record contained a signed service plan dated April 15, 2024, which indicated R2 received services including activity assistance, assistance with ambulation, appointment reminders, bathing assistance, bedmaking, assistance with dressing, escort/mobility assistance, grooming assistance, laundry, linen change, behavior management, medication administration, nail care, assistance | 02320 | | |

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| 02320 | Continued From page 35<br><br>with positioning, safety checks, shopping assistance, toileting assistance, transfer assistance, and wheelchair use.<br><br>R2's admission assessment dated March 3, 2024, included a Missouri Alliance for Health Care (MAHC 10) assessment, a validated fall risk assessment tool designed for use with community-dwelling patients. A score of 4 or greater on a MAHC 10 assessment would indicate a patient (resident) is at risk for falling. R2's assessment indicated R2 had scored a 5 on the MAHC 10, which indicated an increased risk for falls. This fall risk assessment lacked inclusion of direction for staff to never leave the resident in bed in a high position.<br><br>R2's admission assessment dated March 3, 2024 indicated that R2 required full assist of one for due right sided weakness and unsteady balance for the following cares:<br>- bathing;<br>- dressing;<br>- hygiene/grooming/oral;<br>- mobility in bed, with transfers, with walking and wheelchair use, and<br>- toileting.<br><br>On April 16, 2024, from 10:00 a.m. through 10:25 a.m., the surveyor observed unlicensed personnel (ULP)-D complete hand hygiene, apply gloves, and enter the room of R2 to provide perineal cares. The surveyor observed ULP-D raise the bed of R2 up to a safe working and ergonomic working height. After removing soiled linens from the bed of R2, the surveyor observed ULP-D leave the room of R2 with the bed in the high position and slightly pulled away from the wall. R2 was left unattended with their bed in the high position for approximately two minutes. | 02320 | | |

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|---|---|---|---|---|
| 02320 | Continued From page 36<br><br>On April 16, 2024, at 10:44 a.m., ULP-D stated they should not have left the bed in the high position when leaving the room to retrieve additional supplies.<br><br>On April 17, 2024, at 11:01 a.m., clinical nurse supervisor (CNS)-B stated staff are trained to not leave patients (residents) unattended with the bed in the high position.<br><br>The licensee's 5.02 Competency Training Evaluations policy dated December 1, 2022, indicated training and competency evaluations for all ULP's will include training on prevention of falls.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days | 02320 | | |
| 02410 SS=D | 144G.91 Subd. 13 Personal and treatment privacy<br><br>(a) Residents have the right to consideration of their privacy, individuality, and cultural identity as related to their social, religious, and psychological well-being. Staff must respect the privacy of a resident's space by knocking on the door and seeking consent before entering, except in an emergency or unless otherwise documented in the resident's service plan.<br>(b) Residents have the right to have and use a lockable door to the resident's unit. The facility shall provide locks on the resident's unit. Only a staff member with a specific need to enter the unit shall have keys. This right may be restricted in certain circumstances if necessary for a | 02410 | | |

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|---|---|---|---|---|
| 02410 | Continued From page 37<br><br>resident's health and safety and documented in the resident's service plan.<br>(c) Residents have the right to respect and privacy regarding the resident's service plan. Case discussion, consultation, examination, and treatment are confidential and must be conducted discreetly. Privacy must be respected during toileting, bathing, and other activities of personal hygiene, except as needed for resident safety or assistance.<br><br>This MN Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the licensee failed to ensure privacy was maintained for one of one resident (R2) observed while providing skin care and linen changes.<br><br>This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved or the situation has occurred only occasionally).<br><br>The findings include:<br><br>R2 was admitted on February 20, 2024, to receive assisted living services.<br><br>R2's primary diagnosis was spinal stenosis.<br><br>R2's record contained a signed service plan dated April 15, 2024, which indicated R2 received services including activity assistance, assistance with ambulation, appointment reminders, bathing assistance, bedmaking, assistance with dressing, | 02410 | | |

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|---|---|---|---|---|
| 02410 | Continued From page 38<br><br>escort/mobility assistance, grooming assistance, laundry, linen change, behavior management, medication administration, nail care, assistance with positioning, safety checks, shopping assistance, toileting assistance, transfer assistance, and wheelchair use.<br><br>On April 16, 2024, from 10:00 a.m. through 10:25 a.m., the surveyor observed unlicensed personnel (ULP)-D complete hand hygiene, apply gloves, and enter the room of R2 to provide linen changes and perineal cares. The surveyor observed ULP-D raise the bed of R2 up to a safe working and ergonomic working height and remove R2's soiled incontinence products and blankets, leaving R2 uncovered and completely exposed. After removing soiled linens and incontinence products from the bed of R2, the surveyor observed ULP-D leave the room of R2 to gather additional supplies leaving the door slightly ajar with R2 left completely uncovered and exposed facing the doorway to the room. R2's bedroom doorway shared a hallway with a neighboring room. R2's bedroom door was positioned parallel to the neighboring room at the end the hallway. With the bedroom door open, the surveyor was able to see directly from the bedside of R2 and into the neighboring bedroom. Additionally, there was a shared bathroom between the two bedrooms that was used by staff, visitors, and residents. R2 was left unattended and exposed in bed for approximately two minutes. Upon returning to the bedroom, the survey observed ULP-D close the door and continue with providing cares to R2.<br><br>On April 16, 2024, at 10:44 a.m., ULP-D stated they should not have left R2 exposed with the door open when leaving the room to retrieve additional supplies. | 02410 | | |

