



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

September 7, 2023

Licensee
Empowerment Healthcare
5401 4th Street Northeast
Columbia Heights, MN 55421

RE: Project Number(s) SL32534015

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on August 16, 2023, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, the MDH noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

The MDH 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.

STATE CORRECTION ORDERS

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

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

DOCUMENTATION OF ACTION TO COMPLY

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

The correction order documentation should include the following:

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

CORRECTION ORDER RECONSIDERATION PROCESS

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

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

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

Please address your cover letter for reconsideration requests to:

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

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

If you have any questions, please contact me.

Sincerely,



Casey DeVries, Supervisor
State Evaluation Team
Email: casey.devries@state.mn.us
Telephone: 651-201-5917 Fax: 651-281-9796

HHH

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 32534	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/16/2023
NAME OF PROVIDER OR SUPPLIER EMPOWERMENT HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP CODE 5401 4TH STREET NE COLUMBIA HEIGHTS, MN 55421			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
0 000	Initial Comments *****ATTENTION***** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. 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. INITIAL COMMENTS: SL32534015-0 On August 14, 2023, through August 16, 2023, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were four active residents, all of whom received services under the 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 License Providers. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction. 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. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES. The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to 144G.31 subd. 1, 2, and 3.		
0 660 SS=D	144G.42 Subd. 9 Tuberculosis prevention and control (a) The facility must establish and maintain a	0 660			

Minnesota Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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0 660	Continued From page 1 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. (b) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to establish and maintain a tuberculosis (TB) prevention program based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC) which included baseline testing and screening for one of two employees (unlicensed personnel (ULP)-C). 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). The findings include: The Facility TB Risk Assessment dated May 10, 2023, indicated the facility was at a low risk for transmission.	0 660			

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0 660	Continued From page 2 ULP-G started employment with licensee January 30, 2023. ULP-G's employee record included a Baseline TB Screening Tool dated January 30, 2020, and a negative Tuberculin skin test (TST) first step dated January 29, 2020. ULP-G's record lacked a TST second step as required. Regulations for Tuberculosis Control in Minnesota Health Care Settings dated July 2013 indicated baseline TB screening consists of three components: 1. Assessing for current symptoms of active TB disease, 2. Assessing TB history, and 3. Testing for the presence of infection with Mycobacterium tuberculosis by administering either a two-step TST or single IGRA. On August 15, 2023, at 12:30 p.m., clinical nurse supervisor (CNS)-A stated ULP-C's baseline screening was not completed right, because licensee lacked a system to track. CNS-A also stated licensee had changed how to track employee TB screening to avoid missing required steps. The licensee's TB Prevention and Control policy dated January 3, 2022, indicated the licensee will establish and maintain a TB prevention and control program based on the most current guidelines issued by the CDC. The Minnesota Department of Health guidelines: Regulations for Tuberculosis Control in Minnesota Health Care Settings will be followed. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 660			

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0 800 SS=F	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (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. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain 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. This deficient condition had the ability to affect a limited number of staff and residents. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, 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). Findings include: On August 15, 2023, approximately from 10:05 a.m. to 11:30 a.m., survey staff toured the facility with the Office Operations Manager (OOM)-E and Director of Maintenance (DM)-F. The following maintenance items was observed:	0 800			

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0 800	Continued From page 4 It was observed that the sheetrock on the ceiling in unit one bathroom was bulging out due to a leak above. It was observed that the caulk around the toilet and bathtub in all four units of resident's bathrooms was coming off. It was also observed that in unit three-bathroom vent was not working. Unit four kitchenette is under construction. It was observed that the back main exit door was rusting out the bottom of the door. These deficient conditions were visually verified by OOM-E and DM-F accompanying on the tour. TIME PERIOD FOR CORRECTION: Seven (21) days	0 800			
0 810 SS=F	144G.45 Subd. 2 (b)-(f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) employee actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or	0 810			

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0 810	Continued From page 5 evacuation. (c) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (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. (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. This MN Requirement is not met as evidenced by: Based on a record review and interview, the licensee failed to develop a fire safety and evacuation plan with required elements. The facility plan indicated to use RACE acronym but was very vague and did not provide complete actions for employees to take in the event of a fire or similar emergency. This had the potential to affect all staff, residents, and visitors., 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	0 810			

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0 810	Continued From page 6 a large portion or all of the residents). Findings include: A record review and interview were conducted on August 15, 2023, at approximately 11:30 a.m. with Office of Operations Manager (OOM)-E, on the fire safety and evacuation plan, fire safety and evacuation training, and evacuation drills for the facility. Record review of the available documentation indicated that the licensee did not have employee actions to be taken in the event of a fire or similar emergency. The facility plan indicated to use RACE acronym but was very vague and did not provide complete actions for employees to take in the event of a fire or similar emergency. Record review of the available documentation indicated that the licensee did not have fire protection procedures necessary for residents included in the fire safety and evacuation plan. Record review of the available documentation indicated that the fire safety and evacuation plan did not include procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. The facility plan did include some provisions for relocation of residents but did not specify how to move or evacuate residents or identify the unique and unusual needs of the residents. During interview, OOM-E, verified that the fire safety and evacuation plan for the facility lacked these provisions.	0 810			

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0 810	Continued From page 7	0 810		
0 820 SS=D	144G.45 Subd. 2 (g) Fire protection and physical environment (g) Existing construction or elements, including assisted living facilities that were registered as housing with services establishments under chapter 144D prior to August 1, 2021, shall be permitted to continue in use provided such use does not constitute a distinct hazard to life. Any existing elements that an authority having jurisdiction deems a distinct hazard to life must be corrected. The facility must document in the facility's records any actions taken to comply with a correction order, and must submit to the commissioner for review and approval prior to correction. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to ensure an egress window opening for occupied sleeping room. This affected one of the occupied residents sleeping room. 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). The findings include:	0 820		

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0 820	Continued From page 8 On August 15, 2023, between the hours of 10:05 a.m. and 11:30 a.m., survey staff toured the facility with Office of Operations Manager (OOM)-E and Director of Maintenance (DM)-F. At approximately 11:15 a.m., survey staff observed a window air conditioner installed in the egress window in sleeping room unit #2. The air conditioner was blocking the residents means of egress. OOM-E and DM-F verbally confirmed survey staff observations during the facility tour. No further information provided. TIME PERIOD FOR CORRECTION: two (2) days	0 820			
0 910 SS=C	144G.50 Subd. 2 (a-b) Contract information (a) The contract must include in a conspicuous place and manner on the contract the legal name and the health facility identification of the facility. (b) The contract must include the name, telephone number, and physical mailing address, which may not be a public or private post office box, of: (1) the facility and contracted service provider when applicable; (2) the licensee of the facility; (3) the managing agent of the facility, if applicable; and (4) the authorized agent for the facility. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to execute a written contract with the required contract information for one of one resident (R2).	0 910			

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0 910	Continued From page 9 This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all the residents). The findings include: R2's Assisted Living Contract was dated July 1, 2023. R2's contract lacked in a conspicuous place and manner on the contract the health facility identification (HFID) number of the licensee. On August 14, 2023, at 2:30 p.m., clinical nurse supervisor (CNS)-A stated the licensee's current contracts for all residents listed the license number and not the HFID associated with the licensee. CNS-A also stated the licensee was not aware of the requirement to include licensee's HFID number on the resident contract. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-One (21) days	0 910			
0 950 SS=C	144G.50 Subd. 3 Designation of representative (a) Before or at the time of execution of an assisted living contract, an assisted living facility must offer the resident the opportunity to identify a designated representative in writing in the contract and must provide the following verbatim	0 950			

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0 950	Continued From page 10 notice on a document separate from the contract: "RIGHT TO DESIGNATE A REPRESENTATIVE FOR CERTAIN PURPOSES. You have the right to name anyone as your "Designated Representative." A Designated Representative can assist you, receive certain information and notices about you, including some information related to your health care, and advocate on your behalf. A Designated Representative does not take the place of your guardian, conservator, power of attorney ("attorney-in-fact"), or health care power of attorney ("health care agent"), if applicable." (b) The contract must contain a page or space for the name and contact information of the designated representative and a box the resident must initial if the resident declines to name a designated representative. Notwithstanding subdivision 1, paragraph (f), the resident has the right at any time to add, remove, or change the name and contact information of the designated representative. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to offer the resident the opportunity to identify a designated representative in writing with the required statutory language for one of one resident (R2). This practice resulted in a level one violation (a violation that has no potential to cause more than a minimal impact on the resident and does not affect health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected	0 950			