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| 02410 | Continued From page 39<br><br>On April 17, 2024, at 11:01 a.m., clinical nurse supervisor (CNS)-B stated "I expect staff to ensure privacy. I expect staff to ensure that all required materials are gathered prior to beginning cares. Privacy in expected to be maintained."<br><br>The licensee's 5.02 Competency Training Evaluations policy dated December 1, 2022, indicated ULPs received training in appropriate and safe techniques in dressing and assistance with toileting, as well as awareness of confidentiality and privacy.<br><br>The licensee's 6.24 Dressing Assistance policy dated December 1, 2022, indicated staff are to remove soiled clothing with unnecessary exposure.<br><br>No further information was provided.<br><br>TIME PERIOD FOR CORRECTION: Seven (7) days | 02410 | | |

Minnesota Department of Health
Environmental Health, FPLS
P.O. Box 64975
St. Paul, MN 55164-0975
651-201-4500

Type: Full
Date: *04/15/24*
Time: 11:00:00
Report: 1039241113

# Food and Beverage Establishment Inspection Report



**Location:**

Homefelt Assisted Living
2319 University Avenue NE
Minneapolis, MN55418
Hennepin County, 27

**Establishment Info:**

ID #: 0042554
Risk:
Announced Inspection: No

**License Categories:**

Expires on: 12/31/24

**Operator:**

Phone #: 7632453686
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.

**7-200 Toxic Supplies and Applications**

***7-204.11*** ***** Priority 1 *****

MN Rule 4626.1620 Discontinue using chemical sanitizers, including chemical sanitizing solutions generated on site and other chemical antimicrobials on food-contact surfaces that do not meet the requirements specified in 40 CFR part 180, section 180.940, or part 180, subpart E, section 180.2020.

BLEACH SOLUTION IN SPRAY BOTTLE MEASURES MORE THAN 200 PPM CHLORINE. PERSON-IN-CHARGE STATES ESTABLISHMENT WILL NO LONGER USE ON FOOD CONTACT SURFACES. SEE GENERAL COMMENTS.

*Corrected on Site*

**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 UTENSIL SURFACE TEMPERATURE MEASURING DEVICE. ACQUIRE WATERPROOF IRREVERSIBLE THERMOMETER OR COLOR CHANGING THERMO STICKERS. LINKS TO THESE OPTIONS SENT WITH REPORT.

*Comply By: 05/13/24*

**2-100 Supervision**

***2-102.12AMN***

MN Rule 4626.0033A Employ a certified food protection manager (CFPM) for the establishment.

NO CURRENT CFPM. PER CONVERSATION WITH PERSON-IN-CHARGE, THEY ARE ENROLLED IN APPROVED FOOD SAFETY CLASS. REGISTER WITH MDH ONCE COURSE IS COMPLETED. GUIDANCE DOCUMENT SENT WITH THIS REPORT.

Type: Full
Date: *04/15/24*
Time: 11:00:00
Report: 1039241113
Homefelt Assisted Living

# Food and Beverage Establishment Inspection Report

*Comply By: 06/10/24*

**Surface and Equipment Sanitizers**

Utensil Surface Temp: = at >160 Degrees Fahrenheit
Location: DISH WASHING MACHINE
Violation Issued: No

**Food and Equipment Temperatures**

Process/Item: MILK
Temperature: 39 Degrees Fahrenheit - Location: COLD HOLD IN REFRIGERATOR
Violation Issued: No

Process/Item: CHEST FREEZER IN BASEMENT
Temperature: Degrees Fahrenheit - Location: FROZEN
Violation Issued: No

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

Regarding MN Rule 4626.1620, to sanitize food contact surfaces such as kitchen countertops, establishment should use options such as Lysol or similar kitchen sanitizing wipes or use bleach solution prepared by mixing 1 tablespoon of bleach from concentrated jug with 1 gallon of water. Solution should be 50 to 200 ppm Chlorine.

The inspection was completed with the person in charge and reviewed with MDH nurse evaluator Zachary Morth.

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

The kitchen has wood cabinets with hollow base, wood laminate floor, painted walls and ceiling and laminate countertops.

The kitchen finishes and surfaces are clean and well maintained.

The kitchen refrigerator/freezer are of residential grade.

A chest freezer is present in basement.

A 2-compartment sink is present in kitchen. 1 compartment is designated for handwashing only.

A residential dishwashing machine is present in the kitchen. Per color-change thermo test strip, the dish washing machine achieves a utensil surface temperature of >160 degrees F.

A supply of single-use gloves is present in kitchen. A thin-probe food thermometer is present in kitchen.

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

Type: Full
Date: *04/15/24*
Time: 11:00:00
Report: 1039241113
Homefelt Assisted Living

# Food and Beverage Establishment Inspection Report

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

I acknowledge receipt of the Minnesota Department of Health inspection report number 1039241113 of 04/15/24.

Certified Food Protection Manager:_____

Certification Number: _____ Expires: __/ /_____

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

Signed:_____

Rekia Johnson
person-in-charge

Signed:_____

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