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0 950	Continued From page 11 or has the potential to affect a large portion or all the residents). The findings include: R2's Resident Agreement Assisted Living contract was signed on July 1, 2023. R2's assisted living contract lacked the opportunity to designate a representative and the verbatim "right to designate a representative for certain purposes" notice. The front page of the resident contract provided had a space to designate a representative and box to initial if resident declined to designate representative. Both the space and the box remained blank. On August 15, 2023, at 12:12 p.m., clinical nurse supervisor (CNS)-A, and licensed assisted living director (LALD)-D stated R2's contract lacked the verbatim "right to designate a representative for certain purposes" notice. CNS-A stated she thought the resident emergency contact was sufficient. LALD-D stated all licensee's resident contracts would not contain the verbatim "right to designate a representative for certain purposes" notice and the front page of the contract would be blank. No further information provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 950			
01790 SS=F	144G.71 Subd. 10 Medication management for residents who will (2) for unplanned time away, when the pharmacy is not able to provide the medications, a licensed	01790			

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01790	Continued From page 12 nurse or unlicensed personnel shall provide medications in amounts and dosages needed for the length of the anticipated absence, not to exceed seven calendar days; (3) the resident must be provided written information on medications, including any special instructions for administering or handling the medications, including controlled substances; and (4) the medications must be placed in a medication container or containers appropriate to the provider's medication system and must be labeled with the resident's name and the dates and times that the medications are scheduled. (b) For unplanned time away when the licensed nurse is not available, the registered nurse may delegate this task to unlicensed personnel if: (1) the registered nurse has trained the unlicensed staff and determined the unlicensed staff is competent to follow the procedures for giving medications to residents; and (2) the registered nurse has developed written procedures for the unlicensed personnel, including any special instructions or procedures regarding controlled substances that are prescribed for the resident. The procedures must address: (i) the type of container or containers to be used for the medications appropriate to the provider's medication system; (ii) how the container or containers must be labeled; (iii) written information about the medications to be provided; (iv) how the unlicensed staff must document in the resident's record that medications have been provided, including documenting the date the medications were provided and who received the medications, the person who provided the medications to the resident, the number of	01790			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 32534	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/16/2023
NAME OF PROVIDER OR SUPPLIER EMPOWERMENT HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 5401 4TH STREET NE COLUMBIA HEIGHTS, MN 55421		
(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
01790	Continued From page 13 medications that were provided to the resident, and other required information; (v) how the registered nurse shall be notified that medications have been provided and whether the registered nurse needs to be contacted before the medications are given to the resident or the designated representative; (vi) a review by the registered nurse of the completion of this task to verify that this task was completed accurately by the unlicensed personnel; and (vii) how the unlicensed personnel must document in the resident's record any unused medications that are returned to the facility, including the name of each medication and the doses of each returned medication. This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to ensure the registered nurse (RN) developed training and competencies for unlicensed personnel (ULP) providing medications to residents for unplanned time away from home when the licensed nurse was not available for one of one employee (unlicensed personnel (ULP)-C). 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). The findings include: ULP-C was hired January 30, 2023, to provide	01790			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 32534	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 08/16/2023
NAME OF PROVIDER OR SUPPLIER EMPOWERMENT HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 5401 4TH STREET NE COLUMBIA HEIGHTS, MN 55421		
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01790	Continued From page 14 assisted living services. ULP-C's employee record lacked documentation of training and competencies for unplanned time away when the RN was not available. On August 15, 2023, at 10:00 a.m., ULP-C stated she prepares leave of absence (LOA) medications for residents when they will be away from the facility. On August 15, 2023, at 10:40 a.m., clinical nurse supervisor (CNS)-A stated residents went out on a regular basis for time away from home. In addition, CNS-A stated they had not provided training for unplanned time away to any ULPs. At 11:20 a.m., CNS-A stated licensee did not have any documentation of training and competencies for any ULP. CNS-A also stated licensee's RN teaches about LOA medications during orientation but did not keep any record of the same. When asked about the training materials, CNS-A stated licensee will need to keep track of this better. CNS-A further stated licensee recognizes LOA medications training to be pertinent in resident care but had overlooked the training. The licensee's Delegation of Medications to be Given to Residents by Unlicensed Staff for Residents Time Away from Home policy indicated licensee will provide the necessary medications, education, instructions and support to meet the resident's medication needs when they are away from home if the facility provides assistance with self-administration of medication, administration, administration or storage of medications. Only unlicensed staff that have been trained and have satisfactorily demonstrated competency will be assigned to place medications prepared by a	01790			

Minnesota Department of Health

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NAME OF PROVIDER OR SUPPLIER EMPOWERMENT HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP CODE 5401 4TH STREET NE COLUMBIA HEIGHTS, MN 55421			
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01790	Continued From page 15 pharmacist or a licensed nurse in the appropriate container for an unplanned leave of absence not to exceed seven days of medications. No further information provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01790			
01890 SS=F	144G.71 Subd. 20 Prescription drugs A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to discard expired medication from the medication cart for one of two residents R3. In addition, the licensee failed to ensure all medications were bearing the original prescription label with legible information in the medication cart. This had the potential to affect all residents. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents).	01890			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 32534	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/16/2023
NAME OF PROVIDER OR SUPPLIER EMPOWERMENT HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP CODE 5401 4TH STREET NE COLUMBIA HEIGHTS, MN 55421		
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01890	Continued From page 16 The findings include: On August 15, 2023, 8:42 a.m., the surveyor observed the medication cart and observed the following expired and unlabeled medications: Expired - R3's ibuprofen tablets 400 milligrams (mg) take one tablet by mouth every 6 hours as needed. Unlabeled - melatonin 5 mg. On August 15, 2023, at 8:57 a.m., clinical nurse supervisor (CNS)-A stated the medication cart was audited weekly to remove unlabeled and expired medications, and they would need to talk to the responsible registered nurse (RN). In addition, CNS-A stated the expired medication was only six months old and they did not expect it to be expired. The licensee's Storage of Medication policy dated January 3, 2022, indicated licensee staff would dispose any medication, as needed, in a proper way including following the guidelines of the Minnesota Board of Pharmacy. No further information was provided. TIME PERIOD FOR CORRECTION: Seven (7) days	01890		
03090 SS=C	144.6502, Subd. 8 Notice to Visitors (a) A facility must post a sign at each facility entrance accessible to visitors that states: "Electronic monitoring devices, including security cameras and audio devices, may be present to record persons and activities." (b) The facility is responsible for installing and	03090		

Minnesota Department of Health

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03090	Continued From page 17 maintaining the signage required in this subdivision. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the required notice was posted at the main entry way of the facility to display statutory language to disclose electronic monitoring activity, potentially affecting all current residents in the assisted living facility, staff, and any visitors of the licensee. This practice resulted in a level one violation (a violation that has not potential to cause more than a minimal impact on the client and does not affect health or safety), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the clients). The finding include: On August 14, 2023, at 9:40 a.m., upon arrival to the facility, the surveyor observed inside and outside the front entrance, which had no posting for electronic monitoring devices. On August 14, 2023, at 10:20 a.m., licensed assisted living director (LALD)-C stated the licensee was aware of the electronic posting requirement. LALD-C also stated electronic monitoring was utilized in the back entrance of the facility; however, the surveyor verified no posting was available related to the statutory language for electronic monitoring. No further information was provided.	03090			

Minnesota Department of Health

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03090	Continued From page 18 TIME PERIOD FOR CORRECTION: Twenty-One (21) days	03090			

Type: Full
Date: 08/14/23
Time: 16:17:50
Report: 8058231174

**Food and Beverage Establishment
Inspection Report**

Page 1

Location:
Empowerment Healthcare
5401 4th Street Ne
Fridley, MN55421
Anoka County, 02

Establishment Info:
ID #: 0037932
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 7635660831
ID #:

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

No NEW orders were issued during this inspection.

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

NO NEW ORDERS

HRD INSPECTOR BENARD NYANGENA

APARTMENT COMPLEX WITH 4 UNITS TOTAL, 1 UNIT IS USED AS A CENTRAL KITCHEN WITH THE REMAINING 3 BEING USED ONLY FOR PERSONAL USE BY OCCUPANTS

LICENSE MAY BE DROPPED IF STAFF DOES NOT PREPARE FOOD FOR OCCUPANTS AND INSTEAD OCCUPANTS PREPARE THEIR OWN MEALS

STAFF CAN CONTINUE TO SUPERVISE MEAL PREPARATION AND ASSIST IN SHOPPING

Type: Full
Date: 08/14/23
Time: 16:17:50
Report: 8058231174
Empowerment Healthcare

Food and Beverage Establishment Inspection Report

Page 2

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 8058231174 of 08/14/23.

Certified Food Protection Manager RENEE SANBORN

Certification Number: 111963 Expires: 06/09/25

Inspection report reviewed with person in charge and emailed.

Signed: _____
Establishment Representative

Signed:  _____
Inspector Number 8058
Sanitarian 3
MDH Metro Office
651 201 4500
health.foodlodging@state.mn.us